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Senate

The Senate met at 10 a.m. and was called to order by the Honorable JON TESTER, a Senator from the State of Montana.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Lord of our lives, we confess our dependence on You. Give us, today, our daily bread, food for our bodies, minds, and spirits. Let Your goodness guide us, Your providence protect us, and Your love sustain us.

Today, give our Senators a sense of Your precious presence. Imbue them with Your courage for their challenges, Your wisdom for their perplexities, Your peace for their anxieties, and Your faith for their mountains. Guide them with Your loving hand, for we acknowledge You as the way, the truth, and the light.

We pray this in Your glorious Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable JON TESTER led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, May 8, 2007.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable JON TESTER, a Sen-

ator from the State of Montana, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. TESTER thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, this morning the Senate will be in a period of morning business for an hour, with the time equally divided. The majority will control the first half and the Republicans will have the final 30 minutes.

The Senate then will resume consideration of S. 1082, the FDA bill.

For the information of the Members, there is a filing deadline at 10:30 this morning for second-degree amendments to the substitute amendment and the bill.

At 11:50 this morning, we will change course and proceed to executive session to consider the nomination of Frederick Kampala, to be a U.S. district judge in northern Illinois. There will be 20 minutes of debate and then a vote. Following the vote, the Senate will recess for our regular conference meetings.

Yesterday, cloture was invoked on the committee substitute. I hope that at some point we will be in a position to agree to the amendments by unanimous consent or to get cloture for completing action on the FDA bill. There are still a number of amendments pending, and a preliminary review by all the Parliamentarians indicates some of them are arguably germane postcloture.

I would say on this matter, I informed the Republican leader yesterday we would not have any votes after

4 o'clock today, but that doesn't mean we would not be in session. If we can't get some agreement on running out the 30 hours, we will have to be in session until that time expires, around 10 or 11 o'clock tonight. Then we would in the morning come in and finish this FDA bill. Then it is my understanding—the Parliamentarian can correct me if I am wrong—that there would be a cloture vote on WRDA at that time, unless some agreement is worked out on that, to move to that bill.

MEASURE PLACED ON THE CALENDAR—S. 1312

Mr. REID. I understand that S. 1312 is at the desk and due for a second reading.

The ACTING PRESIDENT pro tempore. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1312) to amend the National Labor Relations Act to ensure the right of employees to a secret-ballot election conducted by the National Labor Relations Board.

Mr. REID. I object to any further proceedings with respect to the bill.

The ACTING PRESIDENT pro tempore. Objection is heard. The bill will be placed on the calendar.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business for up to 60 minutes, with Senators permitted to speak for up to 10 minutes each, with the first half of the time under the control of the majority and the second half controlled by the minority.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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The Senator from Oregon is recognized.

HEALTHY AMERICANS ACT

Mr. WYDEN. Mr. President, our friend and colleague, Senator BENNETT, and I have joined together in the first bipartisan legislation to guarantee quality, affordable health care for all Americans in more than a decade. I could have no better partner to deal with the premier issue here at home than Senator BENNETT, who, of course, is a senior Member of the Senate Republican leadership and widely respected on both sides of the aisle. In the days ahead, together, we are going to be talking with Senators of both parties and discussing this legislation on the floor with one specific goal in mind; that is, Senate action to fix health care in America in 2007.

Now, of course, the popular wisdom is that something like this simply could never, ever be done. All the Washington, DC, beltway pundits say fixing health care is something we can't do right now and that it will be the job for the next President and the next Congress and everybody ought to expect that maybe 2 years from now, in the spring of 2009, Congress will get around to dealing with the principal domestic issue of our time.

I and Senator BENNETT don't believe we were given election certificates to sit around for 2 more years, when the American people are saying they cannot afford for the Congress to wait on fixing health care. It is the top issue here at home. It has been studied, studied, and studied. It has been poked and prodded for an awfully long time. It is time for the Senate to act and act now.

Our citizens are staying up late worrying about how they are going to be able to afford quality health care. I don't see how Members of Congress can explain going home at night without addressing our citizens' concerns, and say we will talk about this again in a couple of years. The country wants action, and Senator BENNETT and I are going to do everything we can to make sure they get it.

Yesterday, the CEOs of five major companies joined our push for action on health care this year. They focused on a handful of important principles. The principles pretty much mirror the Healthy Americans Act. I am very pleased the CEOs yesterday joined those who have already come out in support of the Healthy Americans Act: the business leaders, the labor leaders, the public health advocates, the advocates for consumers, and those who want to have dignity for folks at the end of life. They have already come out in support of the Healthy Americans Act, and I was very glad to be able to join the CEOs with Senator BENNETT yesterday to talk about why it is important for Congress to act and to act now.

The Healthy Americans Act is based on a handful of key principles. The

first is that if you are going to fix health care, you have to cover everybody. If you don't cover everybody, what happens in American health care is that those who are uninsured shift their costs to those who are insured. So all the people who have private policies end up picking up the costs of those who are uninsured.

Second, we believe we ought to build universal coverage around private choices, while protecting current Government programs. Our legislation, for example, keeps in place the basic structure of Medicare and veterans programs, making improvements in Medicare; for example, creating incentives for prevention, particularly under Part B, what is called the outpatient portion of the program. We build the future of American health care around quality, affordable private choices, while protecting current Government programs.

The third area we address is fixing the Tax Code. We have 180 million people essentially getting health care in America by a historical accident. Back in the 1940s, there were wage and price controls. It wasn't possible to get quality affordable health care to our citizens, and it was essentially put on the backs of the employers. Then the Tax Code came along to support that decision. Now, more than \$200 billion goes out the door in a way that disproportionately favors the most affluent and also promotes inefficiency. If you are a high-flying CEO, you can go out and get a designer smile and write it all off on your tax bill, but if you are a hard-working woman in a furniture store, you get virtually nothing out of the Tax Code. So Senator BENNETT and I think it is time to fix something in the Tax Code that might have made sense 65 years ago but certainly doesn't make sense today.

Then, we propose to cut the link between employers and insurance. There is no reason why we ought to say—at a time when our citizens change their job something like seven times by the time someone is 35, and we live in a society where people want portability, the ability to move quickly from job to job and take their benefits with them—there is no reason to say the future of American health care ought to require the employer to continue to be the focus of how health care is delivered. Certainly, at a time when our employers are up against global competition—and not competing with somebody in Denver or Texas but in global markets—it makes no sense to dump all this onto the back of the employer. So Senator BENNETT and I would cut the link between health insurance and employment.

We have put a special emphasis on creating a new culture of wellness and, in a sense, dealing with the fact that America doesn't have health care at all. What we have is "sick" care. Medicare will spend thousands of dollars under Part A for senior citizens' hospital bills and virtually nothing under

Part B for prevention to keep people well. So we make those voluntary incentives part of Medicare so that if a senior, for example, in Montana were to lower her blood pressure or her cholesterol for the first time, that senior in Montana would be able to get a lower Part B premium and actually see, on a voluntary basis, why good health pays off in terms of the premium costs seniors face.

Finally, our judgment is we are spending enough money today on health care. We are not spending it in the right places. To put it into perspective, this year we are going to spend \$2.3 trillion on health care. There are about 300 million of us. If you divide 300 million into \$2.3 trillion, you could go out and hire a personal physician for every seven families in America and pay that doctor \$200,000 a year, and then we would all have quality, affordable health care. Picture that in the State of Montana or in another part of our country: Seven families, for the amount of money we are spending today, could have their own personal physician who would get paid \$200,000, and their job would be to take care of seven families. Whenever I bring that up to the physicians groups—I am sure my colleague from Montana would see this as well—whenever I bring it up to physicians, they say: RON, where do I go to get my seven families? It sounds pretty good. It would be pretty good to be able to practice medicine again today rather than being a bean counter and an administrator and somebody who has to shuffle through all the paper and bureaucracy.

We are spending enough; we are not spending it in the right places. So that is why we have to say the first thing we are going to do is spend what is being allocated by American health care today more wisely.

The Lewin Group is sort of the gold standard of doing health care analyses. They analyzed the Healthy Americans Act and the President's proposals and proposals from various States, and they have found that under the legislation that Senator BENNETT and I are working on in the Senate, it would be possible to save \$1.45 trillion—that is with a T—on health care spending in the years ahead, the first proposal to actually lower the rate of growth in health spending. So the facts are indisputable. People who are insured today—and you often ask why should they support changes—are picking up the bills of those who are uninsured. As Senator BENNETT has often said, we have universal coverage already today. That is the way it works. Those people are going to get care; it is just not going to be done in a very efficient fashion.

So the facts are not in question. Medical costs are gobbling up everything in sight. Our employers are at a disadvantage when it comes to U.S. competitiveness. There has been a huge increase in chronic illness. A tiny percentage of the Medicare population, for