application of integrated systems for long-term geological storage of carbon dioxide, and for other purposes.

S. 707

At the request of Mr. DURBIN, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of S. 707, a bill to amend the Animal Welfare Act to provide further protection for puppies.

S. RES. 86

At the request of Mrs. FEINSTEIN, the names of the Senator from Maryland (Mr. CARDIN) and the Senator from New York (Mrs. GILLIBRAND) were added as cosponsors of S. Res. 86, a resolution recognizing the Defense Intelligence Agency on its 50th Anniversary.

S. RES. 109

At the request of Ms. SNOWE, the names of the Senator from Illinois (Mr. DURBIN), the Senator from Connecticut (Mr. BLUMENTHAL) and the Senator from Hawaii (Mr. AKAKA) were added as cosponsors of S. Res. 109, a resolution honoring and supporting women in North Africa and the Middle East whose bravery, compassion, and commitment to putting the wellbeing of others before their own have proven that courage can be contagious.

S. RES. 125

At the request of Mr. UDALL of New Mexico, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. Res. 125, a resolution supporting the goals and ideals of National Public Health Week.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. WYDEN (for himself and Mr. ROBERTS):

S. 722. A bill to strengthen and protect Medicare hospice programs; to the Committee on Finance.

Mr. WYDEN. Mr. President, this is far from the first time I have spoken in this Chamber about the importance of providing hospice benefits and those workers who help provide them tirelessly every day. Today I'm pleased to introduce legislation to strengthen the hospice program so that these critical benefits will continue to be available for those in the final stages of life.

Hospice care provides humane and comforting support for over 744,000 terminally ill patients and their families each year. These services include pain control, palliative medical care and social, emotional and spiritual services.

Hospice supports the basic human needs for feeling comfortable, in a familiar environment, surrounded by loving caregivers and family during the later stages of life. Hospice care is an effective model for the interaction of interdisciplinary teams of health professionals, family members and volunteers in providing care for those needing care in our communities.

Our country strives to provide exceptional support for the sick, elderly and terminally ill in home and hospice settings. These vulnerable individuals, as well as their family caregivers, are indebted to the many professionals and volunteers who have made it their life's work to serve those in greatest need. Nearly 83,000 hospice professionals, 46,000 hospice volunteers and 1 million home health providers, nationally, contribute significantly to our health care system through their compassion and commitment.

It is because of these professionals and volunteers that seniors continue to have access to this vital service. And it is with these committed people in mind that Senator ROBERTS and I introduce legislation that will help sustain the future of hospice care.

Specifically, The Hospice Evaluation and Legitimate Payment Act creates a ''do no harm'' demonstration that evaluates proposed payment changes to hospices at 15 different sites before going into effect. With an estimated 66% of hospices looking down a road to negative operating margins by 2019, Congress must act to ensure hospice doors remain open. Testing payment changes can do that.

The HELP Act also allows nurse practitioners and physicians assistants to sign-off on the required face-to-face encounter. This expansion ensures program integrity while also preserving access to services, especially in rural areas where great distances can create unwanted impediments.

Finally, the HELP Act calls for increased accountability. Instead of a hospice submitting a survey every eight years, this legislation implements the recommendation of the OIG, and increases submission to once every 3 years.

We need to support new ways to treat a very ill patient physically and emotionally, long before the last days of life. We need to make sure doctors are not afraid of using pain medications to make people comfortable and, most of all, we need to make sure people start the conversations with their families and doctors about having a better death and using hospice as early as possible. None of these options for changing the standards of end-of-life care delivery can occur if hospices cannot continue to operate. The HELP Act makes that more possible.

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. 722

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 ''Hospice Evaluation and Legitimate Payment Act''.

SEC. 2. ENSURING TIMELY ACCESS TO HOSPICE CARE.

(a) IN GENERAL.—Section 1814(a)(7)(D)(i) of the Social Security Act (42 U.S.C. 1395f(a)(7)(D)(i)) is amended to read as follows:

''(i) a hospice physician, a nurse practitioner, a clinical nurse specialist, or a physician assistant (as those terms are defined in section 1861(aa)(5)), or other health professional (as designated by the Secretary), has a face-to-face encounter with the individual to determine continued eligibility of the individual for hospice care prior to the first 60-day period and each subsequent recertification under subparagraph (A)(ii) (or, in the case where a hospice program newly admits an individual who would be entering their first 60-day period or a subsequent hospice benefit period or where exceptional circumstances, as defined by the Secretary, may prevent a face-to-face encounter prior to the beginning of the hospice benefit period, not later than 7 calendar days after the individual's election under section 1812(d)(1) with respect to the hospice program) and attests that such visit took place (in accordance with procedures established by the Secretary); and''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) takes effect on the date of enactment of this Act and applies to hospice care furnished on or after such date.

SEC. 3. RESTORING AND PROTECTING THE MEDICARE HOSPICE BENEFIT.

(a) IN GENERAL.—Section 1814(i) of the Social Security Act (42 U.S.C. 1395f(i)) is amended—

(1) in subparagraph (1)(C)—

(A) in clause (ii)—

(i) in the matter preceding subclause (I), by striking ''(6)(D)'' and inserting ''(6)(E)''; and

(ii) in subclause (VII), by striking ''(6)(D)'' and inserting ''(6)(E)'';

(B) in clause (iii), by moving such clause 6 ems to the left and striking ''(6)(D)'' and inserting ''(6)(E)'';

(2) in paragraph (6)—

(A) in subparagraph (A), by striking ''subparagraph (D)'' and inserting ''subparagraph (E)'';

(B) by redesignating subparagraphs (D) and (E) as subparagraphs (E) and (F), respectively, and inserting after subparagraph (C) the following new subparagraph:

''(D) HOSPICE PAYMENT REFORM DEMONSTRATION PROGRAM.—

''(i) ESTABLISHMENT OF DEMONSTRATION PROGRAM.—

''(I) IN GENERAL.—Prior to implementing any revisions to the methodology for determining the payment rates for routine home care and other services included in hospice care under subparagraph (E), the Secretary shall establish a Medicare Hospice Payment Reform demonstration program to test such proposed revisions.

''(II) DURATION.—The demonstration program shall be conducted for a 2-year period beginning on or after October 1, 2013.

''(III) SCOPE.—The Secretary shall select not more than 15 hospice programs at which the demonstration program under this subparagraph shall be conducted.

''(IV) REPRESENTATIVE PARTICIPATION.—Hospice programs selected under subclause (III) to participate in the demonstration program shall include a representative cross-section of such programs throughout the United States, including programs located in urban and rural areas.

''(V) VOLUNTARY PARTICIPATION.—Hospice program participation in the demonstration program shall be on a voluntary basis.

''(ii) EVALUATION AND REPORT.—

''(I) EVALUATION.—The Secretary shall conduct an evaluation of the demonstration program under this subparagraph. Such evaluation shall include an analysis of whether the use of the revised payment methodology under the demonstration program has improved the quality of patient care and access to hospice services for beneficiaries under this title and the impact of such payment revisions on hospice care providers, including the impact, if any, on the ability of hospice

programs to furnish quality care to beneficiaries under this title.

''(II) REPORT.—Not later than 1 year after the completion of the demonstration program, the Secretary shall submit to Congress a report containing the results of the evaluation conducted under subclause (I), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

''(iii) BUDGET NEUTRALITY.—With respect to the 2-year period of the demonstration program under this subparagraph, the Secretary shall ensure that the estimated amount of aggregate payments under this title to each hospice program participating in the demonstration program for such period shall not be more than 5 percent higher or 5 percent lower than the estimated amount of aggregate payments that would have been made under this title to each such hospice program during such period had they not participated in the demonstration program under this subparagraph.''.

(C) in subparagraph (E), as redesignated by subparagraph (B)—

(i) in clause (i)—

(I) in the first sentence, by striking ''October 1, 2013, the Secretary shall, by regulation'' and inserting ''subject to clause (iii), the later of 2 years after the demonstration program under subparagraph (D) is completed or October 1, 2017, the Secretary shall, by regulation, preceded by notice of the proposed regulation in the Federal Register and a period for public comment in accordance with section 1871(b)(1),''; and

(II) in the second sentence, by inserting '', and shall take into account the results of the evaluation conducted under subparagraph (D)(ii)'' before the period; and

(ii) by adding at the end the following new clause:

''(iii) In no case may the Secretary implement any revisions in payment pursuant to clause (i) unless the Secretary determines that the demonstration program under subparagraph (D) demonstrated that such revisions would not adversely affect access to quality hospice care by beneficiaries under this title.''.

(D) in subparagraph (F), as redesignated by subparagraph (B), by striking ''subparagraph (D)'' and inserting ''subparagraph (E)''.

SEC. 4. HOSPICE SURVEY REQUIREMENT.

(a) IN GENERAL.—Section 1861(dd)(4) of the Social Security Act (42 U.S.C. 1395x(dd)(4)) is amended by adding at the end the following new subparagraph:

''(C) Any entity seeking certification as a hospice program shall be subject to an initial survey by an appropriate State or local survey agency, or an approved accreditation agency, as determined by the Secretary, not later than 6 months after beginning operations, and any entity which is certified as a hospice program shall be subject to a standard survey not less frequently than every 36 months.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) takes effect on the date that is 180 days after the date of enactment of this Act and applies to hospice programs on or after such date.

Mr. ROBERTS. Mr. President, I rise today in support of the legislation introduced by Senator WYDEN, of which I am an original cosponsor, the 'Hospice Evaluation and Legitimate Payment Act.' The HELP Act.

The HELP Act does what the title says it does and takes initial steps in helping our hospices in Kansas and across the Nation continue to give the valuable care that patients and families need.

It is impossible to describe the value of hospice services to the patients and families for whom they provide selfless and compassionate care. Over the next 10 years hospice is facing drastic reductions in their reimbursements, negatively impacting at least 1.3 million patients and families, which is the number served by hospice programs in recent years.

The HELP Act sets realistic requirements for a face-to-face encounter. The Accountable Care Act included a requirement that a hospice physician or nurse practitioner should have a face-to-face encounter with hospice patients before their 180-day recertification and for each 60-day recertification period after that date, has caused a significant burden on our hospice communities, especially those in rural areas. The limits on who can conduct the face-to-face encounter and the timeline for compliance do not reflect the operational realities of hospice programs, especially for small and rural hospices. The HELP Act would allow Nurse Practitioners, Clinical Nurse Specialists and Physician's Assistants to conduct the face-to-face encounter, and that hospice programs be afforded 7 days after the election of services to fulfill the requirement.

The HELP Act would require the Secretary to establish a payment reform demonstration program to test any prospective payment revisions to hospice, and would include an evaluation period for data analysis; increase the frequency of hospice surveys to every 3 years; and would amend the new face-to-face encounter statutory framework to reflect operational realities for hospice programs, and the needs of the patients and families they serve.

Under this legislation the new payment methodologies for hospice must first be piloted through a 2-year, 15-site demonstration program to allow for any recommended payment reform schemes to be tested across a representative sample of the hospice community and to assess their impact on beneficiary access to hospice services.

The HELP Act also requires more frequent hospice surveys. A recent Office of the Inspector General's, OIG, report noted that CMS was remiss in its supervisory responsibilities by not regularly reviewing the operational and clinical delivery processes of the hospice community. OIG has recommended on numerous occasions that ''CMS should conduct more frequent certification surveys of hospices as a way to enforce the requirements.'' Accrediting organizations, such as the Joint Commission for the Accreditation of Healthcare Organizations, JCAHO, have set an industry standard of certification every 3 years for hospices. The HELP Act requires an initial survey for those seeking certification to be followed by a standard survey every 3 years.

While there is more work that needs to be done to address payment reductions for hospice providers, the HELP Act takes some initial steps to addressing these problems. I am grateful to my colleague Senator WYDEN for introducing this legislation and I am happy to lend my support. I encourage all of my colleagues on both sides of the aisle to review and consider supporting this very important piece of legislation.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 127—DESIGNATING APRIL 2011 AS ''NATIONAL CHILD ABUSE PREVENTION MONTH''

Ms. COLLINS (for herself and Mr. KERRY) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 127

Whereas in 2009, approximately 702,000 children were determined to be victims of abuse or neglect;

Whereas in 2009, an estimated 1,770 children died as a result of abuse or neglect;

Whereas in 2009, an estimated 80.8 percent of the children who died due to abuse or neglect were under the age of 4;

Whereas in 2009, of the children under the age of 4 who died due to abuse or neglect, 46.2 percent were under the age of 1;

Whereas abused or neglected children have a higher risk for developing health problems in adulthood, including alcoholism, depression, drug abuse, eating disorders, obesity, suicide, and certain chronic diseases;

Whereas a National Institute of Justice study indicated that abused or neglected children—

(1) are 11 times more likely to be arrested for criminal behavior as juveniles; and

(2) are 2.7 times more likely to be arrested for violent and criminal behavior as adults;

Whereas an estimated 1/3 of abused or neglected children grow up to abuse or neglect their own children;

Whereas providing community-based services to families impacted by child abuse or neglect may be far less costly than—

(1) the emotional and physical damage inflicted on children who have been abused or neglected;

(2) providing other services to abused or neglected children, including child protective, law enforcement, court, foster care, or health care services; or

(3) providing treatment to adults recovering from child abuse; and

Whereas child abuse and neglect have long-term economic and societal costs: Now, therefore, be it

Resolved, That the Senate—

(1) designates April 2011 as ''National Child Abuse Prevention Month'';

(2) recognizes and applauds the national and community organizations that work to promote awareness about child abuse and neglect, including by identifying risk factors and developing prevention strategies;

(3) supports the proclamation issued by President Obama declaring April 2011 to be ''National Child Abuse Prevention Month''; and

(4) should increase public awareness of prevention programs relating to child abuse and neglect, and continue to work with States to reduce the incidence of child abuse and neglect in the United States.

Ms. COLLINS. Mr. President, it is with a heavy heart that I rise today to submit a resolution recognizing National Child Abuse Prevention Month. I