

I reflected back 9 years ago to my maiden speech. And, interestingly, at that time—I think it was about 6 weeks after I had been here, so it was the middle of February 2001—I spoke on the budget and the fact that we had a surplus, and how we wanted to keep that surplus and not go into deficit, a lot of the same themes the new Senator from Florida has sounded here today.

Of course, your maiden speech in this August body is quite memorable. I did not have the luxury, as the new Senator from Florida has, to have a number of his colleagues sitting here. As a matter of fact, it was an empty Chamber for this Senator save for the Presiding Officer. But in the course of this speech, I mentioned that it was my maiden speech. I am proceeding on. All of a sudden the doors, these side doors, swing open, and in strides the senior Senator from West Virginia, the person who is a walking political history book. He assumes his position in this chair right here. I get through with my remarks, and he says: “Will the Senator from Florida yield?”

I said: “Of course I yield to the senior Senator from West Virginia.”

He proceeds to give, off the top of his head, a history of the Senate maiden speeches. And, of course, what a memorable event that was for this Senator in his maiden speech, and it will be equally a memorable event for the new Senator from Florida. I join our colleagues in congratulating him on his maiden speech.

#### ORDER OF PROCEDURE

Mr. NELSON of Florida. Mr. President, I ask unanimous consent that following confirmation of Executive Calendar No. 469 and the Senate resuming legislative session, the Senate then proceed to vote on the motion to invoke cloture on the motion to proceed to S. 1776.

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

The Senator from New Hampshire is recognized.

#### HEALTH CARE REFORM

Mrs. SHAHEEN. Mr. President, as you well know, being one of the freshmen Senators, along with me and a number of others of us, we have been coming to the floor for the past several weeks to talk about the need to address health care reform.

We are here again this morning for the next hour to talk about why this is so imperative. I am going to yield my time, about 5 minutes initially to Senator WARNER, who has another engagement and needs to be off. So at this point I yield 5 minutes to Senator WARNER.

Mr. WARNER. Mr. President, I thank my colleague, the Senator from New Hampshire, for leading the freshmen Senators here this morning as we once again take the floor to talk about health care reform.

I also commend my friend, the junior Senator from Florida, for his comments today. I share his views about the necessity of bringing our Federal deficit in line.

In the Commonwealth of Virginia, we have a balanced budget requirement and we meet our budget every year. I am proud of the fact that Virginia has been named the best managed State in America. So I do have to take issue with some of the comments made by my colleagues, who I think understand States' needs. The fastest growing costs in my State, as well as the State of Colorado, New Hampshire, and I would assume the State of Florida, are health care costs.

Medicaid is going to bankrupt virtually every State in the Nation by 2025 if we do not act. I hope for, and welcome, my colleagues' efforts to try to reach a bipartisan consensus on health care reform.

I will again make the point I have made repeatedly over the last few weeks: What happens if we don't act? What happens if we simply kick the can down the road another 10 years? That is the appeal I make to my colleagues on the other side. Join us. Particularly join the freshmen Senators, who don't come to the Senate with the same background of the last 20 years and experience of past battles. Join a group who does, however, come to this body wanting to do the people's business. That means driving down health care costs, expanding coverage, and making sure our health care system is financially sustainable.

If we don't act, not only will States' increasing Medicaid costs go unmet, State budgets will not be balanced. If we don't act, the Federal deficit will explode. The largest driver of the deficit is not the TARP spending or stimulus spending; it is health care spending. If we don't act, the current Medicare Program, which seniors depend on, will go bankrupt by 2017. That is not a political statement; that is a fact.

If we don't act, American companies will not be competitive in the global economy. We have the most productive workforce in the world. But no American company can compete when they have built in health care costs of \$3,000 to \$4,000 more per worker than any other competitor in the world. If we don't act, for the 65 percent of us who get our health care coverage through the private insurance market, an average Virginia family will be paying 40 percent of their disposable income on health insurance premiums within the next decade.

I ask my colleague from Florida and others on the other side of the aisle to join us in this bipartisan effort to reform health care. This morning we will lay out how we think health care reform can both expand coverage and drive down costs. We will look at some of the models currently being used by large employers who have had the flexibility to design their own benefit plans. These models have successfully

driven down costs by putting in place prevention and wellness activities, negotiating better prices with providers, and restructuring a financial incentive system which currently rewards hospitals based on higher readmission rates, rather than quality care.

I thank the Senator from New Hampshire for organizing the freshmen one more time. As a former Governor, I know she has been a leader on issues like Medicaid and health care costs. I call on my colleagues on the other side of the aisle to actually join in this effort to make sure we do achieve bipartisan health care reform.

I yield the floor.

Mrs. SHAHEEN. I thank the Senator from Virginia for his comments. As he said, our health care system is on an unsustainable path. Now is the time to fix it.

Health care has not been working for families, for workers, for businesses, and for the Nation's economy. Today we are actually going to talk about some of the good news we know we can accomplish with health care reform. We are going to talk about what health care reform can do to help those families, workers, and the economy. It is our opportunity to control costs for Americans and to improve quality.

Let me be clear: We can control cost and improve quality at the same time. When we do this, we have to remember to keep patients at the center of the debate. The truth is, in so many cases the health care industry can do more for less. Usually I like to tell a story about what is going on with my constituents. It helps us keep people at the center of the debate.

Today I want to talk about some of the innovative health quality initiatives happening in New Hampshire. We all know hospital readmissions are a costly problem in the country. We have an exciting program going on in Manchester, the State's largest city, at the Elliot Senior Health Center. They recognized what was happening with readmissions. They recognized that hospital discharges can be confusing and sometimes overwhelming for seniors and that providing a little extra attention to help those seniors as they are transitioning out of the hospital can help keep them from being readmitted. They developed a program they call the TRACE Program. TRACE provides seniors with a health coach who helps patients with the tools and support to take a more active role in managing their medical care. The support those patients receive improves their understanding not only of their own health care, of the health care system in general, it helps keep them out of the hospital.

Senator COLLINS and I have introduced a bill that would help do this systemwide called the Medicare Transitional Care Act. It builds on successful programs such as the one at the Elliot Senior Health Center. Our legislation would improve the quality of care, reduce hospital readmissions, and

lower costs. Research shows we can save \$5,000 per Medicare beneficiary if we enact this kind of a program systemwide to deal with hospital readmissions. I am happy the key provisions of this idea are included in the Finance Committee bill. It will give us an idea of how this is going to work systemwide. It is one example of what we can do to improve the quality of care while we control cost.

There is another initiative we have been working on. I know all of us have been forced to wait in a crowded emergency room sometimes. Emergency room overcrowding is a problem that has become all too common. It is a symptom of what is going on in our health care system. Frequent users of health care services are a small but very costly portion of our population. They contribute to overcrowding in emergency rooms, and they raise costs for everyone. These individuals often have multiple chronic conditions. Sometimes they have mental illness. Sometimes they are faced with issues such as poverty and homelessness. They are among our most vulnerable but most frequent users of emergency rooms because they have nowhere else to go.

In one study, one individual used the emergency room 115 times in 1 year. This was in Camden, NJ. Another patient accumulated \$3.5 million in hospital charges over 5 years. These are charges for which the American taxpayer paid the bill. Our health care system is not adequately dealing with frequent users of emergency rooms. The good news is, we can change this. Through increased outreach and coordination, we can reduce utilization. We can save costs. Research shows that after 2 years of participation in a program that provides this kind of coordinated care for people who use emergency rooms, usage of emergency rooms was cut by over half. This translates into significant savings for the taxpayer. It is the kind of reform we must continue to look at if we are going to change the health care system and make it work for taxpayers, for businesses, and for families.

These are only a few examples of how health reform can benefit Americans. We can improve the quality of care available to people, and we can control health care costs at the same time. I believe we can do this. Now is the time to pass meaningful health reform for the citizens of New Hampshire and for all Americans so we can achieve these changes in our system.

I now yield the floor to Senator MERKLEY for 6 minutes.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, it is a pleasure to talk about health care following upon the remarks of Senator JEANNE SHAHEEN and Senator MARK WARNER, both of whom, as Governors, had the opportunity to know firsthand how important health care reform is to taking our Nation forward. They come

from very diverse States, but the observation is the same. Health care reform is essential to putting our Nation back on track, and now is the time.

I wish to direct my comments specifically to the benefits of health care reform to small business. We all know the current system doesn't work for small business employers or their employees. Without numbers behind them, they have no ability to negotiate rates with insurance companies. They are like lambs led to the slaughter. More often than not, they have to take whatever deal is offered. Those deals are not very good. On average, small businesses pay 18 percent more than large firms for the same health insurance policies. Because of this, they are far less likely to provide health insurance. Just 49 percent of firms with 3 to 9 workers and only 78 percent of firms with 10 to 24 workers offer health insurance to their employees, as compared to 99 percent of firms with 200 or more employees in the same year.

When small firms do offer health care, rising premiums force owners to make hard choices between keeping health coverage, expanding their operations, or increasing wages. In the last decade, health care premiums for the average Oregon family more than doubled, while median earnings rose only 23.8 percent. It is no coincidence. Employers are spending more in compensation, but that compensation is going to higher insurance premiums rather than higher wages.

Last month I talked to small business owners in Medford and Portland, OR, who share strikingly similar stories about the problems rising health care costs are causing for them. Dave Wilkerson runs a Medford architectural firm that has 12 full-time employees. He is dedicated to providing a family-friendly work environment, and he provides full medical, dental, and vision coverage to his employees. The company has had to deal with large annual increases in health care premiums and has had to change carriers several times in order to try to keep costs down. Health care costs are the second highest expense for David's firm. Only payroll exceeds them.

This year rising health care costs forced David and his partners to look very closely at either eliminating health care benefits or laying off employees.

Jim Houser and his wife Liz Dally tell a similar story. They operate the Harthorne Auto Clinic in Portland. When they opened their doors 26 years ago, they made a commitment to offer those who worked for them a good benefits package, including comprehensive health care. Jim and Liz are still able to provide health insurance to their employees, but premiums have gone from 9 percent of their payroll to 18 percent in 5 years. As a result, they have had to cut back on benefits. These and otherwise successful small businesses have been hamstrung by health care costs.

Will reform help these small businesses? Yes, it will. It will help them a lot.

First, it will allow them to enter health care exchanges, where they will be part of a much larger pool. With their increased market clout, they will be able to negotiate lower premium costs. These rates will be much more stable than in past years. One sick employee will no longer make an entire group uninsurable.

Second, the exchanges will offer more and better policies from which to choose. Currently, many small businesses struggle to find any insurers that will offer policies. But through health care reform, and as part of the exchange, they will be able to choose from a number of different plans. Because these plans will have to meet certain standards, small businesses will have higher quality policies from which to choose.

Finally, better choices at a lower price will mean small businesses can dedicate more revenue to increasing wages—more money in the pockets of their employees—have more opportunity to invest in new equipment or hire additional employees. This is good for these owners, it is good for our economy, and it is good for the employees.

Health care costs have become a millstone around the neck of our small businesses, dragging down our economy. Health care reform will help small businesses thrive by lowering cost, improving service, and enabling small business owners to focus on making their businesses more successful.

I yield back the floor to my colleague from New Hampshire, and I thank her for conducting and managing this set of conversations from the freshman Senators today.

Mrs. SHAHEEN. Mr. President, I thank very much Senator MERKLEY for pointing out what a difference health care reform can make for small businesses.

I will now yield 6 minutes to the Senator from Alaska, Mr. BEGICH.

Mr. BEGICH. Mr. President, I thank the Senator.

I say to Senator MERKLEY, I am going to follow up on your points as to small businesses, and they are very good points. In Alaska, 52 percent of our population is self-employed, in some form or another, or they are self-employed and employ many individuals.

Again, I am pleased to be back here with our freshman colleagues to talk about why America needs health insurance reform and why we need it now.

Last week, we busted myths being pushed by the opponents of reform. Today, we join forces to describe the undeniably positive aspects of reform—how it will help our friends, our neighbors, and our loved ones.

I rise to address the unquestionable link between health insurance reform and economic recovery in America. All of us on this floor have heard from

those who say we should not do health reform now, that with the economy still hurting, we should wait. Some of that commentary comes from loud and angry naysayers looking for any excuse to kill reform.

But that concern has also been raised by average Alaskans at our townhall meetings. It is a legitimate question, and here is how I answer my constituents: If we want to do this right, economic recovery and health reform have to go hand in hand. You cannot have one without the other.

There are already signs in this country of our economic turnaround in progress. That is welcome news for American breadwinners going back to work, for businesses racking up new sales, and for manufacturers ramping up production to fill new orders.

But there is more work to do, more progress to make. That is where health insurance reform comes in because the status quo is directly at odds with the possibility of continued economic growth. Here are a few examples. Businesses, big and small, have been saddled with skyrocketing health care costs for their workers. You have heard many examples this morning. The average health insurance premium in Alaska has risen 102 percent in the past decade—more than doubled.

No matter which State you are from, those premium increases take a toll on business. Money that could go to innovation, investment, pay raises or added staff is going instead to insurance. Today, employer-provided family premiums in Alaska average more than \$14,000, about the annual pay of one new minimum wage job.

Household budgets are also strained. In this decade, health insurance costs for Alaska families have risen five times faster than wages. That is a loss of purchasing power that could be going instead into our local economy or to education to improve individual earning power.

Of course, my Alaska examples are happening in States all over this country. The statistics are troubling. Today, one-sixth of the entire American economy is devoted to health care costs. Think about it. That is more than \$2 trillion each year that does not go to job creation or business innovation or investments in infrastructure.

If we do nothing to reverse this trend—if supporters of the high cost of insurance manage to kill this reform—this problem will get much worse. By the time my 7-year-old son is raising his family, one-third of the entire U.S. economy could be consumed by health care.

Yesterday, on the floor of the Senate, one of our colleagues in opposition to health care reform put up a prop—which we will see over and over again—a large bill that was put on the desk. It is about 1,500 pages of the Finance bill, and over time that will change. But when you think about it, one-sixth of the economy will be decided by that bill—1,500 pages. To me, that is a small

amount of work, in the sense of the legislation, to deal with one-sixth of our economy. But, again, we will see that prop over and over again. But I hope the American people will see through that and see how important dealing with one-sixth of the economy is and how having a bill of that length is important.

How can we expect American businesses to shoulder such costs and be truly competitive in a global economy? Here is one example. Right now, General Motors reports that health care spending adds \$1,500 to the cost of every car it produces. Of course, its chief overseas competitors do not have to worry about health care costs because their countries dealt with this years ago.

We can and must do better. Economic peace of mind is fundamental to our democracy. It is the goal of every family in this country. It is a cornerstone of the American dream.

Let me say again, if we are serious about economic recovery in this country, then we must be serious about health insurance reform. It is a package deal.

Mr. President, I thank you and yield back the floor to the Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I say to Senator BEGICH, thank you very much and thank you for pointing out how important health care reform is to our economy.

I now yield time to Senator KAUFMAN from Delaware.

Mr. KAUFMAN. Mr. President, I thank Senator SHAHEEN for her leadership in putting this together and thank her for her leadership on health care and so many other issues.

I appreciate the opportunity, once again, to join my colleagues in calling for the passage of meaningful health care reform.

This morning, we are answering the question: What can health care reform do for you?

I wish to take a couple minutes to talk about how health care reform can help Americans stay active and healthy by enhancing prevention and wellness services for all Americans.

As I have said many times on the floor, the present health care system is out of control. It has become a gigantic resource-eating machine which, over time, sucks in more money and delivers fewer options and poorer care.

As odd as it sounds—and it does sound odd—health is not always the top priority in the present health care system. The current system, all too often, waits to treat illness and respond to health problems until they become particularly acute and costly to treat.

Promotion of health, both physical and mental health, is not given a top priority in the present health care system because, frankly, it is not rewarded. Because of this lack of emphasis, our present health care system is weighed down by Americans who battle one or more chronic diseases every day.

Despite all we spend on health care—and in 2009 this figure will approach \$2.5 trillion—almost one in two Americans suffers from common, costly, and often preventable chronic diseases.

The Partnership to Fight Chronic Disease estimates that almost 80 percent of American workers have at least one chronic disease, and 55 percent have more than one chronic condition. In fact, treatment of chronic disease accounts for approximately 75 percent of every dollar spent on health care today.

The spending rate is even higher in the Medicaid and Medicare populations, with 83 percent of spending in Medicaid and 98 percent in Medicare going for the treatment of chronic disease.

The rapid growth of chronic disease increases insurance costs for Americans, undercuts U.S. competitiveness, and threatens Medicare and Medicaid viability. Our present health care reform effort gives us the opportunity to finally reverse this trend.

By empowering and motivating Americans to be physically active and giving them a financial stake in maintaining their day-to-day health status, health care reform can put the focus back on healthy living.

An example we can build on is the recent success Safeway Corporation has had in reducing health care premiums for many of their employees by providing them incentives to change their behavior.

The CEO of Safeway, Steven Burd, created a program that rewards employees with lower premiums if they reduce their tobacco use, lower their blood pressure and cholesterol levels, and achieve a healthy weight. The completely voluntary program tests for these four measures, and employees receive premium discounts for each test they pass.

Aided by this program, obesity and smoking rates at Safeway are roughly 70 percent of the national average, and their health care costs for the last 4 years have remained constant. Let me repeat that: Their health care costs for the last 4 years have remained constant.

Right now, discounts for healthy behaviors such as Safeway's are limited to 20 percent of the regular premium. Recognizing the success of the programs such as these, the health reform bills moving through Congress include provisions to expand the premium discounts for healthy behaviors from 20 percent to 30 percent.

Another attempt to bring increased wellness to the workplace through health reform is a measure that provides grants to small businesses to provide access to comprehensive, evidence-based workplace wellness programs that would help employees make healthier choices.

These are both positive steps to promote healthy behaviors and give incentives to keep premium costs under control.

Also, by authorizing and expanding school-based health clinics, health care reform gives America's children more opportunity to learn about the merits of healthy behaviors at a young age, giving them the tools they need to make healthier choices throughout their lives.

In addition to promoting healthy lifestyles among American workers and children, health care reform will make it easier for those enrolled in Medicare and Medicaid to gain access to preventive services and wellness programs. This is incredibly important not only for the individual health of the enrollees but also to reduce the long-term costs of chronic disease in these programs.

For instance, health care reform will provide Medicare beneficiaries with a free visit to their primary care provider every year to create and update a personalized prevention plan. These plans can address health risks and chronic health problems and design a schedule for regular recommended preventive screenings.

Health care reform will also eliminate out-of-pocket costs for preventive services for Medicare beneficiaries, making these services more affordable and increasing the likelihood they will seek early care before the cost of treating a disease is prohibitive.

For those enrolled in Medicaid, health care reform will offer tobacco cessation services to pregnant women, create a new State option for providing chronically ill individuals with a health home aide to coordinate care, and encourage States to cover preventive services recommended by the U.S. Preventive Services Task Force.

Again, these are all steps that begin to reward preventive medicine and give people the incentive to utilize such services.

The PRESIDING OFFICER. The Senator has used 6 minutes.

Mr. KAUFMAN. Mr. President, may I have 1 more minute?

Mrs. SHAHEEN. Yes, 1 minute.

Mr. KAUFMAN. In short, the long-term financial viability of the health care system requires a focus on improving health and addressing the burden of chronic disease.

Health care reform gives us the chance to facilitate our health system's transition from one that focuses on just treating illness to one that is more designed to prevent or delay disease onset and progression.

It is time to gather our collective will and do the right thing during this historic opportunity by passing health care reform. We can do no less. The American people deserve no less.

Thank you.

Mrs. SHAHEEN. Mr. President, I thank very much Senator KAUFMAN for giving us one more reason why we need to address health care reform.

I now yield 6 minutes of my time to Senator UDALL of New Mexico.

Mr. UDALL of New Mexico. Mr. President, I thank very much the Sen-

ator from New Hampshire. I thank her for her leadership on the floor and for the hard work she has done on this issue. I know everybody back in New Hampshire very much appreciates that. This is the fourth time the Senate's freshman class has gathered on the Senate floor to talk about health reform. Already we have talked about why maintaining the status quo is not an option. We have talked about how reform will contain costs and dispel the myths about reform. We have talked about how reform will mean many things to many different people. What I wish to talk about today is what reform will mean for rural New Mexicans.

Our rural areas are the backbone of America. It is where we grow our food. It is where the values and traditions that make our country unique continue to thrive. It is where the potential for a clean energy future grows brighter and brighter every day. Unfortunately, our rural areas are also places where the disparities in America's health care system are the most startling.

It shouldn't matter whether one lives in a vast metropolis such as New York City or a frontier town in New Mexico. All Americans, regardless of where we choose to call home, deserve access to quality, affordable health care.

However, the reality is that right now, where one lives does have a big impact on whether they have access to quality, affordable coverage. Americans living in rural areas are more likely to be uninsured, and if they do have insurance, it can be very difficult to find a doctor. As a result, rural Americans end up getting sicker, they have higher rates of chronic disease, and they are often forced to travel hundreds of miles for preventive or emergency care, if they are able to find any at all.

I have seen these disparities firsthand, as a Member of the other Chamber and now a Senator for one of the most rural States in the Nation. Geographically, New Mexico is the fifth largest State in the country with more than 120,000 square miles of some of the most beautiful land that God created. Of the 2 million people who call New Mexico home, about 700,000 live in rural areas. Several places in New Mexico are so sparsely populated they are classified as frontier areas with less than six people per square mile.

Many of New Mexico's rural residents are farmers and ranchers, and they run their own businesses. Their only access to health insurance is often through the individual market where coverage can be extremely expensive, difficult to obtain, and nowhere near as comprehensive. As a result, rural Americans pay nearly half of their health insurance costs out of pocket, and one in five farmers lives in medical debt.

With health care reform, we must ensure that America's farmers and ranchers, as their small business counterparts in more urban areas, have more

affordable choices for coverage. I believe the best way for making this happen is through a health insurance exchange that includes a strong public option. Inserting more choice into the market would keep insurers honest and allow consumers to compare plans and prices and decide what works best for them.

With health care reform, we must also address the growing doctor shortage in rural America. In my State, for example, 30 of 33 counties are categorized as "medically underserved." Americans should not have to travel hundreds of miles for health care. Whether it is lifesaving treatment for a heart attack or a basic preventive service such as a mammogram, people are more likely to get the help they need when they need it if the services are close to home. Through incentives such as low-interest student loans, loan repayment programs, and scholarships for students and midcareer professionals, we can encourage more doctors and nurses and specialists to establish and grow their medical careers in rural America.

Finally, with health care reform, we must better support rural hospitals that serve large numbers of low-income and uninsured patients. This could be through initiatives such as expanded drug discount programs, increased Medicare payment caps for rural health plans, increased National Health Service Corps doctors, and expanded demonstration programs to test reasonable cost reimbursement for small and rural hospitals.

We will never achieve true reform in our country if we don't address the very real health care challenges facing rural Americans from the deserts of New Mexico to the mountains of Maine and everywhere in between. The improvements I have outlined are a good start, but there is more left to do, and I plan on talking about how we can accomplish this in the coming weeks.

We have traveled a long way over the past few months. I applaud my fellow freshman Senators for standing up each week and making sure their voices were heard in this process. I believe, working together, we can create a system where all people can find and afford quality health insurance that provides the care they need. We can guarantee quality, affordable health insurance to every American, and we must do that.

Thank you, Mr. President. I yield to the distinguished Senator from New Hampshire.

The PRESIDING OFFICER (Mr. KAUFMAN). The Senator from New Hampshire.

Mrs. SHAHEEN. I thank Senator UDALL very much for giving us another reason health care reform is going to be good for our families and for America.

Now I wish to yield 6 minutes to the Senator from Colorado, Mr. BENNET.

Mr. BENNET. Mr. President, I wish to thank the Senator from New Hampshire for yielding, as well as the Senator from New Mexico for his excellent comments.

I am a father of three little girls who are 10, 8, and 5. One of the things I miss most in being here and not being in Colorado is being able to read to them at night or be with them. Over the years, we have moved from one story to another. Harry Potter is now being read. But I heard a story from Colorado this morning that I couldn't believe that reminded me so much of "Goldilocks and the Three Bears." So that is what I wish to talk about today.

In Colorado, we have a young boy named Alex Lange who is 4 months old. He is 17 pounds. Several weeks ago he was denied insurance because of his "preexisting condition" which, in his case, is obesity. Bernie and Kelli Lange, his parents, tried to get insurance and were told by an insurance broker that their baby was too fat to be covered. As his father said:

[I] could understand if we could control what he is eating, but he is 4 months old. He is breastfeeding. We can't put him on the Atkins diet or on a treadmill.

So that was one story of a child who is too fat to be covered.

Today we have the story of Aislin Bates. By the way, in the Lange case—and I want the record to reflect this—the insurance company did the right thing, which is to say: We made a mistake, and we need to cover this young man.

Today comes the story of Aislin Bates who is 2 years old, 22 pounds, denied insurance because of her "preexisting condition," which is that she is underweight. Rob and Rachel, her family, tried to get insurance and they received a letter saying:

We are unable to provide coverage for Aislin because her height and weight do not meet our company's standards.

Her pediatrician wrote a letter in support of the family's request to appeal the insurance company's decision, but the company stuck by its decision. The Bates family has said it costs as much to cover Aislin under COBRA as it costs to cover the remaining three family members.

So in Colorado we have children who are too big to be insured; we have children who are too little to be insured. The reason this reminded me of Goldilocks was that it looks as though you have to be "just right" to get insurance, even if you are an infant.

We can do better than that as a country, and we are proposing to do better than that as a country. One of the most important parts of this insurance reform is to get rid of denials of coverage based on preexisting conditions. I have spoken to many people who work for insurance companies that are tired of having to deny claims for this or for that or relying on the fine print when they know the right thing to do is to provide coverage.

I am tired of living in a country where 62 percent of bankruptcies are

health care-related and 78 percent of those health care-related bankruptcies are happening to people who have insurance, working families who have insurance. I am tired of the fact that we have public hospitals in Denver that 2 or 3 years ago spent \$180 million of taxpayer money on uncompensated care for people employed by small businesses.

So I think what we are talking about at the end of the day is trying to create some stability for our working families, trying to create some stability and some fairness for our small businesses that, after all, are paying 18 percent more to cover their employees just because they are small.

Politics has gotten in the way of reform of our health care system for more than 20 years. It has been longer than that. In the last 10 years alone, the costs of health insurance premiums have gone up 97 percent in my State, while median family income has declined by \$800 over this same period. This is unsustainable for our working families. It is unsustainable for us as an economy, for us to spend more than twice what any other industrialized country in the world is spending on health care. We can't hope to compete in this global economy when we are devoting more than twice what anyone else is spending on health care.

We can do better. The commonsense reforms that are in front of us and that I am sure are going to be improved upon in the coming weeks are a big step forward for working families and small businesses. It is going to be a big step forward for these young children in Denver, CO, and in the rest of our State who can't be denied coverage because they are not "just right," because they are too big or they are too small or there is one other issue that nobody anticipated.

Our families need help. They need stability in order to get ahead. That is why I support this health care reform effort.

I wish to thank, again, the Senator from New Hampshire for her leadership this morning and throughout the months as we have been talking about this issue. I look forward to working with her in the coming weeks as we finally bring this matter into its safe harbor.

Thank you, Mr. President. I yield the floor.

Mrs. SHAHEEN. I thank Senator BENNET very much for yet another reason we must pass health care reform.

Now I wish to yield 6 minutes to Senator BURRIS from Illinois.

Mr. BURRIS. I thank the Senator from New Hampshire.

Mr. President, this week my freshman colleagues and I have come to the Senate floor to answer a simple question. It is a question we have been hearing from ordinary Americans across the country. They want to know: What can health care reform do for me?

I believe this question deserves an honest answer. Opponents of reform

have resorted to lies and distortions to try to scare the American people into siding with the big insurance corporations. They talk about death panels and government takeovers and a lot of redtape between ordinary people and their doctors. These myths have been debunked many times. They have had no basis in reality.

I believe the American people are tired of the scare tactics and the dishonesty. They are too smart to fall for this kind of tactic. They are interested in the truth behind our reform proposals. They just want to know: What can health care do for me?

This is what reform with a public option can do for all Americans: It can make insurers compete for their business. Reform with a public option will restore choice to an insurance market that is currently dominated by only a few companies. In my home State of Illinois, two companies control 69 percent of the insurance market. In some places, the market is even more concentrated. As any businessman will tell us, as competition shrinks, profits soar. That is bad for the consumer.

Between 2000 and 2007, profits increased by an average of 428 percent among 10 of America's top insurance providers. Other insurance premiums are rising four times faster than wages. Big corporations have the American people in a vice grip, and they are squeezing them for extraordinary profits. It is time for this to end.

If we reform the insurance industry and create a not-for-profit public health option, it will force private companies to improve their prices and their products. It will restore choice and competition to the market and will help make our insurance more affordable.

If you like your current plan, no one will force you to switch to a public option. Understand: If you have your doctor, you have your providers, and you have insurance coverage today, we are not going to impact you. But if your insurance provider isn't treating you right or is not giving you the coverage you need, you will have the ability to shop around. You can buy a better private plan that is guaranteed to be affordable for someone of your income level or you can choose the public option which will set its premiums at an affordable rate. Then it will rely on those premiums to remain self-sufficient.

These are the facts. This is what health insurance reform with a public option means to the American people: competition, choice, and affordability. That is why I refuse to compromise on the public option because it is the only way to give the American people the quality affordable care they deserve.

Let me be as clear as I possibly can. I will not vote for any health reform bill that does not include a public option. I ask my colleagues to stand with me. We have been debating reform for almost a century. Now is not the time to back down. Now is the time to act

on our convictions. Let's do this for the American people. Let's make a public option a reality.

I yield back my time to the distinguished Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I thank Senator BURRIS for pointing out that we need health care reform to get competition in our health care industry.

I yield 6 minutes to the Senator from North Carolina, Mrs. HAGAN.

Mrs. HAGAN. Mr. President, I am joining my colleagues on the floor today to discuss the need for health care reform and what it means for Americans with preexisting conditions.

Millions of Americans live today with what insurance companies describe as preexisting conditions. They range from something as common as asthma or diabetes to diseases such as cancer or MS. Some insurance companies, believe it or not, even consider a C-section to be a preexisting condition.

Under our current system, if you are shopping for insurance on the individual market and you have a preexisting condition, you are faced with one of three frightening choices: One, you could be denied coverage altogether; two, you could be charged an exorbitant premium; three, you could be granted insurance with a rider that stipulates your insurance company is not required to cover your preexisting condition.

Recently, I received an e-mail from a family in Mooresville, NC, that truly underscores why millions of Americans living with preexisting conditions simply can no longer afford inaction on this issue.

Seven years ago, Tim became disabled and lost his job. Because he lost his job, his wife Marilyn also lost her coverage under his employer-provided plan. Tim's health care, which requires his wife Marilyn to provide constant home care, is covered by Medicare. But Marilyn has Osler's disease, which is a blood disease considered to be a preexisting condition by her insurance company. Marilyn is only able to purchase a high-cost, high-deductible plan. Compared to Tim's illness, her condition is relatively minor. But over the last 7 years, they have racked up more than \$72,000 in debt for her health care. And this past year, her health insurance premiums cost more than the mortgage on their home.

Unfortunately, there are millions of Americans all across our country such as Tim and Marilyn who are literally one medical emergency away from bankruptcy. This couple is sick and stuck.

Over the last 10 years, medical premiums in North Carolina have skyrocketed, increasing 98 percent, while wages, on the other hand, have increased only 18 percent.

The Health, Education, Labor, and Pensions Committee, of which I am a member, crafted a bill that ensures a preexisting condition never again prevents anyone from obtaining health in-

surance. It also provides security and stability for people with insurance, expands access to health insurance for people without it, and it will stop draining the finances of American families and the Treasury. The Finance Committee's bill also includes these critical elements.

My goal is to send the President a bill that gives people the peace of mind that if they change or lose their job, as Tim did, they will no longer have to fear losing their health insurance too.

Every single day I hear from North Carolinians who are looking for an opportunity to purchase quality affordable health insurance and protect their families. Hard-working Americans, such as Tim and Marilyn, simply cannot afford to wait any longer.

I yield back my time.

Mrs. SHAHEEN. Mr. President, I thank Senator HAGAN for yet another reason why health care reform is going to make a difference for Americans.

This morning, the freshman Senators have again talked about why we must pass health care reform. We have heard nine very important reasons why health care can make a difference for American families.

We heard from Senator WARNER that health care reform is going to be critical to States as they look at the rising costs of Medicaid in their budgets and how to get those health care costs under control.

We heard from Senator MERKLEY why health care reform is critical to help small businesses as they are trying to cover their employees and deal with the costs as they get out of this recession.

We heard from Senator BEGICH about why health care reform is critical as we are looking at economic recovery. Health care costs are 18 percent of this economy, one-sixth of this economy, and we cannot allow those costs to continue to grow at this rate and expect we are going to be able to recover robustly from this recession.

We heard from you, Mr. President, about why health care reform is going to improve prevention and wellness. The goal is to make us a healthier population, and health care reform can help spur that.

We heard from Senator BENNET about why health care reform is going to help people who already have health insurance, to make that health insurance better provide for families who need it.

We heard from Senator BURRIS about why health care reform is going to be critical to making health insurance companies compete for business and, therefore, better accommodate the health issues families have.

We heard from Senator UDALL about why health care reform is going to make a difference for rural areas, places such as the north country of New Hampshire where we have too many people who have to spend too much and go too far for their health care.

We heard from Senator HAGAN about the importance of health insurance re-

form and health care reform to address things such as preexisting conditions.

I talked about the fact that health care reform can both lower costs and improve quality for Americans.

Those are nine critical reasons why health care reform is going to be important to help American families, American businesses, the American economy.

The time to act is now. Hopefully, we can act in a bipartisan way. But we must act to make a difference for this country and for families.

Mr. President, I yield back the remaining time in morning business. I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

#### CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

#### EXECUTIVE SESSION

#### NOMINATION OF ROBERTO A. LANGE TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF SOUTH DAKOTA

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination, which the clerk will report.

The bill clerk read the nomination of Roberto A. Lange, of South Dakota, to be U.S. District Judge for the District of South Dakota.

The PRESIDING OFFICER. Under the previous order, there will be 2 hours of debate equally divided and controlled between the Senator from Vermont, Mr. LEAHY, and the Senator from Alabama, Mr. SESSIONS, or their designees.

The Senator from South Dakota.

Mr. JOHNSON. Mr. President, a few weeks ago I stood here on the floor and offered my support for Jeff Viken to be a District Judge for South Dakota. That nomination passed with a vote of 99 to 0. Today, I am here to encourage my colleagues to offer the same support for Roberto Lange, also a nominee to be a District Judge for South Dakota. I spoke at that time of the importance of Federal judgeships and the lifetime tenure of these appointments. The lifetime appointment of a Federal judge is a very serious decision; one that has a lasting impact on our democracy.

When I last spoke on the floor nearly a month ago, only two judges had been confirmed—including now-Justice