

The point I wanted to make, very simply, is this: The President has made a big cause in recent weeks about being a fiscal conservative. There is nothing fiscally conservative about an administration that took a very large budget surplus and turned it into very large budget deficits. There is nothing conservative about protecting tax breaks for the wealthiest Americans. There is nothing conservative about proposing two-thirds of a trillion dollars of spending and wanting to add it to the Federal debt. That is not conservatism. That is reckless fiscal policy and one that ought to change.

One final point: The President, today, is signing an energy bill. We wrote an energy bill, and it is a good bill. It comes up short in two areas. We should have increased renewable energy provision in it that requires that all electricity produced in this country should be produced with 15 percent from renewable resources. That ought to be in the bill. It is not in the bill that passed.

Second, we ought to have had the extenders, extending the production tax credit and other incentives for the renewables and other sources of energy in order to make sure we are going to continue to push on renewable energy incentives.

But having said that—we did not get that because of the President and his supporters—having said that, here is what we did get: We got an energy bill that, for the first time in 32 years, requires Detroit and the auto companies to make automobiles that have better gas mileage, 10 miles to the gallon in 10 years, beginning in the year 2011. That is a significant change. I am proud to have been a part of causing that change. I was the principal author of a legislative initiative supported by SAFE, Securing America's Future Energy. That called for the increase in reformed CAFÉ standards. It called for a substantial increase in renewable fuels, which we have done by a 36-billion-gallon renewable fuels standard to be achieved by 2022.

We have a title that is very good dealing with conservation and efficiency of virtually everything we use in this country today. We get up in the morning, we turn on a switch, and then we turn on a key. We see light, and we start the car. We don't think much about energy, but it is central to our lives.

We are so unbelievably dependent on foreign sources of energy. Sixty percent of the oil we use comes from outside our country, much of it from troubled parts of our world. We have to change that.

I am proud of the bill we have passed in this Congress. It is a significant accomplishment. We need to come back next year, and do the renewable energy piece, saying every kilowatt of electricity produced in the country should have 15 percent renewable. We can take energy right from the wind, and we can extend America's energy supply with renewable energy.

I think while there are a lot of reasons we did not make as much headway as we would have liked in this Congress—we are, after all, only 51–49 in the Senate and about the same percentage in the U.S. House and a President who has a veto pen. Despite all of that, for the first time in nine years we increased the minimum wage. Those folks working at the bottom of the economic ladder—the ones who work two jobs, sometimes three jobs. I believe in 60 percent of the cases, it is a woman trying to make ends meet, often trying to raise a family—for the first time in 9 years, we increased the minimum wage to say to them: You matter as well. You are at the bottom of the ladder, but there are ways we can help you. And an increase to the minimum wage is a significant accomplishment.

We passed a reauthorization of the Higher Education Act, and that was significant. We increased Pell grants and student loans. We did some important things in Congress. We passed an energy bill at the end.

Would we have wished we could have done more? Sure. But the fact is, with this President in the White House, we were not able to get all the things we wanted to get done. But we will. The future is about change. The agenda that we care so much about is about change, about pivoting and beginning to take care of things in this country that have long been neglected.

Having said all of that, I feel optimistic. I like what we have done. I know this is a time that is very frustrating for the American people for a lot of reasons: the war in Iraq, the subprime loan scandal, the massive scandal of waste, fraud, and abuse in contracting for the war in Iraq and Hurricane Katrina, the most significant waste, fraud, and abuse in the history of this country.

I know why people are upset. They are upset about jobs going overseas, trade policies that, in my judgment, are bankrupt in terms of standing up for this country's interests. But the fact is, all of those things are things we can change. Step by step, we can make these changes. That is why I feel optimistic.

Mr. President, with that, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. SANDERS). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

HEALTH CARE

Mr. WYDEN. Mr. President, anytime I am home in Oregon or have a chance to travel around the country, when I hear citizens talk about Government, they zero in on one word above all else. That word is “change.” Americans

want change in our foreign policy. Americans want change in our energy policy. And above all, Americans want change in our health care policy at home.

So this afternoon I am going to spend just a few minutes talking about some of the most urgently needed changes in American health care, and then how the Congress can go about setting those changes in place.

Above all else, Americans want changes in health care costs so as to hold down these staggering expenses. This country is going to spend \$2.3 trillion this year on health care. There are 300 million of us. If you divide 300 million into \$2.3 trillion, you could go out and hire a physician for every seven families in the United States. That is how staggering the health care costs are in this country. You could literally go out and hire a physician for every seven families in the United States, pay that doctor \$200,000 for the year, and say: Doctor, your job for the year will be to take care of seven families.

In fact, I know the Presiding Officer has a great interest in health care as well. Whenever I bring this up at a townhall meeting, and physicians are in the room, they usually say: Where do I go, Ron, to get my seven families? Because they think it sounds pretty good to change the American health care system so they can do what they were trained to do, which is, to be advocates for people, to stand up for their patients, to make sure they get the best shake for American health care.

Certainly, employers want changes to hold down the costs of health care. Today, if you are opening a business in Coos Bay, OR, or Stowe, VT, you are competing in the global marketplace. You essentially spot your foreign competition something like 20 points the day you open your doors in Vermont or Oregon or anywhere else. That is because your premiums go up 13, 14, 15 percent a year, and your foreign competition benefits from national health insurance. So that is what these crushing costs mean for the business community.

If you are lucky enough to have health insurance in our country—and because the costs are going up so high—you are literally one rate hike away from going without coverage.

One of the reasons the costs hit people with insurance so hard is that today in America, if you have coverage, you also pick up the bills for those who don't have coverage. I am sure the distinguished Presiding Officer of the Senate hears the same thing I do at home. Somebody who has coverage, for example, is in a hospital and looks at the expenses and the bill and it says something like Tylenol, \$60. A citizen comes to one of us at a townhall meeting and says to us: What do you mean Tylenol costs \$60? I could have gone to CVS or to some other pharmacy and I could have gotten Tylenol for \$20. Why did it cost me that much? The reason it costs that much

for somebody who has insurance is there are a lot of people in the hospital who don't have coverage and they couldn't pay for their Tylenol, so the cost gets shifted over to the people who are insured.

So first and foremost, when it comes to changes in health care, we need changes that rein in these staggering costs—costs that are going up far beyond what cost increases are elsewhere in the world.

The second area that is so critical to change in American health care is lowering the administrative costs in American health care. We have higher administrative costs than any other country on Earth. Once again, you see it at home and in your State when physicians and others come to you. In my home State, in a typical doctor's office with a few physicians, there is one person who will spend the entire day on the phone essentially trying to pry out information from insurance companies as to what they will pay on one claim or another. These are clerks trying to get information about an insurance company matrix, trying to figure out what will be spent because this country still lacks a uniform billing system because there are so many differing systems of paperwork and charges. This country's staggering administrative costs are an area that desperately needs to be changed in American health care.

Most other parts of the country have simplified their record-keeping and their administrative costs. They use electronic record systems. Today, for example, the typical doctor's office has less technology to hold down administrative costs than the corner grocery store. So second on my list of changes to American health care are steps that would be taken to slow and reverse the crushing increase in administrative costs, hassle for doctors, and needless time and heartache that go into administering American health care.

The third area of change—something I know the Presiding Officer feels very strongly about—is moving health care to prevention and wellness rather than sick care. The fact of the matter is that in the United States we don't have health care at all. What we have is sick care. The Medicare Program shows this more clearly than anything else. Medicare Part A, for example, will pay huge checks for a senior citizen's hospital bills. The check goes from the insurance carrier to a hospital in Vermont or Oregon or anywhere else—no questions asked. Medicare Part B, on the other hand, the outpatient portion of Medicare, will pay virtually nothing for prevention—virtually nothing to keep people well, to keep them healthy, and to keep them from landing in the hospital and racking up all those huge hospital expenses under Part A. That is a bizarre way, in my view, to run the Medicare Program. In fact, the Medicare Program, which is so biased in favor of sick care rather than wellness and prevention, runs the

biggest outpatient program in the country that offers no rewards for, for example, lowering your blood pressure, lowering your cholesterol, stopping smoking. The biggest outpatient program in the United States is Part B of Medicare. Available to more than 30 million older people in our country, it is the biggest outpatient program that offers no rewards for sensible prevention. We have to change this bias. We can look at the problem in this country of childhood obesity and the onset of type 2 diabetes. If we don't focus on prevention, wellness, and keeping our citizens healthy, we will see these continued increases in the costs of chronic care later in life, when heart disease, stroke, diabetes set in and our country racks up still additional health care costs because there has been no focus on prevention.

Finally, it seems to me there has to be a much sharper focus on improving quality in American health care. When people talk about changing health care, they usually focus first on costs and that is why I brought it up initially. But they also want to make sure they get better quality care. Right now, with citizens reading reports, for example, from the Institute of Medicine—about thousands and thousands of needless deaths, hospital deaths, other deaths—it is obvious that steps need to be taken to improve the quality of our health care. Some of them are steps that certainly sound fairly simple: Better infection control in our health care facilities, making sure sensible steps are taken after an individual has a heart attack. Clearly, there needs to be more focus on early diagnosis of illness, which I think is part of a continuum of better quality care that starts with prevention and zeroes in on early diagnosis. But those are some of the areas I think need to be changed.

The reality is the reason for all these changes and the reason why the country wants them is the health care system hasn't much kept up with the times. For more than 150 million people, the employer-based system is pretty much what we had in the 1940s. I talked earlier, for example, about the crushing toll it takes on employers, where they spot their foreign competition 18, 20 points the day they open their doors. But let's think about what it means for individuals.

Right now, I can tell my colleagues a lot of individuals are very concerned, as they see their employer hit with these crushing costs and that every year their package will be skinned down. There will be more copayments and fewer services, and a lot of them are very worried about whether their employer will be able to offer coverage at all. A lot of individuals come to me at townhall meetings and say: Ron, I am 56, 57. I am not sure my employer is going to be able to hold onto our coverage at work, and what will I do if I lose coverage at work and I am not yet eligible for Medicare. This, of course,

would mean they might be without coverage between 57, 58, and 65. You can't be without health care coverage, as the Presiding Officer knows so well, for 7 or 8 years.

So the individual who has coverage at work is worried about the trends, and in a lot of instances, that worker feels job-locked. They would like, for example, to look at another position, say another position that paid more, but they can't do that because they fear if they gave up their current position, they would go into the marketplace and they would be uninsurable. They might have an illness. They might have had a previous health problem. They know what goes on in much of the marketplace—that there is a lot of insurance company cherry-picking and that the insurance companies screen out people who have these health problems and try to send them over to Government programs. So a lot of our citizens feel job-locked and unable to move. It is why I think one of the most important changes that is needed in American health care is to modernize the employer-employee system. Because what we have today in 2007 isn't all that different from what we have had since 1947. My view is that will be one of the most important changes the country needs to look at in American health care.

Finally, let me touch on the other side of the prevention coin in American health care. If we don't make changes and improve our system of health care prevention, what is surely going to happen is we will face increased costs for chronic health needs in America. Already, the evidence shows something like 6 percent of the Medicare population consumes 60 percent of the overall Medicare bill. These are the people who have problems with heart and stroke and diabetes—and the costs of chronic care go up and up and up. A modern health care system, one we ought to be looking at going to in the future, would put a better focus on chronic care management. So when you have an individual, for example, with several of these conditions, there is an effort among physicians and others to coordinate care. One of the best ways to do that is to have something which has come to be known as a health care home, where, in effect, an individual—a patient—can designate one person to coordinate their care when they have these multiple kinds of problems. But talk about the need for change: The Government does virtually nothing to promote the chronic care management which I have described and have had a chance to talk about with the Senator from Vermont.

So we are going to have a chance to go home now for a few weeks and go to the townhall meetings and the Chamber of Commerce lunches and the service clubs. We are going to hear citizens talk about their hunger for change in a lot of areas: foreign policy, energy policy, education policy—a variety of areas. I think what they are going to

talk about when it comes to addressing their concerns here at home is the need for change in health care policy in America. They are going to talk about what is going to be done to contain the costs, what is going to be done to reduce some of the mindless paperwork, how we can put more focus on prevention and wellness, make better use of health care technology, and offer sensible policies that reward the coordination of managing cases for individuals with chronic conditions. These are the key areas they talk about. It all comes down to a health care system that doesn't work very well for them, No. 1. The issue becomes how can it be that a country such as ours—the richest country on Earth, with all these wonderful doctors and hospitals—cannot figure out how to meet the health care needs of our people.

I believe we know what needs to be done. I have tried to outline a number of these key areas. As the Senator from Vermont knows, I have offered legislation with Senator BENNETT of Utah—we have 13 cosponsors on a bipartisan bill—that addresses these kinds of concerns. But now, when we are home and we have a chance to listen to folks, I think we will have a chance also to talk about real priorities for our country, the changes that are needed. We need to especially talk about the changes that are needed in American health care so this country can end the disgrace that we are the only Western industrialized Nation that hasn't been able to figure out how to get basic, essential health care for all our citizens. We are up to it. It is now a question of political will and our willingness to embrace change.

I have appreciated the chance this afternoon to outline some of the most important changes that are needed.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma is recognized.

CRIMINAL BACKGROUND CHECK IMPROVEMENT ACT

Mr. COBURN. Mr. President, later today, Senator SCHUMER will bring up the Criminal Background Check Improvement Act, which is an important piece of legislation. When this bill was originally hotlined, we asked that it be held so that we could discuss the improvements to the bill.

This bill came out of the tragedy at Virginia Tech. It is important that the American people understand that what we are changing in this bill would not have prevented what happened at Virginia Tech. What happened to the individuals there was because the law we have on the books was not followed by the State of Virginia. They recognized that shortly thereafter and have made corrective action to it.

What is also important to note is that under the previous legislation we have had, over \$400 million a year was authorized to help the States implement the programs so that somebody

who is truly a danger to themselves or others or has been admitted to a mental institution and considered mentally defective—that is a term of the bureaucracy—is not allowed to purchase a gun. We all agree to that in this country. So when you don't follow the law, the laws don't work. Consequently, the families are suffering great grief at this time because the law wasn't followed.

Too often, the first reaction of Congress is to hurry up and pass a bill. There are and have been in this bill some good ideas. But there were some bad ideas. The idea of holding the bill to be able to work with those who are offering the bill to get improvements has come about. The principle is this: As we protect people from the dangers of weapons by withholding both criminals and those people who constitute a threat to themselves and others, we can't do that if we are going to step on the rights of those who have a right and who are not in that category.

I wish to take a moment to thank Senator SCHUMER for his hard work and Elliot of his staff for his hard work and to recognize my staff, Jane Treat and Brooke Bacak and others on my staff who worked through the last couple of months to improve this bill. We have come out to make sure those people, veterans in this country who go out and defend, with their lives, bodies, and their futures, our rights, aren't inappropriately losing their rights under this legislation.

It is interesting for the American people to know that at this time, if you are a veteran and you come home with a closed head injury and you resolve that, then, in fact, by the time you wake up and recover over a year or 2-year period, you will have lost all your rights to bear an arm to be able to go hunting, to be able to skeet shoot, to be able to hunt with your grandchildren, without any notification whatsoever that you have lost that right. That is the present law. That is what is happening.

We have 140,000 veterans with no history of mental deficiency, no history of being dangerous to themselves or others, who have lost, without notice, their right to go hunting, to skeet shoot, to have that kind of outing in this wonderful country of ours in a legal, protected sense. What this bill does is it attempts to address that by giving them an opportunity for relief. It mandates that, first of all, they are notified if that happens to them so that they know they are losing their rights. What a tragedy it would be if a veteran who lost his rights but doesn't know it becomes incarcerated under a felony for hunting with his grandson because it is illegal for him to own, handle, or transmit a weapon? That is not what we intended to do in this Congress some 10 years ago. Yet that is the real effect of what is happening.

Consequently, we are at a point now where we have agreed with the fact that we want to make sure—and we

want to put the resources through this authorization—it covers those who could be a danger to themselves and others, and we are going to help the States implement this law, the law on the books, by authorizing significant sums to do this. It is not a new authorization; \$400 million was authorized before, but the appropriators didn't appropriate it. They chose to make a higher priority. The most ever appropriated under this, I think, was \$23 million a year.

So, in fact, what we want to do now is say we mean it, which means when it comes to appropriations time, this authorization will have no effect unless, in fact, we appropriate the money to the States to carry out this notification system. It is something we can and must do. It shows that when we work together to solve the problems and protect the future and honor the Constitution, the rights under the Constitution, we can do that if people of good faith and of good intent work together to solve that.

My compliments to Senator SCHUMER and his staff and Hendrik Van Der Vaart on my staff for the hours and hours we have put in to make sure this happened.

A couple other key points. Sometimes the bureaucracy delays whether or not you are on this list. So we have said that, at the end of the year, if they can't decide, it is going to be adjudicated that you cannot have a gun and you will have to prove that you can. That is fair enough, provided we create the means with which you can recover the cost of that adjudication. So if, in fact, you get to Federal court and you win your case that there is not anything wrong with you, the Federal Government is going to pay your lawyer's fees and return your rights—the rights given to everybody else in this country—return your wrongly denied rights back to you.

Therefore, we really, truly do give access to those who have been injured under this law and, at the same time, protect the rest of the American public from those who could be injured when we don't follow the law.

I also pay tribute to Congresswoman McCARTHY. I served with her in the House. She has been dedicated to this issue for years. She suffered a terrible tragedy herself at the hands of somebody who was obviously deranged. This will mark a milestone for one of the things she wanted to accomplish during her service in the Congress.

It is my hope that others will not hold this bill. It is my hope that when it comes appropriations time, the monies that are necessary to put the people who really are a danger to themselves and others on the national criminal background check, that they will get there, and that those who should not be there will not be there. So it is a balance, a balance for protection, but it is also a balance to preserve rights, especially for our veterans—the very people who continue to