

(Ms. KLOBUCHAR), the Senator from Michigan (Mr. PETERS), the Senator from California (Mr. PADILLA) and the Senator from Minnesota (Ms. SMITH) were added as cosponsors of S. 491, a bill to establish the position of Director of Foreign Assistance in the Department of State, and for other purposes.

S.J. RES. 3

At the request of Mr. CRUZ, the name of the Senator from Tennessee (Mrs. BLACKBURN) was added as a cosponsor of S.J. Res. 3, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Internal Revenue Service relating to "Gross Proceeds Reporting by Brokers That Regularly Provide Services Effectuating Digital Asset Sales".

S.J. RES. 4

At the request of Mr. CRUZ, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S.J. Res. 4, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Energy relating to "Energy Conservation Program: Energy Conservation Standards for Consumer Gas-fired Instantaneous Water Heaters".

S.J. RES. 7

At the request of Mr. CRUZ, the names of the Senator from Oklahoma (Mr. LANKFORD) and the Senator from West Virginia (Mr. JUSTICE) were added as cosponsors of S.J. Res. 7, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Federal Communications Commission relating to "Addressing the Homework Gap Through the E-Rate Program".

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself, Mr. LANKFORD, and Ms. SMITH):

S. 502. A bill to amend title XVIII of the Social Security Act to restore State authority to waive for certain facilities the 35-mile rule for designating critical access hospitals under the Medicare program, and for other purposes; to the Committee on Finance.

Mr. DURBIN. 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. 502

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 "Rural Hospital Closure Relief Act of 2025".

SEC. 2. RESTORING STATE AUTHORITY TO WAIVE THE 35-MILE RULE FOR CERTAIN MEDICARE CRITICAL ACCESS HOSPITAL DESIGNATIONS.

(a) IN GENERAL.—Section 1820 of the Social Security Act (42 U.S.C. 1395i-4) is amended—

(1) in subsection (c)(2)—

(A) in subparagraph (B)(i)—

(i) in subclause (I), by striking "or" at the end;

(ii) in subclause (II), by inserting "or" at the end; and

(iii) by adding at the end the following new subclause:

"(III) subject to subparagraph (G), is a hospital described in subparagraph (F) and is certified, on or after the date of the enactment of the Rural Hospital Closure Relief Act of 2025, and before the date that is 9 years after the date of enactment of this subclause, by the State as being a necessary provider of health care services to residents in the area;" and

(B) by adding at the end the following new subparagraphs:

"(F) HOSPITAL DESCRIBED.—For purposes of subparagraph (B)(i)(III), a hospital described in this subparagraph is a hospital that—

"(i) is a sole community hospital (as defined in section 1886(d)(5)(D)(iii)), a medicare dependent, small rural hospital (as defined in section 1886(d)(5)(G)(iv)), a low-volume hospital that in 2021 receives a payment adjustment under section 1886(d)(12), or a subsection (d) hospital (as defined in section 1886(d)(1)(B));

"(ii) is located in a rural area, as defined in section 1886(d)(2)(D), or a rural census tract of a metropolitan statistical area (as determined under the most recent modification of the Goldsmith Modification, originally published in the Federal Register on February 27, 1992 (57 Fed. Reg. 6725));

"(iii) (I) is located—

"(aa) in a county that has a percentage of individuals with income at or below the Federal poverty level in 2023 or 2024 that is higher than the national or statewide average in that year; or

"(bb) in a health professional shortage area (as defined in section 332(a)(1)(A) of the Public Health Service Act); or

"(II) has a percentage of inpatient days of individuals entitled to benefits under part A of this title in 2023 or 2024 that is higher than the national or statewide average in that year;

"(iv) has attested to the Secretary that the hospital—

"(I) was operating as of the date of enactment of this subparagraph; and

"(II) had 2 consecutive years of negative operating margins preceding the date of certification described in subparagraph (B)(i)(III), as defined by the Secretary in the regulations or program instruction issued pursuant to section 2(b) of the Rural Hospital Closure Relief Act of 2025; and

"(v) submits to the Secretary, at such time and in such manner as the Secretary may require, an application for certification of the facility as a critical access hospital, including an attestation outlining—

"(I) the good governance qualifications and strategic plan for multi-year financial solvency of the hospital; and

"(II) the hospital's commitment to open and maintain, for the duration of the hospital's designation as a critical access hospital under this section, a new service line or expanded service capacity for a service that is in high demand or limited supply in the hospital's service area (determined based on the hospital's most recent community health needs assessment under section 501(r)(3) of the Internal Revenue Code of 1986 (or other comparable assessment)), such as obstetrics or behavioral health care services.

"(G) LIMITATION ON CERTAIN DESIGNATIONS.—

"(i) IN GENERAL.—Subject to clauses (ii) and (iii), the Secretary may not under subsection (e) certify pursuant to a certification by a State under subparagraph (B)(i)(III)—

"(I) more than a total of 120 facilities as critical access hospitals; and

"(II) within any one State, more than 5 facilities as critical access hospitals.

"(ii) PROCESS.—The Secretary shall follow the following process in carrying out clause (i) with respect to each year in which the Secretary determines that the limitation under clause (i)(I) has not been reached:

"(I) INITIAL ASSESSMENT.—The Secretary shall conduct an initial assessment of the total number of hospitals described in paragraph (2)(F).

"(II) INITIAL ALLOCATION.—Of the total number of designations available under clause (i), the Secretary shall allocate 1 for a hospital in each State that the Secretary determines (based on the initial assessment under subclause (I)) has one or more hospitals described in paragraph (2)(F).

"(III) REMAINING ALLOCATION.—Of the total number of designations available under clause (i), after application of subclause (II), the Secretary shall allocate the remaining number on a proportional basis based on the total number of hospitals described in paragraph (2)(F) in each State that are eligible (as determined based on the initial assessment under subclause (I)).

"(iii) SUNSET.—Effective beginning on the date that is 9 years after the date of enactment of this subparagraph, the Secretary may not certify a hospital as a critical access hospital pursuant to a certification by a State under subparagraph (B)(i)(III).

"(H) INFORMATION SUBMISSION REQUIREMENTS FOR HOSPITALS CERTIFIED PURSUANT TO RURAL HOSPITAL CLOSURE RELIEF ACT.—

"(i) IN GENERAL.—A critical access hospital that is certified under subsection (e) pursuant to a certification by a State under subparagraph (B)(i)(III) shall submit to the Secretary the following at a time, and in a manner, specified by the Secretary:

"(I) REPORTS.—Reports containing such information as the Secretary may specify with respect to items and services furnished as part of the new service line or expanded service capacity for a service as described in the attestation submitted by the critical access hospital under subparagraph (F)(v)(II). To the extent practicable, the Secretary shall align such reporting with other reporting requirements applicable to critical access hospitals under this subsection.

"(II) NOTICE.—If the critical access hospital materially changes the new service line or expanded capacity for a service as so described, notice of such changes along with a plan to satisfactorily maintain access to care (as determined by the Secretary).

"(ii) REVOCATION OF CERTIFICATION FOR NONCOMPLIANCE.—If the Secretary determines that a critical access hospital described in clause (i) has failed to submit an annual report required under subclause (I) of such clause or a notice required under subclause (II) of such clause, the Secretary may, as the Secretary determines appropriate, revoke the certification of the critical access hospital under subsection (e)."; and

(2) in subsection (e), by inserting ", subject to subsection (c)(2)(G)," after "The Secretary shall".

(b) IMPLEMENTATION.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services shall issue final regulations or program instruction to carry out subsection (a).

(c) CLARIFICATION REGARDING FACILITIES THAT MEET DISTANCE OR OTHER CRITERIA AND APPLICATION OF OTHER CRITERIA.—Nothing in this section shall affect—

(1) the application of criteria for designation as a critical access hospital described in subclause (I) or (II) of section 1820(c)(2)(B)(i) of the Social Security Act (42 U.S.C. 1395i-4(c)(2)(B)(i)); or

(2) the application of criteria for designation as a critical access hospital described in clauses (ii) through (v) of section 1820(c)(2)(B) of the Social Security Act (42 U.S.C. 1395i-4(c)(2)(B)).

(d) GAO STUDY AND REPORT.—

(1) STUDY.—The Comptroller General of the United States (in this section referred to as the “Comptroller General”) shall conduct a study on the implementation of the amendments made by subsection (a). To the extent such data are available and reliable, such study shall include—

(A) an analysis of—

(i) the characteristics of facilities designated as critical access hospitals pursuant to section 1820(c)(2)(B)(i)(III) of the Social Security Act, as added by subsection (a);

(ii) an analysis of the financial status and outlook for such facilities based on their designation as a critical access hospital pursuant to such section; and

(iii) an analysis of any increase in expenditures under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) as a result of such designation, relative to the expected baseline expenditures under the Medicare program if such facilities had not received such designation; and

(B) an assessment of whether the authority to designate facilities as critical access hospitals pursuant to such section 1820(c)(2)(B)(i)(III) promotes access to care in rural areas.

(2) REPORT.—Not later than 6 years after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study conducted under subsection (a), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

SEC. 3. MEDPAC STUDY AND REPORT ON PAYMENT SYSTEMS FOR RURAL HOSPITALS.

(a) STUDY.—The Medicare Payment Advisory Commission (in this section referred to as the “Commission”) shall conduct a study, using data from 2018 through 2028, on payment systems for rural hospitals under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.). Such study shall include an analysis of—

(1) facilities designated as critical access hospitals pursuant to section 1820(c)(2)(B)(i)(III) of the Social Security Act, as added by section 2(a);

(2) features of payment systems for rural hospitals, including value-based payment systems, that would—

(A) ensure financial sustainability for the Medicare program; and

(B) preserve access to care for Medicare beneficiaries;

(3) if the Commission recommends any new payment system for rural hospitals under the Medicare program, to the extent feasible, the impacts of transition from existing payment systems to such new payment system.

(b) REPORT.—Not later than 8 years after the date of enactment of this Act, the Commission shall submit to Congress a report on the study conducted under subsection (a), together with recommendations for such legislation and administrative action as the Commission determines appropriate.

(c) DEFINITION OF RURAL HOSPITAL.—In this section, the term “rural hospital” means—

(1) a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act (42 U.S.C. 1395x(mm)(1)));

(2) a subsection (d) hospital (as defined in section 1886(d)(1)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(1)(B))) that is located in a rural census tract of a metropolitan statistical area (as determined under the most recent modification of the Goldsmith

Modification, originally published in the Federal Register on February 27, 1992 (57 Fed. Reg. 6725);

(3) a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(D)(iii)));

(4) a medicare dependent, small rural hospital (as defined in section 1886(d)(5)(G)(iv) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(G)(iv))); and

(5) a low-volume hospital (as defined in section 1886(d)(12)(C)(i) of the Social Security Act (42 U.S.C. 1395ww(d)(12)(C)(i))).

SEC. 4. SUNSET.

Not later than 9 years after the date of enactment of this Act, the Secretary shall establish a mechanism and provide guidance and technical assistance under which any facility that was designated as a critical access hospital pursuant to a certification by a State under section 1820(c)(2)(B)(i)(III) of the Social Security Act, as added by section 2(a), may transition within 1 year to one of the following payment models:

(1) Such new model or models recommended by the Medicare Payment Advisory Commission in the report submitted under section 3.

(2) The prospective payment model (or models) under which the facility received payment under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) prior to being so designated pursuant to such certification.

(3) Payment as a rural emergency hospital under section 1834(x) of the Social Security Act (42 U.S.C. 1395m(x)).

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 68—EXPRESSING THE SENSE OF THE SENATE THAT THE UNITED STATES SHALL NOT DEPLOY UNITED STATES MILITARY ASSETS OR PERSONNEL TO GAZA FOR PURPOSES OF “TAKING OVER” GAZA

Mr. KAINE (for himself, Mr. BLUMENTHAL, Mr. DURBIN, Mr. OSSOFF, Mr. SANDERS, Mr. VAN HOLLEN, Mr. WARNOCK, Mr. WELCH, Mr. WYDEN, and Ms. DUCKWORTH) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 68

Whereas the horrific attack by Hamas on Israel on October 7, 2023, killed 1,195 Israelis; Whereas Israeli military operations in Gaza have resulted in more than 45,000 Palestinians killed;

Whereas the January 15, 2025, ceasefire between Israel and Hamas resulted in the long-overdue return of innocent hostages taken by Hamas, the suspension of Israeli military activity in Gaza and the redeployment of forces, and an opportunity for the international community to surge humanitarian aid to Gazans in need;

Whereas, on February 4, 2025, President Trump suggested the United States will “take over the Gaza Strip” and forcibly relocate its people;

Whereas the Palestinian people have the right to self-determination and their own independent state, and to live with dignity and in peaceful coexistence with their neighbors;

Whereas the United States asserting control over Gaza would fracture relations with United States partners in the region and

around the world, validate the Iranian regime’s corrosive rhetoric, and foster higher levels of radicalization and terrorism that would only further threaten the interests of the United States and United States citizens and members of the Armed Forces in the region;

Whereas the people of the United States have no interest in a new and extended military deployment to the Middle East, a new forever war in the Middle East, expending untold billions of taxpayer dollars to support any United States military operations in Gaza, or the forcible displacement of 2,000,000 people from Gaza; and

Whereas there is no congressional authorization, as required by law, for the use of United States military force in Gaza: Now, therefore, be it

Resolved, That it is the sense of the Senate that the United States will not deploy United States Armed Forces, risk United States lives, or otherwise use United States funds to fulfill the pronounced objective to “take over” Gaza.

Mr. THUNE. Mr. President, I understand the Chair has an announcement for the Senate.

APPOINTMENTS

The PRESIDING OFFICER. The Chair announces on behalf of the Committee on Finance, pursuant to section 8002 of title 26, U.S. Code, the designation of the following Senators as members of the Joint Committee on Taxation: the Senator from Idaho (Mr. CRAPO); the Senator from Iowa (Mr. GRASSLEY); the Senator from Texas (Mr. CORNYN); the Senator from Oregon (Mr. WYDEN); and the Senator from Washington (Ms. CANTWELL).

MEASURE PLACED ON THE CALENDAR—H.R. 29

Mr. THUNE. Mr. President, I understand there is a bill at the desk due a second reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the second time.

The senior assistant legislative clerk read as follows:

A bill (H.R. 29) to require the Secretary of Homeland Security to take into custody aliens who have been charged in the United States with theft, and for other purposes.

Mr. THUNE. In order to place the bill on the calendar under the provisions of rule XIV, I would object to further proceeding.

The PRESIDING OFFICER. Objection having been heard, the bill will be placed on the calendar.

ORDERS FOR TUESDAY, FEBRUARY 11, 2025

Mr. THUNE. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned until 10 a.m. on Tuesday, February 11; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, morning