

Why do we need to do that? We don't need to. It is only an effort to slow things down. We are not going to agree to that. It is not necessary.

Let's get these things done. We will move to something as quickly as we get rid of this, and they can move the nongermane, nonrelevant amendments on those, but let's get this done. I don't know when we can do this legislation for the first-time home buyers. It has been a tremendous boon to real estate all over America today. Has it been a perfect program? Of course not. But the good part of the amendments—two amendments we are talking about—is they are fully paid for. It doesn't run up the national debt by 10 cents—by nothing. Let's get this done and then move on and start arguing about other things. There is nothing to argue about here. We are not going to go to those amendments.

I had a caucus yesterday in which the Presiding Officer and a number of other Senators throughout the Chamber were there. We have done this time after time, and quite frankly we are tired of it. It is not necessary. There is no reason to have these amendments that are just rifleshoots at trying to embarrass people, and these two amendments don't embarrass anyone. They are good for the country. I hope we can get them done.

RECOGNITION OF THE REPUBLICAN LEADER

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

GETTING OUR WORK DONE

Mr. McCONNELL. Mr. President, my good friend the majority leader used to say frequently when he was in the minority that the price of being in the majority in the Senate is you have to take votes in order to advance bills in a smooth process.

My understanding is that we were within one amendment of reaching an agreement several days ago. I think we are not that far away from an agreement that would allow us to expedite consideration of the bill, move it along, and be fair to the minority. I think everyone knows it is not uncommon in the Senate—in fact, it is routine—for there to be amendments offered by both sides that are not directly related to the bill. So there is nothing extraordinary about this.

Let me repeat, we would be more than happy to enter into a short time agreement on the amendments we were discussing with the majority and try to wrap up this bill at the earliest possible time, certainly earlier than we would wrap it up if we let all of this time run until after midnight tonight.

HEALTH CARE WEEK XV, DAY III

Mr. McCONNELL. Mr. President, after months of hearing that Ameri-

cans don't want government-run health care, Democratic leaders in Washington have made their decision: They are going to include it in their health care bill whether Americans want it or not.

Supporters of the government-run plan say they are only advocating one more option among many. What they don't say is that the option they are advocating would soon be the only option. The others would simply fade away.

It is not that hard to understand. Private health plans would fade away because a government-run plan would use the deep pockets of the Federal Government to set artificially low prices or absorb a loss, making it impossible for private plans to compete. Private plans would either become so expensive that only the very wealthy could afford them or they would go out of business altogether.

If you want to know what happens after that, just ask somebody who lives in a country that has already gone down the road of government-run health care for all. What we have seen in those countries is what we would see here: rationing, denials, and delay. In the United Kingdom, for example, a government board sets guidelines on who gets to use certain drugs and treatments. This means that even if a treatment is effective, it can be withheld from patients because of the amount of money it costs the government. This is what happens when government gets involved in the health care business.

A government plan won't come cheap either. We don't know all the details that Democratic leaders put into their bill behind closed doors, but we do know it will cost over \$1 trillion in the middle of a terrible recession. It will cost \$1 trillion at a time of near 10 percent unemployment; \$1 trillion just a few weeks after the Treasury Department said the administration ran up the largest annual deficit in U.S. history; \$1 trillion at a moment when the U.S. Government is financing 9 out of 10 new mortgages and already owns most major U.S. automakers, along with large parts of the finance and insurance industries. It will cost \$1 trillion at a time when government spending accounts for a bigger share of the national economy than at any time since the Second World War. It will cost \$1 trillion when Congress is about to make a public admission that it can't handle its own finances by raising the debt ceiling.

Now is not the time for a \$1 trillion experiment in government health care. Now is the time to buckle down financially and to find commonsense reforms in the area of health care that actually save people money by driving down costs.

Americans asked for lower costs, and they didn't get it. What they got instead was more government, more spending, more debt. This is why so many Americans feel as though they

have been taken for a ride in this debate, and it is also why a lot of our friends on the other side are concerned about the bill that is headed to the Senate floor. Americans have issued their verdict. They have been clear. They have said that enough is enough—no government plan, no more debt, no more government takeovers.

Democratic leaders may continue to insist on a bill that most Americans oppose, but it is the wrong approach. A government-owned, government-operated insurance plan was a bad idea before, and it is a bad idea now.

Mr. President, I yield the floor.

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 of morning business for 2 hours, with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the second half.

The Senator from Alaska is recognized.

HEALTH CARE REFORM

Mr. BEGICH. Mr. President, for the next hour, I will be joined on this floor by my freshman colleagues as we talk with the American people about the importance of health reform. We are committed to ending the status quo. We have had enough of constituents being denied coverage because of existing conditions. We are tired of skyrocketing health insurance premiums hurting small business. We have had it up to here with the lack of choices and affordability in our States. So today my colleagues and I will be talking about why health reform will work and how it is working already.

There are many pilot programs, State initiatives, and private programs showing results right now. There are other very good ideas pending in the health reform bills. Our general theme this morning is innovation that works.

First, we will hear from the Senator from New Mexico, TOM UDALL, who will discuss how we must address the very real health care challenges facing rural Americans. Senator UDALL will share with us rural health innovation that works.

I yield time to Senator UDALL.

Mr. UDALL of New Mexico. Mr. President, I seek recognition.

The ACTING PRESIDENT pro tempore. The Senator from New Mexico is recognized.

Mr. UDALL of New Mexico. Mr. President, let me thank the Senator

from Alaska for being down here and helping all of the freshman Senators work through these health care issues we have been discussing. We have had Senator WARNER play that role, I think, and several others. I think Senator SHAHEEN from New Hampshire has also done that. It is important to realize that all of us in the freshman class believe we need health care reform. We have to have health care reform.

Last week, during our gathering of freshman Senators in this Chamber, I talked about how health care reform must benefit rural America.

As I explained then, rural Americans face unique challenges in finding quality, affordable health care. And rural health care systems face increased strain due to doctor shortages and inefficient and insufficient funding.

Successful reform hinges, in large part, on how we meet the challenges of health care in rural America. But what many may not realize is that rural America, precisely because of these challenges, has become an incubator for the very innovation that will help us achieve our goal.

Rural America is trying to meet these health care challenges head-on with innovative programs in communities across the country. In the process, they are offering a blueprint for the Nation as we work to enact reform that will benefit all Americans, no matter where they call home.

In my home State, several innovative programs are already paying dividends. The two I wish to talk about today are the result of partnerships between our rural communities and one of our key academic institutions, the University of New Mexico, our big teaching hospital in New Mexico.

Academic health centers, such as the one at UNM, have the potential to be hubs of knowledge and expertise, not just for the communities where they are physically based but for the entire State.

UNM recognized this potential and reached out to partners in rural areas throughout New Mexico. They asked two basic but often overlooked questions: What do you need? How can we help?

What emerged from these conversations was the development of a statewide Health Extension Rural Office program. Through this program, which we call HERO for short, agents live and work in communities they serve, and they act as liaisons and resources to health partners in the area. We know this extension model for agriculture, and we are proving it can work for health services too.

Here is one example. In the frontier county of Hidalgo, in southwest New Mexico, HERO agents discovered the community needed help recruiting local health professionals.

To meet that need, HERO helped establish a partnership between UNM and community providers to offer free local housing for UNM medical residents during their regular rural rotation.

It was a win-win for everybody. Hidalgo County got increased access to doctors and other specialists. The doctors got free housing during their rural rotations. UNM increased its profile and reputation in Hidalgo County. The communities got the opportunity to persuade these young doctors to continue their medical careers in that area.

That is just one example of HERO's work.

In addition to increasing the number of doctors in a community, HERO also helps develop plans for addressing health issues such as diabetes and teen pregnancy, for retaining pharmacy services after a community loses its only pharmacist or for establishing a one-stop-shopping model for medical, dental, behavioral health, and social services.

In addition to its work with the HERO project, UNM also is achieving breakthroughs in the delivery of medical care through a project founded by one of its physicians, Dr. Sanjeev Arora. It is called Project ECHO, which is short for Extension for Community Healthcare Outcomes.

Back in 2002, Dr. Arora was a physician specializing in hepatitis C. He had become increasingly frustrated with the lack of treatment options for the thousands of New Mexicans suffering from the disease.

Many of these patients lived in the States' rural and frontier areas. There weren't enough specialists to treat them, and local providers often didn't have the expertise to provide treatment themselves.

What Dr. Arora did was establish what he calls a one-to-many knowledge network, which includes a specialist and up to 40 rural providers. The doctors meet by videoconference to co-manage patients and to eventually teach these rural medical professionals to be minispecialists themselves.

Over the years, what began as a program designed to treat hepatitis C patients has grown and expanded. Today, it includes more than a dozen knowledge networks and telehealth clinics on a wide variety of specialties, including HIV, diabetes, pediatric obesity, and psychotherapy.

In closing, I believe these two programs, along with the other initiatives discussed by my freshman colleagues today, are strong reminders that American innovation doesn't always begin in the Halls of Congress or down the street on Pennsylvania Avenue.

Historically, the greatest American innovation is a grassroots phenomenon, bubbling up from individuals and communities across America, from enterprising folks who recognize a problem and work together to develop a solution that best meets their needs.

This health care reform remains a work in progress. It is our job as legislators to seek out programs such as HERO or Project ECHO, to seek out these best practices, to find programs that work, and to expand that knowl-

edge and ingenuity for the benefit of all Americans.

I thank the Chair and yield the floor.

Mr. BEGICH. Mr. President, I thank Senator UDALL for his comments about ECHO and HERO. It shows what is happening at the grassroots level. We are for innovation that works and brings quality of care, lowers the cost, and getting better delivery of the services out there. I thank the Senator for bringing those examples of what is working in his own State to the American people and stating what we are for in this process.

Next, my colleague from Illinois will join us, Senator BURRIS, who will discuss the important competition in the health care reform debate and how it can improve innovation.

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

Mr. BURRIS. Mr. President, I thank my colleagues. I join my colleagues this morning to speak out on this very important issue.

I am proud to join my freshman colleagues on the floor once again. And I am glad to be talking about the innovation that will come with meaningful health care reform.

I agree with the points my colleagues have raised on this issue. Health reform will certainly spark employer innovation, to the great benefit of the American consumer. And that is a good reason to support reform. But few people are talking about the kind of innovation that will come about only if we include a public option in our reform package.

So that is what I would like to discuss today.

A public option means competition in the private market. As any businessman will tell you, competition breeds innovation. But this is especially true of the competition we can expect with a public option. That is because a public plan will not only encourage reform and innovation in private companies—it will actually step up and take the lead, just as Medicare has done in the past.

In fact, a recent study shows that many private companies have adopted the innovations, such as improved payment methods and rigorous reviews of technology and treatment, that were developed under the Medicare system.

That speaks volumes about the potential for innovation under a new plan that has the broad base, accountability, and transparency that only a public option could provide.

The public option would be in a position to test and implement meaningful changes to the way health coverage works. These innovations will help to streamline the health care system, save money, and reduce the administrative costs that have run rampant among private insurance providers.

The public sector will lead the way, and private companies will adopt their innovations. We have already seen this with Medicare—and with a broader

public option, this trend is bound to increase. That is because, without competition, private corporations simply don't have any incentive to innovate.

There is no reason to spend money on research when you have a virtual monopoly over the insurance market. There is no reason to develop new ways to improve coverage when you can increase premiums at will without incurring much risk.

Certainly, private companies specialize in finding innovative ways to deny people's coverage—but that is the only kind of innovation we're likely to see from them. And I think America has had enough of that.

A public plan would be entirely different. The recent study indicates that a public option would be at the forefront of improving coverage, through innovations such as:

pioneering technologies and inventive treatments, improving efficiency, expanding access, lowering costs, evaluating the quality of care to help payers and purchasers get maximum value, coordinating care for those with chronic illnesses, and finding better ways to reward high-quality primary care providers.

These are only a few of the innovations we could hope to see with a public option. And all of these developments would be shared with the private sector. This would help reduce costs, restore accountability, and improve health outcomes for every American.

Mr. President, that is why we need the competition and innovation that only a public option can provide. It is time to lower the cost of health coverage. It is time to restore accountability to the system. It is time to make sure every American has access to quality, affordable health care.

A public option will spur new innovations that will help us get there.

That is why I will not back any insurance plan that does not carry with it this major issue of a public option.

I yield the floor.

Mr. BEGICH. Mr. President, I thank Senator BURRIS for his comments. The words he uses—"rewards quality, innovation, reduced costs, accountability, and competition"—are what we stand for. The other side does not. By the comments the Senator has laid out, he has detailed his views and what competition can do in controlling the costs.

Next is Senator SHAHEEN, who will join us to discuss three health care innovations in her State of New Hampshire. She will share the success of the Center for Informed Choice, the medical home pilot and community partnership for improved public health.

I yield to Senator SHAHEEN.

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire is recognized.

Mrs. SHAHEEN. Mr. President, I am pleased to, once again, join my freshman Democratic colleagues to make the case for health care reform. I wish to recognize and thank Senator BEGICH for his leadership and coordination of this effort this morning.

Today, as you have heard, I will discuss three exciting initiatives in New Hampshire that are transforming our health care system. These innovative ideas are shaping the debate and are changing the way we think about health care. They are revolutionizing how we deliver necessary health care services, and they are transforming our payment mechanisms. Most importantly, these initiatives go to the heart of this debate. They focus on the needs of patients, they make the system more efficient, and they use our dollars more wisely.

The Center for Informed Choice at the Dartmouth Institute for Health Policy and Clinical Practice is dedicated to one simple idea: that patients deserve to be equal partners in making choices about their health care.

We know when patients and their families have good information about procedures, treatments, and therapies, they make good decisions. The researchers at Dartmouth found that 40 percent of the time, patients who are fully involved in the decisionmaking process during the course of their medical care choose the less invasive and lower cost medical procedures. Forty percent of the time, patients choose the less invasive, lower cost procedures.

More importantly, their research shows these patients have better clinical outcomes and higher rates of satisfaction as the result of their treatment. The providers at Dartmouth put this research into practice. They recognized it can be hard to decide whether to have surgery, to have a test, or to continue with a treatment. So they offer patients a variety of resources to help. Patients can talk to a counselor. They can do research in the library or talk to medical professionals. They can find out all their treatment options. They can learn what other people have done and fully understand recovery time and the impact on their quality of life. And they can do all of this online.

I have been to the center. It is very impressive what they do. Soon this information is going to be available to the public online.

Armed with information, these patients become empowered and equal partners in their health care. This is the direction that health care reform must take.

Another exciting initiative in New Hampshire is our medical home pilot program. With close to 40,000 patients involved, the medical home is changing the way health care is delivered in New Hampshire. You see, a medical home is about collaboration. It is about a team of health professionals who are working together to provide individualized care for each patient.

In New Hampshire, our medical home pilot has integrated the use of electronic medical records that import hospital, radiology, and laboratory tests directly into the patient's record. New Hampshire medical home model offers two important services to patients, in-

cluding same-day scheduling and secure e-mail communications with their doctors. Unquestionably, the pilot is changing the way health care is delivered in New Hampshire.

My third initiative I wish to talk about deals with changes that are happening at the local level to improve health in New Hampshire. In the western part of New Hampshire is a small city called Keene that has set its goal on becoming the healthiest community in America by 2020. So for all my freshman colleagues, they have to share this with the cities in their States and let them know we plan to be first in Keene, NH.

The citizens of Keene took a look at the data and found out that our State's leading cause of death is heart disease related to tobacco use, poor diet, and physical inactivity. The folks in Keene realized that we spend a disproportionately high amount of money on our medical costs instead of focusing on prevention and wellness.

The citizens of Keene took action. Led by a local hospital, Keene established a coalition of partners from all sectors of the community, including education, private business, nonprofit organizations, and municipal and State government. This coalition, which is called Keene Vision 2020, has made it a priority to engage citizens in healthy lifestyles. They have sponsored educational briefings, screenings, health clinics, health fairs, and Keene's Vision 2020 promotes the local farmer's market, and it has established a local walking group. All of this is done with one goal in mind: to be healthy.

I have no doubt that Keene will be a healthier community in 2020, and I have no doubt that the preventive measures in which citizens have become engaged will lower our health care costs well into the future. We should all applaud and encourage this sort of community-wide commitment to prevention and wellness and to public health.

This is an exciting time. Congress is closer than ever before to passing comprehensive health reform. Time and time again we have heard we cannot continue on the present trajectory. I am pleased to point out these exciting initiatives underway in New Hampshire that demonstrate we can improve the quality of care and lower our health care costs.

I yield back to Senator BEGICH.

The ACTING PRESIDENT pro tempore. The Senator from Alaska.

Mr. BEGICH. Mr. President, I thank the Senator from New Hampshire again for addressing innovative health care, to reward quality, create innovation, reduce costs and making sure we are accountable for our actions in regard to health care. This is what this side of the aisle is for—innovation and new ideas to bring some competitiveness to the process and lowering the cost of health care.

Next, we will hear from Senator MERKLEY of Oregon. My fellow freshman joins us to discuss how critical it

is for the Senate to act now on health care reform because the cost of inaction is too great.

I yield time to Senator MERKLEY.

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

My colleagues have been pointing out the importance of innovation. Senator BURRIS addressed how competition and the public option would increase innovation. Senator SHAHEEN just noted some of the models and efforts in her State. We need to share the insights of that throughout this Nation so we can take the best practices to produce the best quality results in every corner of our Nation.

I rise to speak about a different aspect of innovation; specifically, that in order for our citizens to benefit from this innovation, health care needs to be affordable. Currently, health care is on a road to unaffordability and inaccessibility. If we do not pass health care reform, costs will eat up a bigger and bigger share of the gross domestic product and our families' budgets.

More families will lose their insurance because they simply cannot afford it. Many other families will be forced into personal bankruptcy as medical bills spiral out of control. And, much worse, some Americans will die because of inadequate or delayed care. We cannot continue on this path.

First, health care has become increasingly unaffordable and will only get worse. This is true whether we look at it through a macroeconomic perspective, the family perspective, or the small business perspective. Looking at the economy as a whole, in 2008, health care spending in the United States reached \$2.4 trillion. It is projected to reach \$3.1 trillion by 2012, and if it continues in that fashion, it will reach \$4.3 trillion by 2016. Add up those 10 years and what we find is we will be spending \$30 trillion to \$40 trillion for health care in just a 10-year period.

If we frame this through the family perspective, the cost increases are felt all over the Nation through double-digit annual increases in premiums. Workers are paying \$1,600 more in premiums annually for family coverage now than they did 10 years ago. To put it differently, for many families, the cost has doubled over the last 8 years, and the cost will double again over the next 8 or 10 years. The result is that families who could afford health care a few years ago cannot afford it today, and many who can barely afford it today will not be able to afford it tomorrow.

Our small businesses feel the pain as well. At the Hawthorne Auto Clinic in Portland, the cost of premiums has gone from 9 percent of the payroll to 18 percent of the payroll in the last 5 years. That is a huge amount of money diverted from hiring more staff or increasing wages for the staff or from investing in more capital equipment. These costs are hurting our families and damaging our small businesses.

Second, as costs go up, more and more Americans will lose coverage. We

are used to hearing there are 45 million Americans uninsured. But a recent study from the University of North Carolina estimates that 6 million Americans have been added to the ranks of the uninsured since 2007—6 million more uninsured since 2007—putting the number of Americans uninsured at 51 million to 52 million.

According to the Kaiser Family Foundation, more than 80 percent of the uninsured are from working families. Members of the family have jobs.

Take Karen Jeffrey from Ashland, OR. When she moved to Oregon from Hawaii, she tried to buy new insurance. Because she had suffered from a broken hip and a bout of cancer 15 years earlier, she could not find affordable coverage. So Karen is simply waiting until she can qualify for Medicare at age 65. If a medical emergency strikes before that arrives, that medical incident will be devastating. If we do not act now, rising health care costs will cause financial ruin for millions of families.

A recent study in the American Journal of Medicine found that 62 percent of all bankruptcies filed in 2007 were from medical expenses. Of those who filed for bankruptcy due to medical problems, about three-fourths had health insurance. Even with insurance, many Americans are underinsured and devastated by a medical emergency. The impact of these bankruptcies reverberates throughout our families, throughout our economy. Every year 1.5 million families lose their home to foreclosure as a result of unaffordable medical costs.

We also know families pay with their lives. In September, a Harvard Medical School study showed that 45,000 people die in the United States each year, 1 every 12 minutes, because of a lack of health insurance and cannot get good care—45,000 Americans each year. That is more than the number of Americans who died in the Revolutionary War. It is roughly equal to the number of our soldiers who died in combat in Vietnam over a 16-year period. It is the equivalent of 30 Titanics sinking every year—Americans dying because of unaffordable health care.

We need health care reform that drives innovation. We have a tremendous number of models around the States to promote and improve, but we need to make health care affordable in order to get that innovation into the hands and benefits of our citizens. That is why we must proceed with health care reform now. There is no time to waste.

Mr. President, I thank Senator BEGICH for moderating this discussion and putting in the spotlight the role and importance of innovation.

The ACTING PRESIDENT pro tempore. The Senator from Alaska.

Mr. BEGICH. Mr. President, I was here at the opening of the session, and I heard the Republican leader say—and I agree with his actual comment—that the American people have been taken for a ride. The Senator from Oregon

just described the ride—the ride right over the cliff of cost of insurance that is no longer affordable, with 45,000 people who die every year because of their inability to access affordable health care. The Republican leader is right, the American people have been taken for a ride—a ride over the cliff.

What we are showing today is innovation, new ideas, new approaches that bring quality, affordable health care to millions of Americans and the 45,000 Senator MERKLEY talked about who die each year because of lack of health care.

I thank the Senator from Oregon for reminding us of those statistics and making sure we do not forget what we are here to do.

Next, I am pleased to hear from Senator KIRK. The Senator from Massachusetts joins us to discuss the Community Living Assistance Services and Support Act, or the CLASS Act. Yesterday, the Senator made his first speech on the floor of the Senate. It was enjoyable, exciting, and very to the point when it came to health care.

Today I look forward again to his comments regarding health care, especially the CLASS Act. I yield time to Senator KIRK.

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

Mr. KIRK. Mr. President, I thank Senator BEGICH for his leadership this morning on important issues that are concerning the American people. I thank the Senator from Alaska and my other colleagues in the freshman class for advancing the important measures that the American people are anxious to see enacted to improve their health security future and their economic future as well. I also thank my colleagues for their kindness and courtesies in welcoming me to the Senate and to be a part of this impressive and distinguished team as we do what is our responsibility for the American people.

This morning I wish to address a legislative initiative that will assist our senior or infirm citizens as part of our health care reform initiative.

Today in the United States, there are approximately 200 million people who are elderly or disabled. These individuals are some of our most vulnerable and often they are forgotten. But they always had a friend and advocate in Senator Ted Kennedy. He was the premier legislative innovator.

Senator Kennedy understood the current system is not working; that it cried out for innovation. He knew it was wrong that in order for individuals with disabilities and the elderly to receive the services and support they needed, they had to stop working, spend down their savings, abandon their dreams, abandon their homes, and possibly go into a permanent facility—all the wrong incentives for individuals who deserve dignity in those fragile years. All this, he felt, was directly contrary to our idea of living the American dream.

Senator Kennedy was not one to sit idly by. He acted. He acted to try to help as many of these men and women as possible. The Community Living Assistance Services and Supports Act—known as the CLASS Act—was at the heart of his efforts to help people with functional limitations and their families obtain the services and support they needed in order to keep their independence and continue as active members of their communities. I am honored to take up that worthy cause.

Here is how the CLASS Act will help the middle class. Under the act, a worker in Massachusetts or any other State can choose to pay into a voluntary insurance program through affordable payroll deductions. After 5 years of those deductions, they would be eligible for a daily cash benefit of \$50 if they became disabled. That money can make a huge difference in allowing a disabled person to live with independence and with dignity. For example, it can pay for having a ramp installed in their home or pay for needed transportation or purchase a computer to work from home and remain self-sufficient.

Some have said this innovation is unsustainable; that it is just another government benefit that will become unaffordable in the years to come. But the Congressional Budget Office and other independent auditing agencies estimate the CLASS Act will be able to maintain its solvency for 75 years. The plan is self-funded and is a cost saver for Medicaid since fewer people would need to push themselves into poverty in order to enroll in Medicaid and receive the care they need. The CLASS Act will correct that disincentive.

The CLASS Act is a realistic answer to the serious problems of our current system and it is important to the lives of millions of Americans. Disability could suddenly strike any of us in the years ahead. As we work to provide health insurance to the tens of millions of Americans who do not have it, it is hard to understand why we should not meet the needs of millions of people with disabilities and the elderly who desperately need our help.

I hope very much that our colleagues will support the CLASS Act as an innovative and necessary part of the current health reform bill, and I look forward to further opportunities to advance this measure, and ultimately as a part of the needed health reform bill that is coming to the floor that will help and serve the American people through its ultimate enactment.

I thank the Chair, and I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. BEGICH. Mr. President, I thank Senator KIRK for describing the CLASS Act, an important program for long-term care, and the legacy of Senator Kennedy and his work regarding that innovation.

At this time, we will hear from my colleague from North Carolina, Senator

HAGAN, who will discuss how wellness programs are a key component of comprehensive health care reform and how they have an impact on long-term outcomes for American citizens.

Senator HAGAN.

The PRESIDING OFFICER. The Senator from North Carolina.

Mrs. HAGAN. Mr. President, I am joining my colleagues on the floor today to discuss how health care reform will support innovative private sector programs that will save taxpayers money and make our Nation healthier in the long run. I wish to take this opportunity to discuss groundbreaking work at SAS, a software company based in Cary, NC.

Since 1985, SAS has established itself as a global leader in employer-sponsored wellness programs. Although SAS provides health insurance for its employees, almost 90 percent of their families use the company's on-site health care center, and more than 50 percent, including the company's CEO, use the health care center as their primary care provider.

SAS started providing wellness programs to its employees because the company realized the value of having healthy employees—they are more productive, they are more loyal—which translates into low employee turnover and reduced recruitment and retention costs. Disease prevention and wellness also translate into lower health care costs for the company as employees take better care of themselves.

Recently, one SAS employee—a man in his 30s—was told he had early signs of Type 2 diabetes. Through their diabetes self-management program and other onsite SAS resources, this man was able to make real changes in his lifestyle, eating habits, weight and exercise, and now he no longer meets the diagnostic parameters for diabetes.

I also recently visited Lenoir Memorial Hospital in Kinston, NC, where this hospital provides their employees and members of this community with access to a gym and a wellness program. More than 40 percent of the hospital's employees participate because of incentives the hospital provides for basic preventive screenings. People who don't work at the hospital—people in the community—can pay a low monthly fee to use the gym, including its indoor and outdoor track, weights, and yoga classes. Many of the people who use the facility are middle-aged and older. Health care staff monitor the facility and help create a comfortable and safe environment for everyone who comes to exercise. This opportunity is a benefit to the entire community.

Two weeks ago, I visited the showroom of the North Carolina furniture manufacturers Mitchell Gold and Bob Williams. This company currently employs 550 North Carolinians, and for the past 10 years the company has provided their employees with a free annual health fair, where employees can receive preventive exams at no cost. This

spring, more than 200 women received free mammograms from a mobile unit that came to the plant. The company recently started a part-time, onsite medical clinic to address their employees' medical needs.

Companies such as SAS, Lenoir Memorial Hospital, and Mitchell Gold and Bob Williams reap tremendous economic benefits from their investments in these wellness programs. In 2008 alone, SAS saved more than \$5 million in productivity and insurance costs as a result of its onsite health care center.

Businesses across our country can improve worker productivity and save money by encouraging their employees to adopt healthier lifestyles. Obesity, chronic heart disease, and diabetes continue to rise in America at a significant cost to our health care system. The time to be innovative is now.

In the health care reform bill, we are building on these successful wellness programs and encouraging all employers to invest in the health and well-being of their employees. Specifically, in the Health, Education, Labor and Pensions Committee bill, employers can offer their employees who participate in a wellness program a discount of up to 30 percent in their health insurance premiums. Currently, the average employee insurance premium is \$250 a month, or \$3,000 a year. This 30-percent discount would mean a savings of \$900 per year to that employee.

Expanding employer wellness programs will bring the cost of health care down and will make America a healthier nation.

I thank the Chair.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. BEGICH. I thank Senator HAGAN for once again showing this morning another innovative approach to reducing health care costs for Americans today and into the future; and how wellness and prevention are critical for the long-term benefits of the American people in reducing health care costs—not by just a small amount but significant amounts, as she laid out.

Next we will hear from our colleague from Colorado, Senator BENNET, who joins us to discuss how innovation and patient-centered care can improve our health care system.

I yield time to Senator BENNET.

The PRESIDING OFFICER. The Senator from Colorado is recognized.

Mr. BENNET. Mr. President, I thank the Senator from Alaska for organizing this presentation this morning. It is a pleasure to be here with my freshman colleagues to talk about health care reform in this country, something that is long overdue if we are going to end the double-digit cost increases our working families face every year and if we are to see small businesses continue to grow and thrive in this country and lead us out of the recession we are in.

As the Presiding Officer knows, in our State we have suffered a lot from a health care system that doesn't work.

We see more and more of our families losing their insurance and fewer and fewer of our employers able to offer insurance, which is something they want to do for their employees. So it is high time for us to get these costs under control, and that will take innovation. In our State, we haven't waited on Washington. There are great examples of Coloradans who have pulled together to deliver high-quality health care at a lower cost.

A great example of what I am talking about is in Mesa County where Grand Junction is located. They have instituted what they call transitional care, where they have reduced the readmission rates at the hospital to about 2 percent. The national average is roughly 20 percent. One out of every five Medicare patients who is released from the hospital winds up in the hospital in the same month they were released. There are a lot of reasons for that. Those of us who have small children or are caring for parents know how many times we have to tell the same story over and over as we make our way from one doctor's office to the next. Many people forget to fill out their prescriptions or they do not have the kind of instructions they need to be able to take responsibility for their own care. In Mesa County they have solved that problem by creating a transitional model that makes sure when patients leave the hospital they do so with a coach—a coach who helps them go from the emergency room to their primary care physician and their mental health provider to get the care they need over a period of time.

I was very pleased that Chairman BAUCUS included in the Finance Committee version of this health care reform legislation the piece I wrote based on the work in Grand Junction that will compensate—reimburse—providers who set up a model such as the one in Mesa County that actually saves money. That is truly what this is all about—this tortuous path we have been on to try to get health care reform done—to have a very excellent end point which makes sure we are reducing the cost to our working families and, at the same time, increasing quality; that we are making sure we are not devoting a fifth of our gross domestic product to health care when every other industrialized country in the world, with whom we are competing, is devoting less than half that to health care.

There are probably a lot of details in this legislation that still need to be worked out, and I am sure there is room for improvement—there is always room for improvement—but the American people cannot go through one more decade like the last decade of having poorer and poorer coverage at a higher and higher cost. That is not the way our system should work. We can do better than that as Americans. We have shown we can do better than that in Colorado, in our State, and I am so pleased there are going to be commu-

nities all over the country that will have the opportunity to learn from each other and provide better transitional care for patients and more patient-centered care as we move through this health care debate.

I thank the Senator from Alaska for organizing this, and I yield the floor to him.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. BEGICH. Mr. President, I thank the Senator from Colorado for talking about the importance of why we need to do this but also reminding us of the small business component of all this and how important it is not only for the individual policyholder but the small business that is struggling every single day.

I thank him for reminding us, and I will now make my comments, and talk a little about what people have said today but also to hopefully blunt a few of the myths.

I want to thank my freshman colleagues who have spoken this morning. It is truly wonderful to hear the many different ideas, innovative reforms that are already working, and about the new proposals that will help us achieve the overall goal of reform: Tens of millions more Americans covered, with access to more choices and premiums that individuals and small businesses can afford.

In these final few moments of my time, I want to preempt what may come on the floor from the other side of the aisle later today, from those who will have listened to these presentations about innovation and excellence. They are likely to respond the way they have always responded to reform ideas—by just saying no.

The bill is still being written, but we have already seen the tactics of the other side. They say this is a purely partisan exercise and that the Democrats are not listening to Republicans. They bring a big, thick, mock bill to the floor and say it is too big and we will never read it. They say the bills need to be on the Internet or democracy is somehow in jeopardy.

With all due respect to my colleagues on the other side, the Republicans, I beg to differ. For starters, I brought my prop—actually it is not a prop; it is the real deal. What I am holding are the actual Republican amendments that were accepted to the HELP bill; 161 amendments, 300 pages of the bill—almost a third came from them. This is the stack that doesn't even include the additional Republican amendments accepted in the Finance Committee. These are not proposed amendments; these are the Republican amendments that were accepted and reported out of the HELP Committee.

I have two questions. First, are the critics of health reform saying that the size of the eventual bill really matters, that the Senate leadership somehow should be embarrassed because a major piece of legislation that will affect one-sixth of our entire economy is not of-

fered in some big-type Cliff Notes? We are already hearing that. By the way, all the bills have already been on the Internet for weeks, in some cases for months. The merged Senate version will be on the Internet and so will the final bill from the conference committee after the House and Senate work out their differences.

My second question is this: I wonder how many of my colleagues across the aisle have actually read these Republican amendments, because there are some very good ideas. I know the Republicans are quick to say the committee only accepted technical amendments, but that doesn't appear to be true for all cases.

An amendment by Senator BURR says the HELP Committee's community health insurance option must follow State insurance regulation. This is not trivial. It refers to important matters such as solvency, consumer protection, and much more. The amendment helps to ensure a level playing field between the public option and all the other health plans in each State's insurance market. That is hardly technical.

The bipartisan amendment supported by Senators GREGG and ENZI and ALEXANDER allows employers to give bigger incentives to employees who participate in workplace wellness programs, which I think is a great idea. It is something I implemented when I was the mayor of Anchorage, AK.

My own Alaska colleague, Senator MURKOWSKI, had other good ideas to add to the HELP bill, including improving student loan repayments to help medical professionals who agree to work in medically underserved areas—another very good idea.

I hope my point is clear. There is a lot to be done by all of us, and there has already been good work by Members on both sides of the aisle. So let's talk about the merits of health reform, let's debate the policy, and let's lay out our legitimate differences and then work together on solutions.

My freshman colleagues have described it well over the past hour. When it comes to reform, there are many examples of excellence already underway. We need to support such innovation, expand it, and make it part of a nationwide effort to give all Americans access to health insurance and basic medical care. There is still time for all of us to work together. We need health reform now, and we know it will work.

I yield time at this point to the Senator from Colorado, MARK UDALL.

The PRESIDING OFFICER (Mr. BENNET). The Senator from Colorado is recognized.

Mr. UDALL of Colorado. Mr. President, I thank the Senator from Alaska for convening the important discussion we have had here this morning. As you have heard and we have all heard over the last hour, my colleagues and I agree that the point of health care reform is to bring affordable, quality health care to all Americans. The bill

we will debate here on the floor in the coming weeks will include important insurance reforms to make that a reality.

I want to ask you though, Mr. President, and everybody watching, will we have succeeded in our mission if we merely put an insurance card in every American's pocket? Comprehensive health care reform needs to be about a lot more than that. We have heard about the difficult fiscal challenges that await us if we do nothing. Putting our economy on a sustainable path for the future means we have to address this unsustainable growth in health care spending that you so eloquently addressed earlier in your remarks.

One of the best ways we can do that is by preventing illness in the first place. The good news is that many communities and providers all over the country are doing just that. We can recognize their innovative successes and incentivize others to follow in this reform package. If we do that, we will have a big impact on patient health as well as on the Nation's bottom line.

I wish to talk about a program in Colorado that has been getting results. The Northwest Colorado Visiting Nurse Association, which has been working with the Department of Public Health, local physicians, and others, operates the Aging Well program. It focuses on prevention, and it connects rural Coloradans over age 50 with services and information to help them remain active, healthy, in their homes, and out of the hospital. Patients receive health screenings, exercise classes, and courses on managing conditions such as arthritis or chronic pain. Aging Well has been a great success. Listen to these numbers from a recent survey: 98 percent of participants reported improved fitness, 60 percent visited their doctor less often, and 18 percent reduced their medication needs. This saves dollars and improves lives.

Health insurance reform legislation includes funding to start similar programs aimed at keeping those just shy of their Medicare years—I have to confess, like me—active and healthy. The goal is to allow Americans to avoid spending their golden years worrying about illnesses that could have been prevented in the first place. To complement these programs, additional grants would give these organizations the tools to promote healthy living for all ages, reduce obesity, tobacco use, and mental illness.

Health reform would also require insurers to provide full coverage for preventive services at no cost to enrollees. That is music to the ears of any American who has skipped a recommended mammogram or an annual physical exam because the cost was too great.

Let me talk about children as well. There are grants in our health reform package for school-based health clinics so that children who lack easy access to a doctor can get preventive care right at school. These clinics have been shown to save \$2 for every \$1 they

spend. This results in fewer emergency room visits and hospital visits, and we deliver health care before problems become more serious.

Let me turn back to adults in the workplace. Reform would bring wellness programs to the workplace by providing grants for employers. Companies that have implemented wellness programs have already seen big savings. PepsiCo is one such company. They offer onsite screenings, programs to help employees lose weight, exercise incentives, and other measures. As a result, they have saved nearly \$120 per participating employee per month, which has resulted in a 2-year savings of over \$22 million. Even better than the dollars involved here, participants demonstrated lower health risks and better health outcomes. This is one more way reform will pave the way and provide incentives for more companies to follow suit for their employees.

Reform is also a great deal for seniors. For the first time, Medicare will pay for annual wellness visits. Reform would create incentives for Medicare patients who alter their behavior in order to lower their blood pressure and better control their diabetes. Medicare will cover recommended preventive services now, which is at no additional cost to seniors. In sum, contrary to what we have heard from some on the other side, Medicare benefits will be improved by the reform that is being proposed.

Let me conclude by pointing out that this legislation makes the wise choice of building on our wellness efforts that are already working. We know preventive care enables doctors and other health care providers to detect diseases earlier, when treatment is the most effective, averting more serious and costly problems later on. But it also empowers each and every one of us to take charge of improving the quality of our lives, and when done correctly it is a crucial component of efficiently and responsibly addressing health care spending.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Alaska is recognized.

MR. BEGICH. Mr. President, I thank Senator UDALL for once again pointing out how prevention and wellness works and how some real hard dollars make a difference in health care. As I close, I again thank my colleagues, the freshmen, for once again coming this week and making our point clear on innovation and the impact it will have on bringing accountability and a better product for the consumer, ensuring that we reduce costs through innovation.

I heard this morning some one-liners from the other side that say "rationing, delay, deny" is what we are all about over here. Absolutely wrong. What we are about is ensuring that the current rationing going on by insurance companies, the delay by insurance companies, and the denials by insurance companies stop so our consumers

have good-quality, long-term health care.

As I said earlier when the Senator from Oregon was talking, I heard again this morning that the American people were being taken for a ride. My comment was that I agree with the other side; they are—right over the cliff. It is time to take action and have health care reform.

Is it a perfect bill when we are all here on the floor at some point discussing it? It may not be. But is it better than where we are today? Absolutely, because today is literally taking the American people right over the cliff. So it is in the best interests of the American people to move forward and create a better system that is more accountable with better quality.

I appreciate my freshman colleagues for standing up today and laying out new, innovative approaches that are working across this country.

I yield my time.

THE PRESIDING OFFICER. The Senator from New Hampshire.

MR. GREGG. I ask to be recognized as in morning business for 10 minutes.

THE PRESIDING OFFICER. The Senator is recognized.

HEALTH CARE REFORM

MR. GREGG. Mr. President, one of the first rules in health care that doctors learn and health care providers learn is to do no harm. So, as we move down the road of this health reform effort, I think we ought to have that as our watchword also. The health reform effort which we pursue should do no harm to a lot of the elements of our health care system which are doing pretty well.

For example, there are a large number of Americans who get health insurance from the private sector—about 170 or 180 million—who are quite happy with their health care. They may have concerns with their insurance companies, legitimately, but they think their health care is pretty good. In fact, American health care is excellent.

As we move down this road toward health reform, we should not harm those folks. We should not push them into a public plan by creating a system which basically disincentivizes their employers to give them health care, incentivizes employers to pay a penalty rather than pay a health care premium, and moves people over to what are called health exchanges in a public plan. But that is exactly what the bill did as it left the HELP Committee, and who knows what it is going to do when it comes out of the secret room where it is being written right now, but I wouldn't be surprised if that is exactly what it does when it returns from this secret room. That will be harmful—harmful to all Americans who have health insurance and like what they see. They like the doctors they see, and they don't want to have the Federal Government basically supplying their health care and putting them