

But the damage would not end there. Because TRICARE—the health care system for active military personnel—bases its reimbursements on Medicare rules, 9 million members of the armed services and their families could also be left without physician care.

The SGR must be repealed.

But don't just take my word for it. The Medicare Payment Advisory Commission—or MedPAC—reported to Congress in 2007 that the SGR should be replaced with a more stable, predictable system. MedPAC recommended a system that rewards doctors based on the quality and efficiency of the care that they deliver.

The Medicare Physician Fairness Act is the first step toward a 21st century physician payment system in Medicare.

The Medicare Physician Fairness Act repeals the flawed SGR formula that has done nothing to promote more appropriate, evidence-based physician care.

Repealing SGR will lay a solid foundation. And on that foundation, we can build delivery system reforms that fundamentally restructure the Medicare payment system. We can change it from one that focuses on the volume of services delivered to one that rewards doctors for the value of care that they deliver to patients.

The bill that the Finance Committee reported last week includes these reforms. Our bill includes better feedback reports to doctors, so that they know how their utilization trends compare to those of their peers. Our bill includes incentives for physicians to work together with other health care providers in accountable care organizations that will share in savings they achieve for Medicare. And ultimately, our bill includes a payment system that rewards every doctor based on the relative quality and costs of care they provide to their patients.

But first, we need to repeal the SGR, so that we can enact these meaningful reforms.

Now, any honest discussion about repealing the current SGR system must also address the elephant in the room: the CBO budget baseline. The law requires CBO's budget baseline to assume that Congress will not suspend the SGR.

The reality of the situation, however, is at odds with the CBO baseline. Future congressional action on the SGR is certain. Seven consecutive cuts have, for good reason, been averted.

Rather than continuing to enact short-term fixes that produce steeper cuts in the future, the Medicare Physician Fairness Act adopts the Obama administration's more realistic budget baseline. It does not increase spending over recent trends or future action. It preserves spending at current levels.

Adjusting the SGR baseline without an offset is not something I endorse without hesitation. I believe in fiscal responsibility. And I am proud that the Finance Committee health reform legislation will reduce the budget deficit

in the first 10 years and dramatically bend the cost curve in the long run.

But by overturning each of the last seven SGR cuts, Congress has made clear that the current baseline is broken. And temporary band-aids have only increased the size of future cuts and the cost of future interventions.

Eliminating the SGR now will avert devastating payment cuts. And eliminating the SGR now will create a more honest picture of our future budgetary commitments.

And so, let us avoid merely putting another band-aid on the broken physician payment system. Let us truly reform the way that we pay the doctors who cure us. And let us enact the Medicare Physician Fairness Act.

Mr. FEINGOLD. Mr. President, our Nation faces great challenges that require collective persistence and collective sacrifice to overcome. Two of these challenges that I hear the most about from my constituents are the need to reduce the national debt and enact health care reform. Their concerns come from a basic sense of responsibility and decency—and are true to Wisconsin's progressive tradition. They believe, as I believe, that the government should be required to balance their budget just as Wisconsinites balance their checkbook. They believe, as I believe, that every American—regardless of wealth, race, gender, or age—deserves good, affordable health care. These basic principles of fiscal and social responsibility have guided me throughout my 17 years in the Senate. And it is these principles that lead me to conclude that I cannot support S. 1776, the Medicare Physician Fairness Act, because it will substantially add to our national deficit.

I believe that the Medicare sustainable growth rate is a broken policy and must be fixed. I also believe that requiring Congress to pay for enacting new policies is critical to our long-term financial stability and strength as a nation. Waiving paygo requirements for this legislation simply puts a different name on the same \$247 billion problem. It passes the buck, and that is not good enough for me.

Just this week, I introduced the Control Spending Now Act. This bill consists of dozens of different initiatives that would collectively reduce the deficit by over $\$1/2$ trillion over 10 years. Redirecting just a portion of the savings in my legislation would more than pay for the Medicare Physician Fairness Act. We do not have a lack of funding options; we have a lack of political will to make those tough decisions. And lack of political will is not a good reason to add to the national deficit.

For years, I have called for significant reform of the Medicare sustainable growth rate formula. I have heard from countless Wisconsin physicians about how damaging these potential cuts are to their ability to provide health care. And I am seriously concerned that without a comprehensive

change, Medicare beneficiaries' access to the health care they need will be limited. The Medicare SGR formula is a real and growing problem that deserves thoughtful and fiscally responsible reform.

Mr. BYRD. Mr. President, while it is important that health professionals in my State of West Virginia receive the compensation they deserve, I will, however, vote against this measure. We are on the eve of one of the most historic debates surrounding health care since the inception of Medicare in 1965. To follow the many weeks of laborious debate and amendments in the Finance and Health, Education, Labor, and Pensions Committees, with this legislation is unwise. It sends the wrong signal. The health committees have not reviewed it. It addresses only a single problem, to the benefit of one group of health care providers, completely outside the context of broader reform. I believe piecemeal action on health care reform could be its undoing.

In the coming weeks, I look forward to voting on the motion to proceed to a comprehensive health care reform bill. Reforming our health care system for the betterment of all of our citizens is necessary and vitally important. But we need to make certain there is a national consensus behind any health care bill. In order to pass a meaningful measure that will provide essential health care coverage for those in dire need, the Senate must be entirely forthright in both debate and intention. Mr. President, \$247 billion is not an insignificant amount of money, and the Senate should be up front about the true costs of health care reform.

Mr. DORGAN. Mr. President, my vote against cloture on the motion to proceed to legislation that would cancel the scheduled physician payment cuts in the Medicare Program should not be read as opposition to the idea of canceling those cuts.

I support canceling the payment cuts for physicians. However, I think that action should be paid for. As it stands, that legislation would have increased the Federal deficit by \$245 billion over 10 years. I cannot support that.

Congress has acted to prevent scheduled cuts for 6 of the last 7 years, creating a very large debt burden that becomes harder and harder to eliminate each time a temporary fix is enacted.

Each year physicians face uncertainty as a result of not knowing whether or not their reimbursement will be cut. I support developing a new model that provides stability in Medicare payments.

I am working with my colleagues to find ways to address the Medicare physician payment formula, and pay for the cost of doing so.

MEDICARE PHYSICIAN FAIRNESS ACT OF 2009—MOTION TO PROCEED

CLOTURE MOTION

The PRESIDING OFFICER. All time has expired.

The clerk will report the motion to invoke cloture.

The legislative clerk read as follows:
CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to proceed to Calendar No. 178, S. 1776, the Medicare Physician Fairness Act of 2009.

Harry Reid, Debbie Stabenow, Roland W. Burris, Patty Murray, Mark Udall, Mark Begich, Frank R. Lautenberg, Amy Klobuchar, Jack Reed, Carl Levin, Jeff Bingaman, Sherrod Brown, Sheldon Whitehouse, Barbara Boxer, Kirsten E. Gillibrand, Charles E. Schumer, Jeanne Shaheen, Richard Durbin.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the motion to proceed to S. 1776, the Medicare Physician Fairness Act of 2009, shall be brought to a close?

The yeas and nays are required under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

The yeas and nays resulted—yeas 47, nays 53, as follows:

[Rollcall Vote No. 325 Leg.]

YEAS—47

Akaka	Gillibrand	Mikulski
Baucus	Hagan	Murray
Begich	Harkin	Nelson (NE)
Bennet	Inouye	Pryor
Bingaman	Johnson	Reed
Boxer	Kaufman	Reid
Brown	Kerry	Rockefeller
Burris	Kirk	Sanders
Cantwell	Klobuchar	Schumer
Cardin	Landrieu	Shaheen
Carper	Lautenberg	Specter
Casey	Leahy	Stabenow
Dodd	Levin	Udall (CO)
Durbin	Lincoln	Udall (NM)
Feinstein	Menendez	Whitehouse
Franken	Merkley	

NAYS—53

Alexander	Dorgan	McCaskill
Barrasso	Ensign	McConnell
Bayh	Enzi	Murkowski
Bennett	Feingold	Nelson (FL)
Bond	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Byrd	Hutchison	Snowe
Chambliss	Inhofe	Tester
Coburn	Isakson	Thune
Cochran	Johanns	Vitter
Collins	Kohl	Voivovich
Conrad	Kyl	Warner
Corker	LeMieux	Webb
Cornyn	Lieberman	Wicker
Crapo	Lugar	Wyden
DeMint	McCain	

The PRESIDING OFFICER. On this vote, the yeas are 47, the nays are 53. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The Senator from Alabama is recognized.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2010—CONFERENCE REPORT—Resumed

Mr. SHELBY. What is the pending business?

The PRESIDING OFFICER. The clerk will report the pending business.

The legislative clerk read as follows:

Conference report to accompany H.R. 2647, a bill to authorize appropriations for fiscal year 2010 for military activities of the Department of Defense, to prescribe military personnel strengths for fiscal year 2010, and for other purposes.

The PRESIDING OFFICER. The Senator from Alabama is recognized.

Mr. SHELBY. Mr. President, I ask unanimous consent that I be allowed to speak as in morning business for about 10 minutes.

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

NASA AND THE FUTURE OF HUMAN SPACE FLIGHT

Mr. SHELBY. Mr. President, I would like to take the opportunity to expand upon some of my earlier comments, and those of other Members of the Senate, in relation to NASA and the future of human space flight.

I am concerned with aspects of the Augustine Commission's report that add credibility to far-reaching options for furthering our manned space flight program. If Congress and the public are to be asked to spend more for change, then it should be change that will give us the best chance to succeed and to continue to lead the world in human space exploration.

The Chairman of the Review of U.S. Human Space Flight Plans Committee, Norm Augustine, announced that safety would be paramount. Yet, from reviewing the preliminary information, there is only one area where mission safety was examined in the report. The Augustine report contained no safety comparison for the various vehicles considered by the panel and no risk assessment based on each option. The only safety issue identified was an assessment of how "hard" the panel thought each overall mission would be to achieve—not the safest means to complete the mission successfully. Since safety is the most important issue, these omissions are startling to some of us.

When making comparisons on the safety and performance of the various options, fundamental design differences cannot be lumped together and considered to be equal. Without an honest and thorough examination of the safety and reliability aspects of the various designs and options, the findings of this report are worthless. I would like to know why this blue ribbon panel did not examine these safety aspects.

Constellation's vehicles have been planned and scrutinized by multiple stakeholders, all with a single goal in mind: to provide a safe and reliable human space flight system for our Nation.

Flashy PowerPoint presentations and boisterous claims by potential commercial providers about their easy and simple science solutions to human travel into space sound like the answer to all of our problems. What sounds too good to be true usually is. Are these proposals subject to the same safety

standards and testing that have resulted from the Columbia Accident Investigation Board, I would ask? Is there any evidence that the cargo rockets, promised to execute their first servicing mission sometime in 2010, are better than the manned rockets that have been under development for over 4 years? What do the experts say?

NASA's own Aerospace Safety Advisory Panel issued a report in April of this year that stated that "Commercial Orbital Transportation Services vehicles are not proven to be appropriate to transport NASA personnel." Will the current Administrator, Mr. Bolden, who helped write these words, now contradict his statement 6 months after putting his name to them?

Further, I would ask, what happened to the April report findings in the Augustine Commission recommendations? Have there been findings since April that were available to the Augustine Commission that the Aerospace Safety Advisory Panel was not privy to? If so, I would certainly look forward to reviewing this new data.

The Augustine Commission states in its own report that while human space can never be absolutely assured, it is "not discussed in extensive detail because any concepts falling short in human space have simply been eliminated from consideration." Yet we see the vehicles currently deemed unsafe for our astronauts being used in the Augustine Commission's report as a viable option to go to low Earth orbit.

When asked on September 15, 2009, about the readiness of emerging space contractors to provide manned space flights, former NASA Administrator Mike Griffin said:

To confuse the expectation that one day a commercial transport of crew will be there, to confuse that expectation with the assumption of its existence today or in the near term I think is—is risky in the extreme.

Current and former NASA Administrators are on record registering their doubts regarding the safety of these new commercial contractors.

Companies that are new contractors within the aerospace community have been provided a pathway that could potentially lead to billions in government funding to pursue opportunities to support International Space Station operations, starting with cargo. I believe the contractors wishing to pursue human launches to low Earth orbit should prove they can establish a reliable record of meeting the cargo and trash hauling responsibilities to support the station before we turn over the Nation's human space flight future to them.

Pretty slides and unproven promises will not show us you have the right stuff to be entrusted with the lives of our astronauts. If these companies can be successful—and there is no reason to doubt that eventually, someday, somehow they will be—then NASA, the Congress, and the public might be willing to hand over launches to low Earth orbit. That day is not today and it will not be for years to come.