by-step reforms that address the problems at hand without raising premiums, raising taxes or cutting Medicare. Unfortunately, those proposals have been rejected.

As a result, the threat of these massive cuts to Medicare remains. This is not the kind of health care reform America's seniors bargained for.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Minnesota is recognized.

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent to speak for up to 10 minutes.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

FOOD SAFETY

Ms. KLOBUCHAR. Mr. President, today the Senate Health, Education, Labor, and Pensions Committee is holding a hearing to discuss the need to reform our Nation's outdated, underfunded, and overwhelmed food safety system. The focus, of course, in Washington right now is on health care. I truly believe we need to get a health care reform bill passed, and I will speak at another time about Medicare costs which the Republican leader addressed. It is my view that if we don't do anything to reform Medicare, we all know it is going in the red by 2017. We all know that if we continue the path we are following—if we don't bring higher quality standards into Medicare at lower costs—that is not good for anyone. It is certainly not good for our seniors. So based on my health care experience in my State and knowing what our State needs, we want to have that high-quality, low-cost focus, and that is what we are working to do on this bill.

Today, I am here on another health matter; that is, the health of our food safety system. The hearing today and recent actions by the administration are good steps forward to ensure the safety of our food supply, but more must be done. The time to act is now. Why is the time to act now? Well, look at what has been going on.

In the past few months, the recalls of peanut products, spinach, and cookie dough have shaken our confidence and trust in the food we eat. According to the Centers for Disease Control, foodborne disease causes about 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths in the United States each year.

Last fall, hundreds of people across the country fell ill from salmonella. In this case, the source was finally traced to a peanut processing plant in Georgia. In the meantime, nine people died from salmonella poisoning, including three people in my home State, the State of Minnesota.

The first responsibility of government is to protect its citizens. As Members of Congress, we must act quickly to pass tough new laws to strengthen our food system to ensure the health and safety of the American people. Americans spend more than $1 trillion on food every year, and when families go to the grocery store or out to eat or wherever they are going to get a bite to eat, they shouldn't have to worry about getting sick from the food they eat.

I have joined with a bipartisan group of Senators to introduce the Food Safety Modernization Act of 2009, which would overhaul the Federal Government's food safety program. Other cosponsors include DICK DURBIN, JUDD GREGG, RICHARD BURR, CHRIS DODD, LAMAR ALEXANDER, and SAXBY CHAMBLISS. I wish to particularly thank Senator DURBIN for his longtime leadership on this issue.

Whenever contaminated food is allowed to reach consumers, public trust in the integrity of our food supply and the effectiveness of our government is undermined. Think about it. The three people who died in Minnesota, one was an elderly woman at a nursing home. She was in perfectly good shape. She had a little piece of toast with peanut butter. That was it, a little piece of toast with peanut butter. In talking to her son, I learned so much about her and what a courageous woman she was. She ate one piece of toast with peanut butter.

This bill will give the Food and Drug Administration the tools and authority for better inspections and a more responsive recall system. The bill will also improve our capacity to prevent foodborne outbreaks by helping food companies develop a national strategy to protect our food supply and allow the FDA greater access to facility records in a food safety emergency.

Currently, the FDA does not have the resources to conduct annual inspections at the more than 150,000 food processing plants and warehouses in the country. Our bill requires annual inspections at facilities that pose the greatest risk to the American public and will go a long way toward ensuring the protection of our Nation's food supply. Think of it. Something such as a peanut butter facility, they don't think they are ever going to be inspected, no one is going to be looking, so they don't have that incentive every year to improve their food processing capability. They don't have that incentive. They don't worry that anyone is watching over their shoulder because they are not.

This bill also takes steps to improve our capacity to detect and respond to foodborne illness outbreaks, but I believe there is still more that can and should be done. That is why, along with Senator CHAMBLISS, I have introduced the Food Safety Rapid Response Act.

This legislation focuses on the Centers for Disease Control, as well as State and local capability for responding to foodborne illnesses. The recent outbreaks demonstrate that there needs to be better coordination when responding to a food safety crisis. This legislation seeks to make these much needed improvements.

In the case of both the jalapeno pepper outbreak last year and the peanut butter outbreak earlier this year, people had been getting sick for months before an advisory was issued. The breakthrough in identifying the sources of contamination didn't come from the Centers for Disease Control. Neither did the jalapeño pepper case, identified first as tomatoes, or the peanut butter case. It didn't come from the CDC or from the FDA, and it didn't come from the National Institutes of Health.

The breakthrough in both outbreaks came from the work of the Minnesota Department of Health and the Minnesota Department of Agriculture, as well as collaborative efforts with the University of Minnesota School of Public Health. This initiative has earned a remarkable national reputation.

The Food Safety Response Act uses the exceptional work done in Minnesota as a national model for food safety. Why does someone have to get sick or die in Minnesota before a national outbreak is solved? They have a team of graduate students who work together under the supervision of the university and the department of health. They, together, figure out what is wrong. They make the calls together. They are like food detectives. Some people have called them ''team diarrhea.'' They figure out what is wrong, what goes on in other States. Sometimes a report in an individual county sits on a busy nurse's desk and they don't follow up on it for weeks and we are never able to piece together that information that figures out and solves the source of the outbreak.

This bill would direct the CDC to enhance their foodborne surveillance systems to improve the collection, analysis, reporting, and usefulness of data on foodborne systems, including better sharing of information among Federal, State, and local agencies, as well as with the food industry and the public.

Second, it would direct the CDC to work with State-level agencies to improve foodborne illness surveillance.

Finally, this legislation would establish food safety centers of excellence. The goal is to set up regional food safety centers at select public health departments and higher education institutions. These collaborations would provide increased resources, training, and coordination for State and local officials. In particular, they would seek to distribute food safety ''best practices'' so other States can figure out how they can do this better so every food outbreak doesn't need to have someone get sick or die in Minnesota before it gets solved.

Think about it. The two recent food outbreaks only got solved in one State. We have to use that model nationally.

Dr. Osterholm, at the University of Minnesota, is a national food safety expert and is credited with the creation of the Minnesota program. He said the

creation of regional programs modeled on Minnesota ''would go a long way to providing precisely the real-time support for outbreak investigations at the State and local levels that is sorely needed.''

At today's hearing, the Food Marketing Institute stated that the Food Safety Response Act would ''better coordinate foodborne illness surveillance systems and better support State laboratories in outbreak investigations with needed expertise.''

In Minnesota, we also have the benefit of working with strong leaders in the food industry, including SuperValu, Hormel, General Mills, and Schwann's. Their leadership has helped set national standards for food safety and response to foodborne outbreaks. Public and private collaboration is essential to improving our food safety response system.

The annual costs of medical care, lost productivity, and premature death due to foodborne illness is estimated to be $44 billion. There is a lot at stake—both in terms of life and money. I believe we can do better.

As a former prosecutor, I have always believed the first responsibility of a government is to protect its citizens. When people get sick or die from contaminated food, the government must take aggressive and immediate action.

Congress must improve the FDA and bring it into the 21st century. I believe, together, the Food Safety Rapid Response Act and Food Safety Modernization Act, which I have introduced with Senator CHAMBLISS, will strengthen food safety in our country and ultimately save both lives and money. We owe it to the American people to act quickly and pass this legislation.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Maryland is recognized.

MEDICARE PHYSICIAN FAIRNESS ACT

Ms. MIKULSKI. Mr. President, I am here today to speak on legislation on which we had a cloture vote last night, the Medicare Physician Fairness Act.

I am here to express my disappointment and frustration that we did not vote through a parliamentary procedure so we could debate the issue of what is facing physicians who provide treatment to Medicare patients.

Under the current situation, American doctors will face a 21.5-percent payment reduction in what they get from Medicare when they treat Medicare patients. I think this is outrageous. Right now, we have people who took TARP money and they are acting like twerps.

What they did is take the money. They don't lend the money, but they sure give themselves money with lavish compensation and bonuses. At the same time, every single day, 24/7, there are doctors on the front line saving lives, improving lives, and having people count on them. I am very sorry they chose over a budget debate to vote to take it out on doctors. We have to treat our doctors fairly for what they do and the sacrifices they make to do the job they do.

This is a 21.5-percent payment reduction. Imagine that. Imagine if we had to take a 21-percent pay cut. Do you think we would have not voted for cloture? I don't think so. We are forcing doctors to maybe close their doors to seniors, denying people access to the doctors they need and the doctors they should have. We cannot let this happen.

Every day, we ask the doctors treating our Medicare population to be unstinting in what they do. Then, when it turns around, the government is stingy. I think that is a double standard. We ask the people who provide the hands-on services to be unstinting. Yet when it comes to paying them for what they do, we are pretty stingy. This is unacceptable.

As I said, we ask so much of our doctors. They need to be skilled, smart, empathetic, and they need to be available 24/7. We ask them to have the scientific understanding of a Nobel Prize winner and the patience and compassion of Mother Teresa. Our doctors assume tremendous responsibility for life, the risk and accountability for making the right diagnosis, the right treatment, which is tailored for each unique patient. They follow us all the way through when something happens to us or comes up in our lives.

Our doctors look out for the aging population in our country. When people get older, they have multiple problems, and sometimes the very treatments contradict each other, requiring tremendous scientific skill and collaboration. When they treat older people, they need to take time to tell their story, their narrative. They don't go in just with a list of complaints.

I have heard my Medicare constituents say time and time again: I don't know what I would do without my doctor. Our doctors are always there for us, but are we there for them? Look at what they face.

First of all, in many instances, they are the first responders. They are there dealing with disease, trauma, and even death. For all the work they do while they are trying to work with patients, they have to face a health care bureaucracy—public and private. What is the one thing the public and the private programs have in common? They have a bureaucracy.

Doctors tell me when they came into medicine, it was to make a difference in patients' lives. But what do they run into? Hassle factors, complicated administrative forms, preapprovals, and skimpy and spartan reimbursements, whether it is from private insurance or Medicare.

In this country, we need to start focusing on value care, not volume care. Patients are grateful to their doctors, but Medicare reimbursement is important. All this work and this training is not rewarded for what doctors have to do. They have to work with a whole team of nurses, social workers, pharmacists, and integrative health professionals. One of the things we should do is make sure they are paid fairly. For health professionals—that entire team I talked about—their career is their calling.

Mr. President, I am going to share a personal anecdote on why I feel so strongly about this—not only because I chair the Subcommittee on Aging, and not only because I have tried to be a champion for the older population throughout my public career. In July, I took a fall coming out of church after Mass. I broke my ankle in three places on that Sunday afternoon. I was in absolute shock. As I tried to figure out what I would do, some of the people from church came to my rescue, and I was able to contact my primary care doctor. I had an ambulance there pretty quickly and was taken to a downtown urban hospital—Mercy Hospital. It truly, in every way, exemplifies the quality of mercy that comes like a gentle drop.

On my way there, and what happened to me as I went into the ER—that emergency room was like what we see on TV, only this was no miniseries; this was real life. The doctors at the hospital talked to me, and I spent time working with them as they treated me, got me through what I needed to do. I was met by the ER doctor. I had x-rays; there was a radiologist there. There was my primary care doctor on the phone. There was a gifted and talented orthopedic surgeon, who left his family at a cookout because the call of duty came, and he raced to be there. Was it for Senator Barb? No. The people in the ER were doing the same thing for everybody.

As I waited a few days for the swelling to go down, I had surgery which involved the anesthesiologist. I could go on and on.

When I look at all of the doctors who cared for me that day and in subsequent weeks—the ER doctor, the radiologist, the anesthesiologist, the orthopedic surgeon, my primary care doctor, and the cardiologist—they were wonderful people at my side. They were people who graduated from college, who then had gone to medical school, at considerable stress and cost. They had gone through sophisticated residency programs, and some even fellowships. They also participate in ongoing continuing medical education requirements. But they do it not because it is required but because they want to be tops in their field.

For all of that work and the responsibility they assume, we have to be able to reimburse them. Mr. President, I have seen the health care system from the wheelchair up. I have seen people who provide the health care, and I have been in rooms getting physical therapy with others who also need care. One of the things they are absolutely clear