

decision by next Monday, then they know when they do make a decision, they are going to be penalized 6 or 7 percent on the premiums they are going to pay. Either way, they are going to get hit, through no fault of their own.

If only we would show some compassion here. As I said, as the Senator was coming to the floor, you do not have to take this Senator's position and delay it all the way to the end of the year. Why don't we get some compassion and delay it a few months so that, again, the groups that are out there that are trying to advise the seniors—one of the major concerns of the senior citizens is getting the health care they need; and prescription drugs today means so much to them, indeed, to us, as well, with regard to the quality of life we are privileged to have not compassionately extend this deadline a few months in order to give some relief?

Yet we come to the floor, we try to do that, and we are prohibited through a parliamentary procedure of filling the amendment tree so that we cannot offer these amendments, whether it be this one or the one I spoke about earlier which is to correct the deficiency of the Enzi bill and have some provision for regulation of insurance companies in health insurance.

Mr. KENNEDY. I understand the President is in his home State today. Given the track record of the administration and the mismanagement of the prescription drug program and the fact that there is genuine concern and confusion among seniors, what reason did the administration give you for not following your extremely reasonable, sound suggestion that could make a difference for seniors all over the country?

Mr. NELSON of Florida. I thank the distinguished Senator for his question. The answer is, I have asked representatives of the administration in two different committees this same question. The answer comes back, cold-heartedly: We have a deadline. We have to enforce that deadline or people will not make a decision.

I understand the necessity of a deadline. The nature of human beings is that we often procrastinate. But there are compassionate exceptions that ought to be considered. This is one. Coming from a State, as I do, with a high percentage of our population made up of senior citizens, this certainly ought to be a compassionate exception.

Mr. DURBIN. Will the Senator yield for a question?

Mr. NELSON of Florida. I am happy to yield to the distinguished assistant minority leader.

Mr. DURBIN. I understand we are only about 5 days away from the deadline for people to sign up for Medicare prescription Part D. I know the Senator has joined me and others in suggesting this program could have been done differently, a lot fairer, a lot simpler, could have more competition so

that seniors would have had even lower drug prices. Sadly, major parts of it were written by the pharmaceutical industry and by the insurance industry.

I know the Senator from Florida has spoken to many seniors, as I have, and knows that as they have tried to understand the program and sign up for it, some of them have been overwhelmed. In Illinois, there are over 45 different programs from which to choose. I talked to pharmacists, who are a good source of information, who tell me the seniors come in, throw up their hands, and say: What are we supposed to do?

I ask the Senator from Florida, when you reflect on the fact that there are some 35.8 million Medicare beneficiaries who have drug coverage, according to the administration, isn't it true that 70 percent of those people—more than 26 million—already had prescription drug coverage before this program was underway? And of the 16 million who previously did not have coverage, about 10 million or so have signed up. So we still have about 6 million of the 16 we were trying to sign up for drug coverage—sounds to me like a substantial percentage, 6 million—who have not signed up at this point, about 40 percent. They are facing a penalty.

Do I understand the Senator from Florida has joined with others, including myself, in legislation extending the deadline for signing up, also saying to the seniors: If you made a mistake in choosing a program, we will give you a makeover, a do over, so that you can change the program within 1 year without penalty? I ask the Senator to explain.

Mr. NELSON of Florida. The distinguished Senator from Illinois understands correctly. If the deadline were extended until the end of the year, the administration's own figures are that an additional 1 million-plus senior citizens would sign up of that group of 6 or 7 million. If that is a million seniors who would not suffer the economic hardship of an additional 6 or 7 percent penalty or the economic hardship of not being able to have the right drug they need because they signed up with a mistaken decision of a wrong formula, then is that not worth it for the sake of the senior citizens to grant a compassionate extension?

Mr. DURBIN. I ask the Senator from Florida, does he believe, as I do, that if we would have allowed the Medicare Program to bargain with the drug companies to get, by bulk discount, the lowest prices for seniors, just the way the Veterans Administration does, that the end result would have been at least one kind of standard program, Medicare Program, with lower prices which other private companies could have competed with, if they chose? Wouldn't that have offered the lowest price to the seniors and one simple standard program to turn to if they had any doubts about the right choice?

Mr. NELSON of Florida. The Senator is correct. As a matter of fact, it is something the Federal Government has

been doing for over two decades in the Veterans Administration. The Veterans Administration buys prescription drugs in bulk. As a result, the cost to veterans is \$7 per month for their prescription drugs. Using the law of economics in the private free marketplace, buying drugs in bulk, you can negotiate the price down. But when this body passed the prescription drug bill 3 years ago, Medicare, the Federal Government, was prohibited from purchasing in bulk and negotiating the price down.

Mr. DURBIN. How much time remains, Mr. President?

The PRESIDING OFFICER. Less than 1 minute.

Mr. DURBIN. The administration has argued the reason they didn't let Medicare bargain down in bulk discounts is because they wanted the market to work its will. Am I correct in remembering that they also appropriated hundreds of billions of dollars to subsidize the insurance companies that were going to offer this? Is that kind of massive Federal subsidy consistent with free market economics?

Mr. NELSON of Florida. The Senator's point is not only correct, but it is so pointed that anyone who hears it should suddenly say: Ouch.

Mr. DURBIN. I thank the Senator.

Mr. NELSON of Florida. Mr. President, I yield the floor.

Mr. FRIST. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BURR. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. ISAKSON). Without objection, it is so ordered.

MORNING BUSINESS

Mr. BURR. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business until 2 p.m., with Senators permitted to speak for up to 10 minutes each; further, that this time be equally divided and upon the conclusion at 2 p.m. the Senate majority leader be recognized.

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

Mr. KENNEDY. Madam President, as I understand, we are in a period of morning business.

The PRESIDING OFFICER (Ms. MURKOWSKI). The Senator is correct.

HEALTH CARE WEEK

Mr. KENNEDY. Madam President, for those Americans who believe the Senate was going to have a debate this week on health care policy—and they have been watching the activities in the Senate this morning—they must be mystified about how and whether we are going to have a debate at all. We will know the answer to that at 2

o'clock, when the majority leader will address the Senate.

The best judgment now is, for all intents and purposes, that the debate on the issue of health care will be terminated through a parliamentary process that will be worked out, making it impossible to offer amendments to the underlying bill, which is the usual way of proceeding in the Senate. Instead of debate on health care, we will find that time will move on, there will be debate and discussion about some of the tax issues tomorrow and probably voting on cloture on the underlying Enzi legislation.

Let me point out how disappointed I am in this result. We are aware the leader said we were going to have a Health Care Week in early May, and we would have a chance to debate issues which relate to health care. Health care is a matter of enormous importance to families all over this country—we all know that. As Members of this Senate, we cannot go to our home States without being exposed to different aspects of the health care crisis. Certainly this is true more so today, perhaps, than in recent times. We are very disappointed that the Senate will not have the opportunity to address some of the underlying issues on health care.

We now have 46 million Americans who do not have health insurance. The total number of uninsured has been increasing by about a million a year over the period of the last 6 years. There is every indication that this increase in the number of uninsured is a phenomenon that is going to continue.

We know that in terms of the coverage, an increasing number of Americans are only a paycheck away from losing their health care insurance. They are very concerned about losing coverage, especially with all of the changes we see in terms of the economy and the challenges we are facing in terms of good jobs, good benefits, and health care protection.

For all of these reasons, Americans are concerned about losing health care insurance.

We have increased the total health care spending over 6 years from \$1.3 trillion to \$1.9 trillion. We are spending \$600 billion more on health care and yet 6 million people have lost coverage. The numbers related to health are spending and the uninsured are going in the wrong direction. We have a growing number of uninsured, yet we are paying more in taxes and for the costs of health care. This does not make a great deal of sense. We ought to get about the business of trying to deal with the problem of decreasing numbers of insured Americans and increasing health care spending.

My State of Massachusetts has tried to get its arms around the problem of inadequate coverage of health care insurance, and I commend our leaders in Massachusetts for attempting to do that. We need to do that here in the Senate. Premiums have gone up 73 per-

cent in the last 6 years. Wages have gone up approximately 13 percent. How do average working families possibly get ahead and afford the kind of health care they need when we see the costs of health care going right through the roof?

It is not just the costs of health care creating problems for working families. We know that working families are paying more in terms of gasoline, and they are paying more in terms of higher education. This last winter, in many instances my constituents were paying a great deal more on fuel assistance because of the rising costs of fuel. While costs are rising, wages are not.

All of these challenges are out there for Americans. Beyond this, we are in the age of the life sciences with new possibilities for breakthrough drugs in Alzheimer's and Parkinson's disease. If we had a break in terms of Alzheimer's disease and we were able act on that breakthrough, we would empty one-third of the nursing home beds in my home State of Massachusetts. There are profound implications in terms of the quality of life Americans people could live. Our influence could not only improve the quality of life for people in the United States but it could also influence the quality of life of people around the world. Though unimaginable, we have made reductions and cuts in NIH research at a time when we have splendid opportunities for breakthroughs in health care.

We thought we might have an opportunity to have a health care debate on stem cell research, an issue which led to legislation being passed in the House of Representatives. The legislation, which we believe a clear majority of this Senate favors, is now waiting on the calendar. I call it the legislation of hope—there are no guarantees about what stem cell research might be able to do in the future, but it will provide great hope for millions of families that have Parkinson's, Alzheimer's, spinal cord injuries, and so many other illnesses.

We should be able to do something that Senator NELSON from Florida has been talking about for weeks. Unless we take action, approximately 8 million American seniors will be paying more for prescription drugs if they do not file under the Medicare prescription Part D drug program in the next few days. We know most seniors are living on fixed incomes, and they will be paying hundreds of millions of dollars more if they do not file under Medicare Part D drug program. We have an opportunity to do something about this problem, but we are being blocked.

We are blocked on stem cell research. We are blocked on doing something for our senior citizens in terms of penalties related to the Medicare Part D drug program. We are blocked from perhaps changing our law and permitting our Medicare system to bargain with the pharmaceutical companies to get lower priced prescription drugs for

our seniors as we do in the VA system. All of our seniors understand that Medicare should be able to negotiate lower prices for prescription drugs, but we are prohibited from doing that by law. There is virtual unanimity among the Democrats to change Medicare's ability to bargain for lower drug prices. Do we have an opportunity to do that? No, we cannot do that, either. We are prohibited from having that debate, having that discussion, having that vote which would mean so much to the quality of life of so many of our seniors, let alone the issues regarding the possibilities of reimportation of drugs, which has been an issue that many Members know can make a big difference in terms of availability of prescription drugs. However, we are not going to have that opportunity.

Finally, we are not even going to have the opportunity to see the small business proposal which has been prepared by Senator DURBIN and Senator LINCOLN which I strongly support. Their proposal can make a difference for small businesses. It helps small businesses retain health insurance for their workers and will provide incentives for those small businesses, the engine of the American economy, to bring people back into health care coverage. We ought to have the debate about Senator DURBIN and Senator LINCOLN's small business health plan proposal. Let the Senate make a judgment, a decision, about whether they favor, on the one hand, the proposal by Senators LINCOLN and DURBIN or, on the other hand, Senator ENZI. Let's have the votes and call it as we see it. But we are virtually prohibited from having that vote in the Senate.

Most Americans believed, when they elected their representatives, that they were going to come here, they were going to learn these issues, and they were going to tell their representatives what was on their minds. The Senators were going to learn the issues and then have a voice and a vote and try to move that process forward. Certainly that is what we all believe is our responsibility as elected officials. We thought we were going to have these debates and votes on health care this week, but we are not. I believe that this is a grave disappointment. It is an abdication of our leadership in the Senate on an issue which is of overwhelming importance—the quality of health care and the affordability of health care for the millions of American people.

I yield the floor.

THE PRESIDING OFFICER. The Senator from New Mexico.

Mr. BINGAMAN. Madam President, first I commend my colleague, Senator KENNEDY, for his leadership on this very important issue and all the many other issues on which he provides great leadership in the Senate.

I rise today to oppose this Senate bill, 1955. I believe it is well intentioned. I have the greatest respect for Senator ENZI and the role he is playing

as chairman of the Committee on Health and Education, on which I am privileged to serve.

However, I also believe this particular proposal, S. 1955, is flawed and has many potential unintended consequences which could have a devastating impact on millions of Americans who currently have health insurance coverage. It is for that reason that I am a strong supporter of the alternative to which Senator KENNEDY referred; that is, the alternative Senators DURBIN and LINCOLN have put together which I will speak about in more detail in a minute.

I also suggest an alternative proposal that would bridge the gap between these two approaches and would build on the bipartisanship we clearly need in order to make any progress on health care issues in the remaining weeks of this Congress, which are diminishing rapidly, as all are well aware.

First and foremost, we need to keep in mind the important tenet that is referred to often when we talk about health care; that is, first, do no harm. That is what physicians are taught when they go to medical school. Clearly, that is something we should be taught when we come to the Senate.

One of the most significant concerns I have with this legislation that is pending in the Senate is that the language contains sweeping preemptions of literally hundreds of State insurance laws, not just for association plans or for the self-employed or even just for small businesses, but the legislation as presented to us preempts those State laws for large businesses as well.

Consequently, for the millions of people who currently have insurance coverage and count on consumer protections and benefits—including coverage of cancer screenings, diabetes treatment and supplies, immunizations, well-baby care, prenatal care or whatever benefits and protections their States require be included in insurance policies—that security is wiped out by S. 1955.

In short, the bill literally puts at risk the health security of millions of Americans by preempting longstanding State insurance laws to impose an untried, untested proposal throughout the country.

While I certainly do not disagree with the idea that there may be insurance laws and mandates that States have enacted that are not needed, I do think most often the mandates and the provisions that are adopted at the State level are adopted in response to real needs those State legislatures have perceived and real crises that have been pointed out in those States. As such, by preempting those consumer protections, there are real national goals that we all share that would be undermined.

For example, we have a national goal to improve immunization rates among children. So why should we backtrack and potentially undermine what the

States have done to ensure that insurance plans offered in the individual States provide for coverage of a full set of immunizations for their children?

While a number of Senators have come to the Senate floor condemning various State mandates, who really thinks we should not be covering cancer screenings, as an example, and treatment and prevention or diabetes education and supplies?

Some will argue that the benevolent insurance industry would never fail to cover these items. But, in fact, there are insurance products for sale in this country in some States—for example, in Ohio—that do not cover diabetes supplies and education, precisely because there is no requirement they do it.

State insurance laws, including mandates or laws regarding market conduct of insurance plans, were passed because of real problems that were perceived in the insurance market. Consequently, it makes little sense to preempt literally hundreds of State laws overnight and to put all hope that insurers would have to offer businesses a plan offered to State employees in one of the five most populated States. That is what is touted as the guarantee of consumer protections.

As the bill now reads, if a plan fails to offer certain protections, and it is being offered to employees in one of these five most populated States by that State, then that is a minimum that is acceptable throughout the country with regard to all insurance plans. I do not see why the people of New Mexico or the people of any other State should be at the mercy of what one of the Governors of these large States decides to offer to that State's employees.

The five Governors are certainly respected public servants—Governor Schwarzenegger, Governor Bush, Governor Perry, Governor Pataki, and Governor Blagojevich—that is a mouthful, Madam President—but I do not see why any of those Governors should be able to lessen the protections that we provide to consumers in New Mexico.

If Governor Bush passes a barebones package in Florida, do all of the people of my State of New Mexico have to fear losing health benefits? That would be the effect of the pending legislation.

In fact, for rural States, a package in the five most populated States is very likely to fail to recognize the special challenges we have in rural communities. Let me give you one example.

In New Mexico, we have a mandate for access to psychologists. If you sell a health insurance policy in New Mexico, you have to cover access to psychologists. This was passed in response to the fact that our State leads the Nation in the number of suicides per capita. Also, there are very few psychiatrists who are located in areas outside of Albuquerque and Santa Fe, which is our more urban part of the State.

So our State leaders, in part due to the leadership of my colleague, Sen-

ator DOMENICI, have been making great strides with respect to mental health coverage and benefits in New Mexico. But that could be undermined by this pending legislation. Literally overnight, our State mandates could be preempted and replaced with the allowance that insurance companies could provide whatever benefits they desire or that any plan offered by the five most populous States in the country to their employees would be adequate in New Mexico.

I would note that even though 42 States have requirements that insurance plans offer access to psychologists, Florida does not, and may not, in their State employees' plan. Therefore, any insurer could adopt that plan and hundreds of thousands of people would lose access to mental health professionals in a State such as mine, New Mexico. This is one example of real regional or local issues that I believe are not adequately addressed in this bill.

Another simple but important example of a problem with the legislation is that most States require insurance plans to cover newborns and adopted children and adult disabled children. This bill would undermine such requirements. Why should the Senate undermine this critical coverage of some of our Nation's most vulnerable children?

Fundamentally, we should not be encouraging underinsurance and benefit insecurity among most Americans as part of a bill that is intended to increase health coverage among small businesses, but, unfortunately, that is the unintended consequence of S. 1955.

It is why literally hundreds of national and State-based organizations have come out in opposition to S. 1955, including the Nation's State health insurance commissioners and 41 of our States' attorneys general. All of these groups and individuals are opposing S. 1955 precisely because the legislation contains numerous provisions that, as the attorneys general write, "erode state oversight of health insurance plans and eliminate important consumer protections."

While some organizations have literally tried to claim that the attorneys general did not know what they were doing by taking the position they have taken, I was an attorney general of my State, and I can assure you those attorneys general knew exactly what they were doing when 41 of them joined together in a letter of opposition to S. 1955. They surely know a lot more about the laws of their States and the consequences of eroding insurance laws than some of the groups that are attempting to criticize them in this debate.

But even if you do not believe the attorneys general, the bill's text reads clearly it will "supercede any and all state laws" applicable to small business health plans as well as State laws regulating all other types of health insurance plans, not small business health plans, in six key areas: No. 1,

mandated benefits; No. 2, rating requirements; No. 3, internal appeals; No. 4, rate and form filing; No. 5, market conduct reviews; and, No. 6, prompt payment of claims. So in all of those six areas, this legislation would override whatever the States have previously done.

So what are the consequences? As the attorneys general write:

The point is that history has shown that eliminating state regulation of insurers has had extremely negative consequences for consumers, and there is no reason to exempt any insurer from the important consumer protections afforded by state regulation.

The sweeping nature of preemption of State laws and oversight is fairly breathtaking in this legislation. It is surprising to see how many of our colleagues, who are typically advocates for States rights, have embraced this legislation. It culminates with a provision in which insurance companies are afforded the right to sue States in Federal court.

The legislation, first of all, overturns and preempts this longstanding State authority over State insurance matters. Secondly, it imposes a new Federal system upon the States. Third, it declares States as nonadopted States if they do not conform their laws to the newly imposed Federal system. And, finally, it allows insurers to sue States in Federal court if they do not like the way the States are administering the federally imposed law.

Somewhere, it seems to me, the goal of the legislation has been lost. The stated goal was to give small businesses greater health insurance purchasing power and to reduce administrative costs in the purchase of health insurance. However, there are, in my opinion, far better approaches to achieving that goal than to gut State oversight of health insurance plans and to eliminate these important consumer protections.

For instance, eliminating the guarantee of coverage of insulin makes any insurance product meaningless to someone who has diabetes. As a result, I am a supporter—I know Senator KENNEDY indicated his strong support—and I also strongly support the legislation introduced by Senators DURBIN and LINCOLN precisely because it would address the affordability problems for businesses in the small group insurance market by giving them the ability to access a large purchasing pool which would be modeled on the successful Federal Employees Health Benefits Program, FEHBP. It would do so without eroding any of the consumer protections afforded people in State insurance laws and oversight.

Under this Durbin-Lincoln bill, small businesses would be allowed to band together in a large purchasing pool that would reduce premiums, reduce administrative costs, and give every small business and their employees a wide choice of plans. The amendment harnesses the power of market competition to bring down health care costs by

using a proven negotiator that provides Federal employees across the Nation with access to affordable health care.

Let me make it very clear that we are not in any way affecting the health care coverage of Federal workers with this proposal, this Durbin-Lincoln proposal. Small businesses and their employees who choose to participate and buy their health care through this purchasing pool would be buying their health care through a separate pool—separate from Federal workers—but still a very large pool of small businesses around the country with 100 or fewer employees.

Last year, there were 249 private health insurance plans that participated and competed for the business of the FEHBP enrollees. This system would also benefit small employers. It would do so without undermining the benefits and coverage of large employers or the consumer protections that are afforded everyone under our State insurance laws.

What people fundamentally want from their insurance policy is something that is truly there when it is needed. Unfortunately, S. 1955 preempts that security and creates more unintended harm than good through an untested and unproven model of State preemption. In sharp contrast, this alternative that Senators DURBIN and LINCOLN—and I am proud to be a co-sponsor—are proposing achieves the goals of helping small business in the underlying bill through a proven mechanism that each and every one of us and our staffs benefit from without upsetting the security that the health insurance marketplace provides to millions of Americans around the country.

There is also another alternative that I think is most promising for some type of health care reform in the reasonably near future in this Congress. This is bipartisan legislation that I was proud to join Senator VOINOVICH in introducing yesterday. This legislation, entitled the Health Partnership Act, is intended to move beyond the political gridlock we have in Washington on health care reform. I think that gridlock is, unfortunately, highlighted by the very debate we are having in the Senate this week.

Instead, the proposal Senator VOINOVICH and I have introduced sets us on a path toward finding solutions to affordable quality health care for all Americans by creating partnerships between the Federal Government and State and local governments and private payers and health care providers to implement some different and promising approaches to health care. In contrast to preempting State laws and solutions, the Health Partnership Act, which Senator VOINOVICH and I introduced yesterday, would provide for Federal funding and support to State reform efforts such as that recently enacted in the State of Massachusetts to reduce the number of uninsured, to reduce cost, and to improve the quality of health care. A Federalist approach to health

reform, in sharp contrast to state preemption, would encourage a broad array of reform options that would be closely evaluated to see what is working and what is not.

Justice Brandeis is famous for his statement in 1932:

It is one of the happy incidents of the federal system that a single courageous State may, if its citizens choose, serve as a laboratory; and try novel social and economic experiments without risk to the rest of the country.

The Health Partnership Act encourages this type of State-based innovation through a partnership rather than through preemption. This would help the entire Nation to better address both the policy and the politics of health care reform. As the debate before us underscores, there is not a consensus at the Federal level on any one approach. Instead of preempting State laws and innovation, we should be encouraging States to adopt a variety of approaches that may help us all better understand what does work and what does not. Rather than fighting to a standstill over whether the Enzi bill or the Durbin bill is the best approach, I would argue that the best solution would be to have a few States experiment with a model based on Senator ENZI's bill, if they chose to do so; other States experiment with a model based on the Durbin-Lincoln approach, if they chose to do so; and other States adopt alternative reforms such as those that have recently been passed by Massachusetts, Maine, New Mexico, New York, Illinois, Oregon, and Montana. This would also include encouraging reforms in local areas such as the three-share initiatives in a number of communities.

If given the opportunity—and there is still uncertainty about whether I will have that opportunity—I plan to offer an amendment that would give the States the choice between being covered by the Enzi model or being covered by the Durbin-Lincoln model for their small businesses. Therefore, the amendment would add the Durbin-Lincoln language to the Enzi bill with additional language that gives States the choice of deciding which approach to take.

If the proponents of S. 1955 are so confident that their approach is the best, let's let the States choose for themselves.

THE PRESIDING OFFICER. By unanimous consent, it was agreed that each Senator would be limited to 10 minutes under morning business. The Senator has exceeded that time.

MR. BINGAMAN. I ask unanimous consent that I be given an additional minute.

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

MR. BINGAMAN. From monitoring the various reform approaches that are taking place around the country, it is far more likely that we might learn from those efforts to actually find a mutual solution to the problem than to

continue to have needless health care debates on the Senate floor. Just as States passed expansions of coverage for children prior to Federal enactment of the State Children's Health Insurance Act, we should once again let the States lead the way to reform. When the passions of this week die down and there appears to be nothing left standing, I hope people will take a serious look at the bipartisan legislation Senator VOINOVICH and I, Senators AKAKA and DEWINE have introduced. It is supported by groups such as the American Hospital Association, the American Medical Association, the National Association of Community Health Centers, and numerous other national and community-based organizations.

As speaker after speaker has noted, it is well past the appropriate time to act. I hope we can act and actually legislate in this area during this Congress. I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Madam President, many Members over the last several days have come to talk about health care, specifically the effects on small business. I know my colleague didn't mean it the way it sounded, that this was a "needless" debate about health policy. It is a very needed debate about health policy.

In North Carolina, 98 percent of the firms with employees are considered small business. Small business is who we are here to represent in this piece of legislation. Small business is the American business today that can't afford to offer health care as a benefit to its employees. Why? Because small business has few employees. They don't have the ability to negotiate in the volume that large corporations do.

Some have argued this is not a crisis. In North Carolina, we have 1.3 million uninsured North Carolinians; 900,000 of that 1.3 million are individuals in a family or on their own where an individual works full time. There is somebody in the family who works full time in that house, be it the individual or a family member, who would have the option to be insured under this bill, at least individually or, if not, under a family plan, and our uninsured population from North Carolina could go from 1.3 million to 400,000 with the passage of one piece of legislation.

This is not a needless debate. This is a needed debate. This is a population that today has two choices—nothing and nothing. Because an employer has found that health insurance is cost prohibitive. What is the employer's choice? I can provide you health care, but I can't stay in business. What good have we done for the employees, whether they are in North Carolina or anywhere else, if the option is, I can give you a benefit, but I can't keep you employed? This is to attempt to try to bring the same ability that big business has to small business, to negotiate as an association, as a group. This is the most natural thing I could think of

that we could do to begin to relieve the pressure.

Does it solve health care? Absolutely not. It will take much more pressure from the American people for us to tackle the real structural changes needed in health care. But let me relate some stories from North Carolina and around the country. This comes from Hickory, NC. This woman owns a custom plumbing and heating business. She says she would like to be able to offer her employees and their families affordable health care coverage.

As a parent and employer, I know the importance of having affordable insurance and the financial devastation that occurs when you have no coverage. Unfortunately, there has to be a tradeoff.

She says she only has one of two options to keep her doors open—either employees have no insurance or they don't have a livable wage.

Another one from an area in North Carolina, a small business owner has provided health insurance for his employees at no cost to them for the past 10 years. However, every 2 or 3 years he spends at least 2 months shopping for insurance because he knows that the rate increase is coming. We have all faced that. He would like to continue to provide insurance for his employees but he doesn't think he can hold out much longer.

Think about the employees. Think about the families.

This one is from Greenville, SC, a small business owner who says that providing health insurance is becoming unbearable for small businesses such as hers. She calls it a "hardship." She is a widow. She is self-employed. Her health insurance is an expense she can hardly afford. Similar to many of her employees, she has a \$5,000 deductible, and her monthly premium consistently increases 35 to 40 percent every 6 months. This is unbearable. It is not something that she can stand, and it is not something that we should strap the American people with. But small business after small business, State by State, is faced with the same thing today: They can't buy with the effective tools that large corporations can.

We have spent over 30 hours debating whether we would even proceed to debate the bill. This is incredible. Now we are getting to a point where we will debate the bill and we will consider amendments. We may consider alternatives such as my colleague from Arkansas will discuss. But make no mistake, this is a very needed debate. This is not a needless debate about health policy. This is one that we have needed to have. We have needed to have a policy in place for years now. It is incredible to me that we could think that small business can continue to hold on just like the fingertips on a windowsill.

Across the country, the No. 1 issue facing small business today is the rising cost and the lack of access to quality health care. Earlier this week, we debated liability reform, something that is driving doctors out of the pro-

fession, that is affecting new medical students as they choose a specialty, where they are shying away from specialties like neurology, OB/GYN, things that to a population that is growing older and a population that we want to repopulate, as families decide to have children, are absolutely vital.

But we were denied the ability to proceed, denied the ability to go to a debate because people said we don't have a liability problem in America. Yet I gave a firsthand story about a friend of mine who is a nephrologist. I don't even know what that is. But he told me this: We are likely not to get sued. He told me that in the past 2 years his premium has gone up 300 percent. Some come to this floor, and they say this is not a crisis. We don't have a problem. Medical liability does not contribute to the rising cost of health care.

Any place in health care that experiences a 300-percent increase in a matter of years has an inflationary factor on everybody's health care. That is one example of a profession that is not the most likely to be sued, as are the OB/GYNs, the neurosurgeons. But we were denied the ability to move forward. It took us 30 hours to be able to debate the assets that we find in S. 1955. Is it perfect? No. Is it a carefully crafted piece of legislation that incorporates the State insurance commissioners who are in the business of regulating insurance products? Absolutely. It incorporates everything that everybody who sat around the table who had an interest in this said had to be there. Change one little piece, and now you have affected all the moving parts that exist.

What are we trying to do? We are trying to make sure that small business has the opportunity, if they choose, to provide for their employees' health care coverage. Anybody who would be against that, I can only assume that the only way they want to provide health care coverage is if the Government provides it.

I will tell everybody a story. I was elected to the House of Representatives 12 years ago. I worked for a small business, less than 50 employees. When I came here, I had an option of all the choices I could choose for insurance. I chose the company and the exact same plan that I had before in a company of 50 employees. What was the only difference in my health care coverage? It cost me \$50 more a month to be a Federal employee and to have that health insurance. But there are some up here who suggest that the Federal Government should negotiate everybody's health insurance. From firsthand experience, the Federal Government is the last one I want negotiating anything for me. I would be willing to bet that my constituents feel the same way.

Ask the business owners I referred to if they want the Federal Government negotiating their health care policies. Absolutely not. They want the option of being able to offer health insurance.

These employees today have two choices—nothing and nothing. This debate is very simple. It is about whether we are going to offer them something versus nothing. This is a debate that is well past due. It is a debate that has to be completed. I am not convinced today that this bill will find it to final passage. I think it will get blocked. I think it will be filibustered.

I think Members of this body will, in fact, block the consideration. In North Carolina, this will block 900,000 individuals who could have health insurance who, because somebody here decides we are not going to move forward, won't have that option. Their choices tomorrow will be nothing and nothing.

Health insurance costs are on a track to becoming the largest portion of an employer's total benefit package—more so than what employers are putting into retirement plans or 401(k)s.

Madam President, I am going to continue to come to this floor, and I am going to continue to talk about real people across this country, not just in North Carolina—the ones who have the horrors of no choices and cannot continue to afford the policies they have, the employers who really do want to offer their employees a benefit because it enables that employee to stay with them. I am going to continue to read these stories in hopes that my colleagues on the other side will understand that this is about real people, that for once maybe they will look at the human face of this issue and understand that there are casualties all across this country.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Arkansas is recognized.

Mrs. LINCOLN. Madam President, I, too, would like to echo the Senator from North Carolina, that this is a debate which is extremely critical. It is an issue which is—particularly from my standpoint—one that I get most consistently when I return home to Arkansas. I don't think the debate is whether it is a critical issue for us to discuss and come up with a solution; the critical question here is, Are we really doing our best? Are we really working hard to produce the best product we possibly can for the constituency that really needs us the most?

Small businesses are our No. 1 employer in Arkansas. They are the engine of our economy all across this great Nation. There is no doubt that they deserve the same quality of health care we have here as Members of Congress.

The Senator mentioned that, as he left small business and came to Washington, his premiums went up. The statistics show us that the premiums for Federal employees rise at a disproportionately lower percentage rate than the premiums rise in the small business market. We have seen drastic increases in the premiums in the small business market over the last several years. However, while we also, as Federal employees, have seen increases in

our premiums, they have not been anything compared to the increases that have been seen in the small business marketplace. So there may have been some changes, but the point is that we have a good product that we enjoy as Members of Congress. The quality control on what we have is tremendous because we adhere to the State mandates and what States have seen in their States to be important to their constituency.

All States are different, but most of the States are consistent when it comes to things such as diabetes, maternity care, well baby care, immunization, cancer screening—things that have really made a difference not only in people's quality of life but also in terms of the cost of health care. States such as Connecticut actually cover anything—or mandate the coverage of Lyme disease because in Connecticut you actually see a prevalence of that. States have the choice. It is the State's right to be able to make sure that what their constituency wants in that product is going to be there. I believe that has worked very well. It is something we want to maintain. It is a quality control we enjoy, and there is no reason small businesses should not, also.

Madam President, I wish to comment and lend my voice to the fact that this is a critical debate, one about making sure we are providing for every other American out there, particularly in small businesses, the same opportunities and the quality of health care we enjoy.

I wish to address some of the issues that have been brought up in this debate that I have heard about the bill that I have worked hard on over the last 3 or 4 years—a bill Senator DURBIN and I helped each other put together after realizing what a great job the Federal Government had done in bringing the best of what Government can do in its oversight and the best of what private industry and competition in the marketplace can bring. It brings it to us as Federal employees and Members of Congress, and has for over 40 years, and it keeps down an administrative cost that is drastically lower than private plans out in the small business marketplace. At some point, it is somewhere around 25, or plus, percentage points lower in terms of administrative costs, which is practical in this day and age and something that is essential.

I applaud Senator ENZI in his effort and hard work at bringing about this issue and focusing on how important it is. I hope that the debate and our willingness to work to produce a good product is genuine and that we can actually do what is best for the American people and that we don't get caught up in a lot of the details of procedure here so that we miss the forest for the trees.

On the other side of the aisle, they have argued that our bill is just another costly Government program, which will cost taxpayers a ton of money. We are getting ready to spend a

ton of money tomorrow in extending tax cuts that haven't even expired and don't expire for several years. We are going to spend a tremendous amount of money—\$50 billion plus—on extending those tax cuts which don't even come up for expiration for another couple of years.

Here we have an opportunity to provide a tax cut to small business that could actually make an immediate impact on bringing down their cost of health insurance for themselves and their employees. This is kind of the first time I have ever noticed my colleagues on the other side, who all of a sudden don't want to provide a tax cut to small business because it costs. Yet we are going to have multiple tax cuts brought before us that come at a tremendous cost to the Government and to the deficit, and we don't even need them yet. Yet here is an opportunity to provide a direct tax cut, a credit, to small businesses to engage in the health care marketplace, encourage them to provide much needed health insurance for their employees, for themselves, and for the self-employed, and all of a sudden it is a cost that is just out of control. But if you look at that cost, it is amazing. It is maybe a third of the cost of the HSA that the President has been proposing. Yet we have the possibility and capacity under this plan to serve millions more Americans with health insurance—health insurance that is backed by the State mandate and the Office of Personnel Management, a proven negotiator, that negotiates for us, Members of Congress. So I just have a real problem with that argument.

The fact is that SEHBP won't create any new bureaucracy. Our plan will be run by the same agency that runs the health care program for all Federal employees and Members of Congress. The administrative costs are less than 1 percent. There is no new bureaucracy created. It already exists in the Office of Personnel Management. We might have to increase some of those people in that office, but we don't know what is going to happen at the Department of Labor, which is charged with implementing Senator ENZI's plan. There is no one in the Department of Labor who has ever done that. There is no part of that agency designed or created in order to do that. We would have to reinvent the wheel to provide a section of the Department of Labor that would be able to institute the Enzi bill.

In fact, most of the costs, as I have said, of our benefit plan for small businesses come in the form of a tax cut. So our costs are not administrative. We actually bring those down. Our costs are not an implementation. Our costs are providing the assistance to small business to actually get into the marketplace because we know that the more small businesses that get into the marketplace, the greater the pool.

I doubt there is anyone here who will argue with the fact that the real key to

providing good, quality, low-cost, consistent health insurance is in the volume of the pool because we all want to make sure that competition in the marketplace is what is driving the issue here. When you have a larger pool to negotiate with private industry, you are going to be able to negotiate a better deal. It is a better deal for everybody.

Forty-six million Americans are not getting health insurance now. Disproportionately, the largest percentage of those 46 million are working in small businesses. They are not getting health insurance. Health insurance companies should love the idea of being able to increase their market share with those numbers of people. In fact, we have worked hard over the last 2 or 3 years with the insurance industry to make sure that what we were creating was improvement on what was already in existence other than the Federal plan.

The PRESIDING OFFICER. The Senator has used 10 minutes.

Mrs. LINCOLN. Madam President, I ask unanimous consent for an additional 1 minute.

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

Mrs. LINCOLN. Madam President, I believe it is so important that we heed the words of most of our parents, I am sure, when we were growing up, and those are: If it is worth doing, it is worth doing right.

We enjoy, as Federal employees, an incredible opportunity to provide health insurance for ourselves and for our families which provides real, substantial quality. It is not something we buy into with the idea that we will never get sick; we buy into it knowing that maybe we are just one automobile accident or one chronic illness away from needing comprehensive health insurance.

The increases my colleague from North Carolina talked about in terms of the number of people who would be added, those are immediate and they are temporary. They are mostly young, healthy people. The fact is that if we don't include everybody and we don't make sure all of the different chronic illnesses that exist out there are going to be offered, those who are less healthy are going to be shut out, they will become more costly, and the first time one of those young individuals, healthy individuals, has an accident or reaches a chronic condition, they too are not going to be covered under this plan. So I hope we will heed the idea that it is important to do what is right.

We have an opportunity here, at no additional cost. We could eliminate it, if the other side doesn't want to provide a tax cut to small business, that is OK. But we should maintain the quality, and I hope my colleagues will join me in that.

The PRESIDING OFFICER. The Senator from Georgia is recognized.

Mr. ISAKSON. Madam President, I was here about 15 minutes ago, and I

learned one inevitable fact: this body is long on rhetoric and oftentimes short on results. In the case of health insurance and health coverage for the American people, we stand at a point in time when we have a chance to produce real results.

I have listened to the arguments over the last couple of days. In fact, I presided last night and got to listen to some of these negative arguments about S. 1955. I wish to try, in a positive way, to talk about the result that it affords and brings to the American people. I want to do it by, first of all, trying to establish credibility.

The reason I say that is, most of us come to the Chamber and speak oftentimes on subjects about which we have had few life experiences. Most of the Members—certainly a majority—have never really been in the private sector. Certainly, a lot have not been independent contractors. None of us right now are in the marketplace for health insurance in America.

For 33 years before coming to the Senate, I ran a small business. I had 200 employees but 800 independent contractors. My employees had medical benefits because we qualified under ERISA. My independent contractors, who were my salespeople, the assets of the company, because of Federal law and IRS treatment, were not allowed to be offered a benefit. They were subject to the free market, to buy spot insurance. They weren't the young and healthy. They were middle age, second- and third-career people, mostly women, and some men. They were very difficult people to cover in the spot market.

As a legislator during those 33 years, while I ran a small business, I did a ton of work on health care. In fact, I was the author of one of the State mandates in Georgia for direct access for dermatological coverage. I did so for a passionate reason: I am the survivor of a melanoma. My doctor caught it in time, and it was removed in time, and I am here today. I have great respect for that mandate for direct access.

As some of the people who have spoken—in fact, many on the other side have talked about the horrible thing this bill does by not including all of the mandates required of all of the States in this country. And the ads we see in some of the periodicals we read portend we are removing the possibility of people to have coverages that are mandated in their States. Let me address that and make the record straight.

Currently, in the United States, there are 109 mandated medical coverages in the 50 States and the District of Columbia. My State of Georgia has 39. This bill doesn't preclude any of those from being offered, but it doesn't mandate that they be offered, and it doesn't allow small businesses to associate across the Nation, form a large enough risk pool to be competitive in the marketplace and be able to compete and provide insurance to the American people who do not have insurance.

The first fantasy that has been purporting as fact is that this bill takes away mandates. It doesn't take a mandate away from a single person who has it. What it does is give people who don't have any insurance at all the chance to get good, solid, basic health care, and when they get it, when they make their purchase decision, this requires they make that decision by being shown, at the same time they are presented with a basic policy, a policy that contains all the mandates contained in the five most populous States in the country. The consumer gets the choice that right now they do not have.

For the other side to allege we are taking away benefits, what we are doing is providing opportunity to folks who have no opportunity. I defy you to be 45 years old, a working carpenter with a wife and two kids, out in the marketplace trying to buy spot insurance. Can you buy it? Sure, if you want to pay \$2,000, \$2,500 a month, a price you can't afford to pay and put food on the table and shelter as well. So what do they do? They fly without coverage. When they get sick and they are really sick, they go to emergency rooms, and they end up raising the cost of health care to everybody, which raises the cost of health insurance to everybody.

What this bill does and what Chairman ENZI has done, which is the genius of it, it brings forth the ability of small businesses and people who cannot afford the coverage to go into the marketplace and buy health insurance.

On the mandate issue, there is no question that some of the insurance that will come out of this process will not include every mandate, maybe not all of the mandates, maybe not half the mandates. But what it will include is good, basic health care, and if a family that doesn't have good, basic health care coverage now all of a sudden has it, what happens? They start practicing better health. They start having more wellness. They start seeing physicians before they are sick rather than after they are sick and in pain. What happens is, we have more wellness, more preventive health care, and we have a lower cost of health care in this country to all the Americans who have coverage.

For the other side to say that what we are trying to do is take benefits away from people is disingenuous and wrong. We are trying to preserve the benefits of people in America, and to the 45 million who don't have any, we are trying to give them the opportunity.

For those who think the State knows best and therefore we ought to mandate they can't do this, they are denying choice of the most basic need in the United States of America, and that is the choice for a man and a woman and their children to be covered in the medical needs they have.

I can tell you that I spent most of my time running my business trying to make sure there was some access to affordable health care for those independent contractors to whom I could

not legally provide it. Over the 20 years I ran the company, it became more and more difficult. And over those same 20 years, the cost of health insurance went higher, higher, and higher. It went higher because the mandates became more and more difficult to provide to those individuals, in part because of the State mandates as well.

This opens a new door. It opens hope and opportunity for 45 million Americans. It gives us the chance to cover maybe 11 million, maybe 12, maybe 13. Senator BURR thinks 900,000 in North Carolina. The number I have heard for Georgia is the same. But whatever the number, S. 1955 offers hope and opportunity for affordable health insurance and better health care to millions of Americans. It takes away mandates from no one and ensures that the customer always has the choice of buying the product and the coverage they want and they can afford.

Chairman ENZI and the committee have done a great service to the American people. It is time for this Senate to do great service to their constituents. Give them a chance to have access to affordable, accessible health insurance for the 45 million Americans who do not have it.

I yield the floor.

The PRESIDING OFFICER (Mr. THUNE). Who yields time? The Senator from New Jersey.

Mr. LAUTENBERG. Mr. President, how much time do we have remaining on our side?

The PRESIDING OFFICER. There is 14 minutes, but each Senator has been allotted no more than 10 minutes.

Mr. LAUTENBERG. It is my understanding that there is no request for use of time on our side, so I ask unanimous consent that I be able to use all of the remaining time.

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

Mr. LAUTENBERG. Mr. President, we are in the midst of Health Week. Apparently, during Health Week, we don't pass any of the bills the American people want but, rather, we schedule procedural votes.

Why aren't we taking up something such as stem cell research? That is what the American people want to see us do. There is such value in the use of stem cells for research and potential treatment of all types of diseases. Despite all the promises of stem cell research, we are not working on it this week. This week we are simply doing our political stuff: posturing for the next election.

There are other important health care issues besides stem cell research that we could be taking up; namely, Medicare. We should be discussing that on the floor of the Senate. We should be passing legislation to extend the Medicare enrollment date past May 15.

Right now, under the present Medicare drug plan, if you don't sign up by this coming Monday, you will be penalized permanently for signing up late.

Millions of Americans are having serious problems understanding this out-

rageously complex Medicare plan, but the administration, the President of the United States is saying: Hurry up and make the choice, we are not going to extend the enrollment date. It is insulated from what reality is. It is too bad.

In New Jersey, seniors have to choose among 45 plans offered by 19 providers, and we are saying rush, rush, rush. Most people can't get through the language, no less the dates and those requirements. But the administration is saying to my constituents that even though their health is at issue, they have to rush to a decision. It sounds like this is a deadline that nothing can move and, unfortunately, that is the truth coming from this administration.

If we want to talk about health initiatives, Republican health initiatives, let's talk about the one that is in place, this horrible new Medicare plan.

We have seen the Republican model of health care, and it is not pretty. In fact, many have called it a disaster. One need only pick up the local newspapers to see this disaster play out from Maui to Miami, from Portland, OR, to Portland, ME. The new Medicare drug plan is failing our seniors.

We see it demonstrated in this placard in the headlines: The Boston Globe:

Many seniors say Medicare drug plan will not help them.

Newsday:

Medicare guide is in need of Rx.

The New York Times:

Drug plan enrollment opens amid confusion.

It goes through all of these well-known newspapers, showing the opinions they are hearing from their constituents.

How did we get there? This Medicare Part D Program is an example of the majority vision for the future of health care in our Nation. One thing that is pretty clear about Medicare Part D is that whoever wrote it was clearly not focusing on the health of our seniors, and if the goal were to help our seniors, there would not be this thing called the donut hole, a gap in coverage.

Many Americans have not heard about it or don't know what this coverage gap is. When I explain it to people listening at home, they are not even going to believe it. But it is true because I have heard about it when I address people all across our State.

The way the program works is that for many people, in the middle of the year when you have spent \$2,250 on drugs, which is not a lot of money considering the drug use for preserving health and for prolonging life, their prescription drug coverage will stop at \$2,250. They will not have any coverage, but they will still have to pay the premium.

What does that mean? It means that sometime in the summer or fall of this year, millions of Americans will walk into a pharmacy for their medication and the pharmacist is going to ask

them for hundreds of dollars in payment. When the person says, Wait a minute, I have Medicare, the pharmacist will say: Yes, but you are in the donut hole, when you don't get any benefit until you reach spending over \$5,100; so you will have to pay the full price now.

It makes no sense. It is hard to understand, but unfortunately it is true and it is happening. My office has been contacted by constituents who experience this problem, and we are trying to help them, but this is only the beginning.

Another senseless component of the Republican Medicare law is the prohibition that prevents Medicare—can you believe this—prevents Medicare from negotiating prices directly with the pharmaceutical companies. The VA permits that and the discounts are significant. But you can't do that in Medicare because the focus is to protect the companies rather than it is to protect the citizens.

I come from New Jersey, home of the world's leading drug companies. And I admire these companies. Their discoveries have saved the lives of untold millions of people. To be quite honest, they are often targets of unfair criticism. But I don't see any reason to prohibit Medicare from negotiating prices with these companies. Medicare, the largest health care system in the entire world, is prevented from negotiating with these companies. The Republican Medicare law prohibits Medicare from negotiating for a good price, and there is no valid reason for it.

When I talk with my constituents about this new Medicare law, all of them ask the same question: Why is this program so complicated? That is a good question. The program is complicated because the people who wrote it were not focused on helping seniors. Rather, they were focused on promoting ideology. The Republican ideology is now destroying Medicare because it is based on the need to privatize everything, outsource Medicare.

If the goal were to help seniors get their prescription drugs, the result would not be so complicated. We can't blame seniors and their families for being confused when we present them with the kind of complex picture they see.

The Democrats invented Medicare, and when it comes to serving the American people, running an effective Government, we do know how to do it. I think it is pretty obvious now in the wake of this Medicare mess and the bungled response to Hurricane Katrina that there is little ability to run our Government. It doesn't seem to work. Incompetence runs rampant.

Why can't they run a Government? Because they always want to farm out the hard work to the companies—Halliburton, the HMOs, and the list goes on and on. They even want to outsource our air traffic control system. Remember that fight? And that still looms in front of us. I will give you a real-world

example of why the Republican insistence on privatizing Medicare is hurting America's seniors. In one of my local papers back in New Jersey, the Bergen Record, there was an article about a pharmacist who has been trying very hard under tough circumstances to help his customers with this new Medicare program. One of the customers needed a 25-milligram version of a drug because her doctor found that the 50-milligram pill was causing too many side effects. When the pharmacist filled the 25-milligram prescription, the Medicare drug plan, run by United Healthcare, said they will not cover the 25-milligram, the smaller milligram, version. It is hard to understand.

United Healthcare told the pharmacist to cut the 50-milligram pills in half. The pharmacist correctly told the insurance company that it was a sustained-release drug and cutting it in half would make the pill ineffective. After waiting for some time on hold with United Healthcare, the pharmacist was told the customer would have to go back to her doctor and ask the doctor to file an appeal with United Healthcare, looking for special permission to get the smaller dose of the pill.

That is what real seniors are going through every hour, every day under this drug program.

I want to talk about United Healthcare in particular. United Healthcare paid its CEO, William McGuire, \$124 million last year. That is right. The CEO of United Healthcare made almost \$124 million in 2005. Now, if they were making widgets, that would be all right. But they are supplying health care to seniors and having this man walk away with millions of dollars—when the people who need health care are paying for it—it is not right. Those people are paying for that kind of a salary, that kind of an asset base.

The seniors in my State are upset, while the real beneficiaries of the Republican Medicare bill are still paid these outrageous salaries. It doesn't make sense. It is a disgrace.

The question has been asked: Should we scrap this program and do a real Medicare drug benefit? Maybe. But I would say this to the American people: As long as the same group is running this Congress, you are going to see more of the same happening. All we have to do is look at the condition that we find ourselves in over in Iraq, not knowing whether we are going or whether we are staying, and lives are still being lost. The cost for that war is going to be somewhere around half a trillion dollars before this year is over, and we are funding it with supplementals that carry all kinds of pork-laden projects. The management is terrible.

Management of the environment is terrible, when we look at what is happening and we see that snowfields in Mount Kilimanjaro in Africa that were there since the beginning of time will no longer be there in a few years, when

we see that Glacier National Park will soon not have a glacier there, having had glaciers there since the beginning of time. The glaciers are melting in front of our eyes. If you look at pictures of animals up in Alaska, such as the polar bear, they are scrawny. They don't have the body size they should have when they are not getting sufficient nourishment. There is nothing being done about that. There is nothing being done about global warming as the Earth that we live on gets warmer and as the threats of flooding all over the seacoast States and communities becomes more and more apparent. So there is a question of competency that we have to look at. It is certainly not reflected in this Medicare plan.

Although it is late, I wish the President would show some good heartedness and say: You know what, seniors of America, we are going to help you. We know you can't get through this Medicare drug plan in time, so what we are going to do is delay it a few months. What is the big deal? I don't get it. Instead of permitting people to adequately review these plans so they can understand what they are getting into, there is a push to sign up. It is one that I don't understand.

Mr. President, I yield back the remainder of my time.

The PRESIDING OFFICER. The Senator from Colorado is recognized.

Mr. ALLARD. Mr. President, I understand we are in morning business?

The PRESIDING OFFICER. We are. That is correct.

SMALL BUSINESS HEALTH PLANS

Mr. ALLARD. Mr. President, I am going to speak under morning business on Senate bill 1955, the small business health plans legislation that is going to be before us shortly for formal debate. I come to the floor to talk about a piece of legislation that is important to my Colorado constituents. I would like to talk about the Health Insurance Marketplace Modernization Act, sometimes known as HIMMA.

This legislation, which is also known as the small business health plans bill, would allow for small businesses to come together to form a group which could then use their combined purchasing power to influence insurance companies for affordable health plans.

It has been suggested that those who serve in the Senate have no understanding of what small business folks are going through and that most of us have never been faced with the reality of having no health insurance and therefore don't understand the plight of the small businessman. I come to dispel that rumor. I am a former small businessman who couldn't afford the cost of health insurance for myself or for my employees.

My wife and I discussed options for ourselves and for our employees. Similar to many other small business owners across the country, we decided it

would be better to raise our employees' rate of pay and allow them to purchase their own individual plans. My wife and I decided to begin setting aside our own savings account to pay for health care costs in case, for some reason or another, I had an incident or she had an incident where we needed to go to the hospital and thus needed health care coverage.

Being a veterinarian and lifting heavy dogs onto the exam table all the time, and not expecting the dog owner to pick up the other half of a giant breed such as a Great Dane, I ended up having back problems and had to have back surgery. I didn't have health insurance, but I paid for it myself out of my own pocket. Fortunately, my wife and I had the foresight to set aside a savings plan so that if something such as this did happen, we could pay for it. But it did set us back.

We were able to survive that particular incident. It was kind of an interesting thing, what happened to me when I went to go to the hospital. The administrators didn't want me to go into the hospital. The hospital would not let us in because we did not have health insurance. I said: Well, I will pay for it. When we got in there, I had the surgery, and I did very well, and I am very active today. The doctors did a great job on surgery. When we checked out of the hospital, the administrator said that they would reduce our costs by 20 percent because they did not have to deal with the paperwork and with the cost of having to process my claim. So much of the paperwork is driven by trying to protect the hospital, the doctors, and the administrators from frivolous lawsuits. That has been my personal experience.

I must admit I was disappointed when, earlier in the week, Members of the Senate chose to side with trial lawyers instead of women and children. And I was disappointed that Members of the Senate decided to support turning the medical profession into a cash cow for the legal profession instead of allowing for legitimate compensation.

Again, in a matter of minutes, we will be debating the small business health plans bill and another attempt to bring down the high cost of health care, specifically for working class families who are employed by small businesses that, similar to my own situation, cannot afford to provide health insurance for their employees.

I think it is important for us to focus this debate on at least giving small businesses the opportunity to make a choice on providing health care for themselves and for their employees. Currently, because of the prohibitive cost of health care coverage for their employees, many small business employers don't even have the option of offering coverage.

Some of my constituents have brought to my attention over the past few weeks their worries that because of the lack of insurance benefit mandates, they could lose important benefits such