

they made as a result of losses they have been going through. We are trying to help businesses—especially small businesses—compensate for the losses they have endured in recent years. Again, Republicans are in no rush to help them. Each day that goes by is a real hurt to small businesses.

The good news is that we are making progress on health care reform. We look forward to receiving, in a matter of days, the CBO analysis of the proposals for fixing our health system that is so broken. We only have 1 week before Veterans Day, November 11, and 1 week before the Thanksgiving recess after that, then we will have only 3½ weeks until Christmas, and we have unemployment insurance stalled by the Republicans; military construction, which we are trying to get done to allow for construction of military bases around America and the world where we have installations; Commerce-Justice-Science, which is an important piece of legislation, stalled for weeks.

It is interesting, we hear the Republicans come to the floor—I heard one of the most unbelievable statements yesterday. Senator STABENOW was over there, and she had a chart that showed that 85 times this year the Republicans have stopped either efforts to move forward on a bill or almost 60 times we have had to invoke cloture to stop filibusters. A Republican Senator came and said: Every one of those 85 was the result of our not being allowed amendments.

That doesn't pass the test of a kindergarten. A number of the things they have held up are nominations. We have scores of President Obama's nominations being held up. And with Commerce-Justice-Science, they say they have no amendments. Interesting. They have amendments that have been filed, and as soon as we get cloture, they will be able to debate those amendments and vote on them. But, no, that wasn't enough amendments. Maybe on that one they needed another ACORN amendment because they only had one. I think that would have added up to five or six. Maybe that would please them, another ACORN amendment.

Mr. DURBIN. Will the majority leader yield for a question?

Mr. REID. Yes.

Mr. DURBIN. I think the leader is onto something because it has been a full 2 weeks since we had an ACORN amendment on the floor. So it is clear we should move to one, which is of the highest priority of Republicans. I wonder if we need more ACORN amendments.

Mr. REID. Yes, maybe we should have agreed to a couple more ACORN amendments.

For those not following this, that is an organization that has done some tremendously good work around the country. I acknowledge they have some problems. That is why I agreed with my friend from Illinois, who called for

a complete investigation of ACORN. We agree that if they have done things that aren't right, they should be brought before the necessary tribunals or administrative agencies to look at that. But enough is enough. We recognize ACORN is not a perfect organization, but how much time do we need to spend on that? I also say that with nominations.

Here are things we are going to do before we have our Veterans Day break: unemployment, which is tied to first-time home buyers, and net operating loss. We are going to do military construction. We are going to finish Commerce-Justice-Science.

We are going to do nominations. We are going to do Judge David Hamilton, Seventh Circuit, who has been waiting since April. We have agreed to time agreements. Do you want an hour, 2 hours, 5 hours, 10 hours of debate? No, we don't want anything. Up-or-down vote. The Department of Justice—one of the key officials there has been held up for months, and that is Chris Schroeder. We are going to also complete Tara O'Toole. Here is a woman who is one of the most eminently qualified people in America to serve as science adviser to Secretary Napolitano. Her expertise is in a number of areas, including bioterrorism. She has written scores of articles, and she is also an expert in pandemics. Janet Napolitano, the Secretary, called me and said, "I am desperate for this woman to come and work with me." The country is not capable of doing all the things that need to be done as a result of not having this job filled. Again, they won't let us vote on her. They won't take a time agreement. This is so important that we will spend 2 days debating it if we can have a vote. But that is not good enough. No time is sufficient.

A 6-month highway extension—we would love to get that done so we can meet the demands of the winter in America and so construction can go forward.

Mr. President, the American people see what is taking place. It is so obvious, and it is not constructive.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, 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 2 leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

The Senator from Nebraska is recognized.

HEALTH CARE REFORM

Mr. JOHANNIS. Mr. President, I rise today to speak about health care. I want to focus my comments today, if I could, on specifically the Medicare cuts and the impact that will have across this great Nation, and also I would like too zero in on what those Medicare cuts mean for my home State, the great State of Nebraska.

Medicare is a program that is a source of health care for about 45 million Americans. As we all know, it is essentially a program for those who are 65 and older. It dates back a lot of years.

In my State, the State of Nebraska, there are 272,000 Nebraskans who are Medicare beneficiaries. As I have talked to them—and I have done town-hall meetings and roundtables all around the State—they are pleased with the health care they receive. If they get sick, they have this program, this Medicare Program, that is there for them.

I want to start out saying that I believe the current plan, which cuts Medicare and claims reform, is really off base with this population. The proposal says Medicare will be cut by over \$400 billion.

Let me, if I might, just walk down through the various programs that will be impacted within Medicare.

There will be a \$130 billion cut for the Medicare Advantage Program. If anybody has spent any time talking to senior citizens about Medicare Advantage, they will tell you they like this program.

Mr. President, \$45 billion will be cut from hospitals that care for recipients of Medicare; \$40 billion will be cut from home health agencies; \$14.6 billion will be cut from skilled nursing facilities; and nearly \$8 billion will be cut from hospice programs.

I suggest, very respectfully, that this health care reform, which will cut Medicare by over \$400 billion, is not an improvement. These cuts ultimately will compromise the ability of Medicare beneficiaries to access the care they need.

If I may spend a moment this morning to talk about the profound impacts this will have in Nebraska, the Medicare Advantage Program, as I said, will be impacted by about a \$130 billion cut. Nationally, there are 11 million seniors enrolled. One Democratic Senator described these cuts as "intolerable." I agree with that description. Mr. President, 35,000 Nebraskans have Medicare Advantage plans. The plans provide choice and options that people like.

The President said that "if you like your plan, you can keep it." And relative to the Medicare Advantage beneficiaries, he said you will get a plan that is "just as good."

The Finance Committee markup was very instructive on this issue. The CBO Director stated that those people who have Medicare Advantage "will see changes and reductions in their benefits."

Let me turn to hospitals. The news is no better with hospitals. Hospitals that serve large numbers of seniors and the poor will have reduced payments. The current government programs actually underpay for these services. Hospital administrator after hospital administrator has told me in my State: We could not keep our hospital open on Medicare and Medicaid. They need the additional payments they get from private insurance to keep the doors open. Yet this so-called reform bill cuts Nebraska hospitals by about \$142 million; that is, 36 percent of Nebraska hospitals will be affected.

Relative to home health care—a \$40 billion cut nationally—seniors receive care in the home instead of going to a nursing home. That is what this program is all about. Under “reform,” Nebraska home health programs will lose \$126 million over 10 years. By 2016, two-thirds of Nebraska home health agencies will be in the red.

It is especially devastating to rural areas where 80 percent are expected to lose money under this reform plan. It is hard to keep the infrastructure in place right now, much less to look at what is coming. A home health director in a small rural hospital in Cherry County, NE, said this to me:

Nebraskans are a tough and a convicted people. We have chosen to live in a more rural environment and respect the fact that not all services can be provided.

However, there are two registered nurses that provide home health services for seven counties. Our radius to see patients is 100 miles one way. If a citizen was sick or injured, they may have to travel 100 miles to see a doctor. If they are unable to travel, they would just not receive the care they need.

You see, home health care is not a convenience in our State, it is a necessity. Cuts will likely cause them to close that operation and quit providing the services. If the mission is to improve access, how does that do that?

Skilled nursing care facilities is another area that is targeted with \$14.6 billion in cuts. Registered nurses help provide 24-hour care to people who can no longer care for themselves. People depend on them for both short- and long-term care.

What is the impact in Nebraska? The impact is \$93.2 million. This dollar figure does not take into account the job loss and financial impact on local communities.

I will mention a facility, a great facility, like all facilities in Nebraska, in Fullerton—the Golden Home Living Center. That is a population in that community of 1,300 people. The nursing home there is the second largest employer. They have a \$1.5 million payroll. However, they are already struggling to try to figure out how to stay open, much less facing these cuts.

The hospice program will have \$8 billion in cuts nationally. Hospice provides dignity and comfort to seniors at the end of their life. With this “reform,” there will be a nearly 12-percent reduction in hospital reimbursements over the next decade.

We have 38 licensed hospice programs in our State. We are so proud of them. Currently, 97 percent of Nebraskans have access to at least a hospice program. The cuts, I believe, would negatively impact the care of dying Nebraskans.

Let me wrap up with this point. Every study that is out there says Medicare is heading toward insolvency, and 2017 is the date most often used. How do we keep Medicare viable? Cutting Medicare to fund a new entitlement, I respectfully suggest, is so misguided. Unfortunately, that is the determined effort of this reform plan. We can do better. We must do better. Nebraskans are watching. Americans are watching. We have to improve on what we are doing here. We need to be able to say to those who are Medicare beneficiaries: We protected Medicare. You are first and foremost in our mind.

I yield the floor, and I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. CRAPO. Mr. President, I ask unanimous consent to speak in morning business.

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

Mr. CRAPO. Mr. President, I rise today to discuss Medicare also in the context of the proposed health care reform we are dealing with in the Senate.

This is one of the most troubling aspects of the health care reform proposals that are being considered in the Congress: the massive cuts to Medicare that will total, under the legislation that came out of the Finance Committee at least, about \$500 billion in cuts and similar levels of cuts are included in all major legislation being moved at this point.

In this time of economic downturn, all Americans must look to their budgets and to their own spending very carefully. The same is true for the Federal Government.

Some will argue these Medicare cuts are necessary for fiscal responsibility and that everybody must play a part. Others are going to argue that Medicare is facing insolvency in 2017 and that these cuts are necessary to slow the growth of Medicare spending. In fact, the 2009 trustees report shows that Medicare’s annual costs were 3.2 percent of the gross domestic product of the United States in 2008. To give a little bit of context, that is about three-quarters of Social Security’s costs. These costs are projected to surpass Social Security expenditures in 2028 and reach 11.4 percent of GDP by 2083.

The unfunded obligation of the Medicare hospital trust fund is \$13.4 trillion,

which is \$1 trillion higher than even last year’s estimate. And Medicare’s total unfunded obligations, which include Part B and Part D programs, have reached \$37.8 trillion.

Yes, we do need to address the solvency issues related to Medicare. We must deal with it. But let’s be clear about one thing: These proposals in these health care bills do not strengthen the solvency of the Medicare Program.

These cuts accomplish one simple goal; that is, they take money from the Medicare Program in order to create a new entitlement program. The program is created at the expense of America’s seniors. We are not shoring up Medicare for America’s seniors with these bills; we are transferring \$500 billion out of the Medicare programs into a new government entitlement program.

A recent article described it like this: Let’s imagine that Medicare is your family’s overall budget. You have lived beyond your means and you have run up a huge debt. In order to deal with this new debt, your family thinks of creative ways to cut spending and reduce expenses and put some of your savings aside to catch up. Then, though, you see all this cash that you saved up and you would like to go out and buy a brandnew car. So instead of using the cash to help pay off your debts and your obligations and shore up your financial circumstances, you take this cash and go out and spend it on a brandnew car, in this case a government-run car.

This is what is happening with the Medicare system in the bills before us. These cuts damage the existing program in order to create a new one, harming America’s seniors along the way. They are negatively going to impact choice, access, benefits, and quality of care. When Americans said they wanted change, I don’t think this is what they were talking about.

Let’s talk about a few specifics.

Among the largest cuts to the Medicare Program are the \$117 billion in cuts to the Medicare Advantage Program. Currently, there are nearly 11 million seniors enrolled in Medicare Advantage, which represents about one out of every four Medicare beneficiaries. In my home State of Idaho, there are more than 60,000 Medicare Advantage beneficiaries or 27 percent of Medicare beneficiaries in the State.

Since the creation of the Medicare Advantage Program in 2003, overall enrollment in private plans has been steadily increasing and beneficiaries across the country have had more private plans to choose from than they did 10 years ago.

A 2007 study reported “high overall satisfaction” with the Medicare Advantage Program. Mr. President, 84 percent of respondents said they were happy with their coverage, and 74 percent would recommend Medicare Advantage to their friends or family members.

According to Congressional Research Service, as of January 2009, all Medicare beneficiaries across the country had access to Medicare Advantage plans along with traditional Medicare plans. The choice is particularly crucial in rural areas. Between 2003 and 2007, more than 600,000 beneficiaries in rural areas joined the Medicare Advantage Program, which is a 426-percent increase.

The Medicare Advantage cuts proposed in the Finance bill will force plans to cut benefits, increase premiums, or drop coverage altogether. In fact, CBO estimates that enrollment in Medicare Advantage will decrease by 2.7 million people by 2019, resulting from the changes in this proposed legislation.

This number represents not only people who would lose their plan but also those who would no longer be able to choose Medicare Advantage because of the decrease in benefits.

CBO estimates that the value of extra benefits offered by Medicare Advantage plans will drop from \$135 a month to \$42 a month. When we were in the Finance Committee markup, I asked CBO Director Elmendorf to confirm this point. I asked him:

So approximately half of the additional benefit would be lost to those current Medicare Advantage policyholders?

His response was:

For those who would be enrolled otherwise under current law, yes.

The point is, the Medicare Advantage cuts in the Finance Committee bill will clearly break the President's pledge that if you like the insurance you have, if you like the protection you have, you can keep it.

Even if some seniors on Medicare Advantage are able to keep their plans, they are not going to be able to enjoy the same level of benefits they enjoy today. During the Finance Committee markup, I offered an amendment that would have prohibited the implementation of the bill's Medicare Advantage provisions if their implementation would decrease choice and competition for seniors in Medicare—very simple and straightforward. The amendment was defeated on a straight party-line vote.

Many congressional Democrats argue that by defending Medicare Advantage you are actually defending overpayments to insurance companies. That is not true either. Medicare Advantage plans are paid 14 percent more, on average, than traditional Medicare fee-for-service. However, these overpayments—or alleged overpayments—don't go into the plans. They go to the seniors enrolled in the plans in the form of extra benefits. That is why Medicare Advantage is so popular among seniors. Seventy-five percent of the additional payments to Medicare Advantage are used to provide seniors with additional benefits—benefits such as dental coverage or vision coverage or preventive medicine or flu shots or hearing aids. The remaining 25 percent is returned to

the Federal Government. So the cuts to Medicare Advantage will reduce benefits and will deprive seniors of choice.

But that is not the only kind of cuts we have coming to Medicare. In addition to the cuts to the Medicare Advantage Program, the Finance Committee bill also contains massive cuts to other Medicare providers. It contains \$40 billion of cuts to home health agencies, there are nearly \$8 billion of cuts to hospice, and more than \$16 billion of cuts to skilled nursing facilities. These levels of cuts would be devastating for providers and will threaten access as well. As more and more providers will not take Medicare patients, it will be harder and harder for beneficiaries to find care.

I spoke to Gary Thietten, the president and owner of Idaho Home Health & Hospice, just last week about the impact of the Medicare cuts to home health and hospice. He described to me how bad the fiscal situation has become for home health, hospice, and other Medicare providers in Idaho. Idaho lost nearly 30 percent of its home care providers in 1998 and 1999, including the State's largest provider. The providers that are still in business in my home State are working under the same Medicare reimbursement levels they received in 2001—8 years ago. If the cuts from the Finance Committee bill go into effect, on top of the current reimbursement issues, the situation will get significantly worse for many providers, and the net result, again, would be a loss of providers, a loss of options, and a loss of services to our seniors.

Costs have gone up considerably due to the economic downturn, and rural Idaho is being hit the hardest. Gary compared the situation for home health and hospice providers to the farmers in Idaho. Most farmers don't grow just one crop. Similarly, home health agencies don't provide just one service. They provide hospice and private-duty care, along with medical supplies and equipment. All of these services are going to suffer because of the home health and hospice cuts.

These proposed cuts will not just affect providers in my home State, they will affect Medicare providers in every State around the country, particularly rural States, which already face significant provider access problems. At some point, providers will no longer be able to give the best care or any care, for that matter, to Medicare beneficiaries. As I indicated earlier, we have already seen the trend start with those medical service providers that simply can't afford to take Medicare patients.

I have long supported policies that increase access to high-quality affordable health care for all Americans and provide for fair reimbursements to providers of the medical services rendered. However, the types of blunt, across-the-board cuts we see in these proposed bills will result only in increased harm to providers and to Medicare beneficiaries around the country.

It is my hope that as we face these difficult times, and dealing with needed health care reform, we will not take the cuts out of the Medicare Program that are proposed in this legislation. Specifically, and importantly, it is critical that we not cut our Medicare beneficiary services in order to simply fund a new, massive government entitlement program.

With that, I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER (Mr. UDALL of New Mexico). The Senator's time has expired. The Republican leader is recognized.

Mr. MCCONNELL. Mr. President, I will proceed on my leader time.

The PRESIDING OFFICER. The Senator has that right.

HEALTH CARE REFORM

Mr. MCCONNELL. Mr. President, the American people are paying close attention to the ongoing debate over health care, and they have noticed a worrisome trend. The longer this debate goes on, the further Democrats in Congress seem to drift from the original purpose of reform.

At the outset of this debate, the American people were told reform would lower costs, a goal all of us supported. The administration is right when it says the rising cost of health care in this country is unsustainable. Costs must be reined in. But the proposals we have seen so far don't address that problem. In fact, they make it worse. Instead of reining in costs, the proposals they have advanced are expected to drive costs even higher, costs that will then be shifted onto families and small businesses.

Yesterday, I pointed out the absurdity of the situation we are in. Reform that was meant to lower costs is now independently confirmed to make health care more expensive. Reform that was meant to make life easier is now expected to make life harder for families, businesses, and seniors from one end of our country to the other.

Let's focus on Medicare a moment, a program tens of millions of America's seniors rely upon. How is this program doing financially? It is not a pretty picture. Medicare started running a deficit last year, and the Medicare trust fund is expected to run out of money in less than a decade. Looking a little further ahead, Medicare is slated to spend nearly \$38 trillion that it doesn't have. Simply put: Medicare is broke. For the sake of our seniors, we need to fix it.

But the advocates of this legislation look at Medicare and they see something else. They do not see a problem to be fixed, they see a giant piggy bank. Rather than fix it, they want to use it to fund an entirely new set of government-run health care programs.

Medicare was an attractive target for the people who wrote this bill. They