

Mr. BURRIS thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

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

SCHEDULE

Mr. REID. Mr. President, following leader remarks, the Senate will resume consideration of the health reform legislation. Following leader remarks, the time until 12:30 will be for debate only. The majority will control the first half of the time allotted until 12:30. The Republicans will control the next half. The remaining time will be equally divided and controlled between the two leaders or their designees. The Senate will recess from 12:30 until 2:15 p.m. to allow for the weekly caucus luncheons. There are two amendments now pending. One is the Nelson of Nebraska amendment and the other is the McCain motion to commit. Senators should expect votes after the recess in relation to the pending amendment and motion.

NEW DEMOCRATIC SENATORS

Mr. REID. Mr. President, we have scheduled this morning, as soon as the leader time is used, a group of Democratic Senators. These are all new Senators. I hope those people who are watching understand the quality of the people who are now going to make a presentation before this body. The States that will be represented here today will be Oregon, Delaware, New Hampshire, Colorado—we have two Colorado Senators who will speak—the new Senator from Massachusetts, New Mexico, Virginia, Illinois, Alaska, and the opening will be by Senator MERKLEY and the closing will be by Senator MERKLEY. Such quality individuals we are so fortunate to have in the Senate. I am grateful for the time they have taken to speak on this issue. Much of what they have done has set the tone for this debate on our side of the aisle. It has been constructive, it has been positive, and it has been very lucid. They were all successful individuals before they came to the Senate. Certainly, that is acknowledged every time we hear one of them say a word here on the Senate floor.

Would the Chair announce the matter before the Senate.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

SERVICEMEMBERS HOME OWNERSHIP TAX ACT

The ACTING PRESIDENT pro tempore. Under the previous order, the

Senate will resume consideration of H.R. 3590, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time home buyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

Pending:

Reid amendment No. 2786, in the nature of a substitute.

Nelson (NE) amendment No. 2962 (to amendment No. 2786), to prohibit the use of Federal funds for abortions.

McCain motion to commit the bill to the Committee on Finance, with instructions.

The ACTING PRESIDENT pro tempore. Under the previous order, the time until 12:30 p.m. will be for debate only, with the time equally divided and controlled between the two leaders or their designees, with Senators permitted to speak for up to 10 minutes each, with the majority controlling the first hour and the Republicans controlling the next hour.

RECOGNITION OF THE MINORITY LEADER

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

HEALTH CARE REFORM

Mr. MCCONNELL. Mr. President, over the past several days, Americans have seen in vivid detail what some supporters of this plan plan to do for the Medicare Program for seniors. They plan to use it as a giant piggy bank to pay for an entirely new government program. Yesterday, we heard floated, for the very first time, that they want to radically expand Medicare. So what is becoming abundantly clear is that the majority will make any deal, agree to any terms, sign any dotted line that brings them closer to final passage of this terrible bill. They entertain adding new experiments without any assessment of the impact this backroom deal-making will have on the American people or our economy. They are, for lack of a better term, winging it on one of the most consequential pieces of legislation affecting our country in memory.

Let me suggest to the majority, Americans would much rather we get it right than scurry around, throwing together untested, last-minute experiments in order to get 60 votes before Christmas. Let me say that again. Americans would much rather we get it right than scurry around, throwing together untested, last-minute experiments in order to get 60 votes before Christmas.

Over the past several days, our friends on the other side repeatedly voted to preserve nearly \$½ trillion in Medicare cuts to finance their vision of reform, a vision that includes cutting nearly \$8 billion from hospice care, \$40 billion in cuts to home health agencies, \$120 billion in cuts to Medicare Advantage, \$135 billion in cuts to hospitals that serve Medicare patients, and nearly \$15 billion in cuts to nursing homes. What these cuts really illustrate is a lack of vision because cutting one trou-

bled government program in order to create another is a mistake. I will say that again: \$½ trillion in cuts to Medicare for seniors is not reform.

But Medicare cuts are just one leg of the stool holding up this misguided vision of reform. Let's take a look at another. Let's look at how this bill punishes not only seniors but how it kills jobs at a time when 1 in 10 working Americans is looking for one. This bill doesn't just punish seniors, it punishes job creators too.

That is the message we got yesterday from small businesses across the country. They sent us a letter opposing this bill because it doesn't do the things proponents of this bill promised it would. It doesn't lower costs, it doesn't help create jobs, and it doesn't help the economy. Here are just some of the groups that signed that letter: the Associated Builders and Contractors, the Associated General Contractors, the International Food Service Distributors Association, the National Association of Manufacturers, the National Association of Wholesale Distributors, the National Retail Federation, Small Business and Entrepreneurship Council, and the U.S. Chamber of Commerce.

Here is what these groups had to say about this bill. I am reading from their letter dated December 7, 2009, a letter that was addressed to every Member of the Senate:

In order to finance part of its \$2.5 trillion price tag, HR 3590 imposes new taxes, fees and penalties totaling nearly half a trillion dollars. This financial burden falls disproportionately on the backs of small business. Small firms are in desperate need of this precious capital for job creation, investment, business expansion, and survival.

The letter goes on to detail all the ways in which this bill punishes small businesses, thus making it harder for them to retain or hire workers. These groups point out that under this bill, small businesses in the United States would see major cost increases as a result of new taxes on health benefits and health insurance, costs that would be passed on to employees and which would make health insurance more expensive, not less.

Under this bill, self-employed business owners who buy coverage for themselves could see a double-digit jump in their insurance premiums. For other small businesses, the bill won't lead to a significant decrease in cost—something they were promised as a result of the bill.

Under this bill, jobs would be lost and wages depressed as a result of a new law that would require businesses either to buy insurance for their employees or to pay a fine.

Needless to say, this is not the kind of legislation the American worker needs or wants at a moment of double-digit unemployment. Perhaps that is the reason that poll after poll after public opinion poll shows that the American worker opposes this bill.

Some business groups may have supported this plan earlier in the year because they thought it was inevitable.

They didn't want to be critical of a bill they thought they had no power to stop. But something happened between then and now: The American people realized what this bill meant for them. They realized what it would mean for seniors, for business owners, for the economy, for our future as a country. Americans stood up, they made their voices heard, and now the tide has turned. The American people oppose this bill. They want us to start over. They want us to make commonsense, step-by-step reforms that everyone can support, not some backroom deal to have the government take over the health care system that is then forced on the American people without discussion.

Our friends on the other side can read the writing on the wall. They know the American people oppose this bill. But they have apparently made a calculation to force it through Congress over the next several days before the American people even have a chance to absorb the details. The only thing that can stop them is the realization by Democrats themselves that this plan would be a tragic mistake for seniors, for the economy, and for our country and that a better path would be the kind of step-by-step reforms Americans have been asking of us, reforms Americans really want. Americans don't think reform should come at the expense of seniors, and they don't think it should come at the expense of jobs. They don't think it should make current problems worse.

TARP

Mr. President, we are now hearing talk that the administration is thinking of using the bank bailout TARP money that taxpayers reluctantly handed over during last year's credit crisis on another spending spree like the stimulus which they said would stop unemployment at 8 percent but hasn't. One trillion dollars later, unemployment is now at 10 percent. This is not only irresponsible, since the purpose of these emergency funds was to prop up the credit system in the midst of a crisis, it also violates both current law and the pledge we made that every dollar we got back would be returned to the taxpayer to reduce the national debt. That is the pledge we made when we passed the TARP proposal.

This proposal from the administration is completely wrongheaded, but it is perfectly illustrative of the way Democrats in Congress have been dealing with taxpayer money all year—by throwing it at one problem after another without much regard for the consequences. Whether it is the stimulus, Cash for Clunkers, or the health care bill that is currently on the Senate floor, Americans are running out of patience with politicians who promise jobs but who deliver nothing but more debt, higher taxes, and longer unemployment lines.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Montana.

Mr. BAUCUS. Mr. President, for the benefit of all Senators, I would like to take a moment to lay out today's program. It has been more than 2½ weeks since the majority leader moved to proceed to the health care reform bill, and this is the ninth day of debate. The Senate has considered 18 amendments or motions. We have conducted 14 roll-call votes.

Today, the Senate will debate the amendment by the Senator from Nebraska, Mr. NELSON, on a woman's right to choose. At the same time, we will debate the motion by Senator McCAIN on Medicare Advantage.

The time between now and the caucus lunches is for debate only. The majority will control the first hour of debate this morning; the Republicans will control the second hour.

We are hopeful the Senate will be able to conduct votes on or in relation to the Nelson amendment, a side-by-side amendment to the McCain motion, and the McCain motion sometime this afternoon.

Thereafter, we expect to turn to another Democratic first-degree amendment, which is likely to be the amendment by the Senator from North Dakota, Mr. DORGAN, on drug reimportation, and another Republican first-degree amendment. We are working on lining up those amendments.

I note that the pending McCain motion is the third such effort by the Republicans to defend the private insurance companies that run the program called Medicare Advantage. That is the same so-called Medicare Advantage Program that the nonpartisan MedPAC says is overpaid—overpaid by 14 percent—compared with traditional Medicare, which does the same thing.

That is the same so-called Medicare Advantage Program whose overpayments add \$90 to the Medicare premiums of a typical retired couple, even though that couple gets nothing in exchange.

That is the same so-called Medicare Advantage Program that has been the major source of strong profits for the private insurance companies that receive those overpayments. And that is the same so-called Medicare Advantage Program that helps those private insurance companies to pay their CEOs \$8 million a year, \$9 million a year, and in one instance more than \$20 million a year in compensation.

So that is the same so-called Medicare Advantage Program that, in our view, needs a healthy dose of competition. That is all our bill would do. Our bill would move to competitive bidding in the private insurance Medicare market. It is high time we did so.

This morning we are going to have a colloquy among many new Senators, the group of Senators who were just elected last year, which is a very active group. I have met with them many times. They are very thoughtful, very active, and they have a lot to say.

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

Mr. DODD. Mr. President, I will be very brief because we want to take the time to hear from our colleagues. I, too, want to commend them. A number of them serve on the Health, Education, Labor, and Pensions Committee and were tremendously valuable in helping us craft the legislation we now have before us in this compromised, melded bill.

I also want to make a note. I listened to the Republican leader this morning—and I will talk more about this later—but you would almost begin to believe that 300 days ago Barack Obama arrived as President of the United States, and all these problems emerged miraculously. The fact is, in the previous 8 years we watched the Nation accumulate more debt in one administration than all prior 43 administrations combined.

The situation we find ourselves in economically did not happen overnight. It happened over a number of years of carelessness, with a lack of regulation and a lack of the enforcement of the regulation that existed. We have been grappling with these problems. In December of last year, more than 700,000 people lost their jobs—in that 1 month alone. In January, almost 700,000 again, and the same was true in March. Almost 3 million jobs were lost before the ink on the inauguration papers was dry.

We are now finding ourselves—while still too high an unemployment rate—with a vastly improved economic condition in this country. Much more needs to be done. Yet we hear the same sort of "Chicken Little" arguments. Just say no, every time, to an idea that might make a difference to this country getting back on its feet again.

Certainly the decisions made a year ago to provide the stabilization of major financial institutions contributed directly to the benefits we are seeing today. Certainly the efforts of taking some of these resources that have gone to bail out major financial institutions now being used to try to create jobs in the country is something I think would be welcomed by the American people—not rejected by Members of Congress who seem only to be interested in whether we are going to take care of those large firms that got us into this mess in the first place.

So I welcome the President's ideas in this area. We welcome particularly this effort on health care, to make a difference not only for individuals but for our economy, to reduce those costs, reduce those premiums, and make those insurance products available to all Americans who worry every night about whether they are going to fall into that abyss because of a health care crisis that happens to a family member or a loved one.

So today we are going to hear from a number of our colleagues who have been deeply engaged in these issues over the last several years and in their new membership in this wonderful body of the Senate. I welcome tremendously their efforts.

Mr. President, I yield the floor to allow them to discuss their ideas. I believe the first one to speak is our new colleague from Delaware.

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

Mr. KAUFMAN. Mr. President, I want to start by agreeing—and I practically always agree with the Senator from Connecticut—with his summation as to how we got to where we are, and why it is important we do something about it. He is right. The chairman of the Finance Committee is right too.

The freshman Senators who come from all over this country got together and, frankly, with the leadership of Senator WARNER from Virginia, put together a package which I think is a very constructive package for the Health Care Reform Act we have to pass.

I appreciate the opportunity to join with the other freshmen, including the Acting President pro tempore, to discuss the unique opportunity we have to finally enact meaningful health care reform.

Make no mistake, we need health care reform now. When you look out there and you see everything from rising premiums to insurers denying coverage for people with preexisting conditions, the health care system is failing individual Americans. There is no doubt about that.

Not only is it doing that, it is threatening the fiscal solvency of our country. Medicare and Medicaid are swallowing up more and more of our Federal spending. If we do not act soon, it will become the largest contributor to the deficit.

The time for reform is now. We cannot wait any longer. As the Senator from Connecticut said, this is not something that just came out of nowhere. It has been there for a long time. But we cannot let any more time go by. We have to act now.

Thanks to the hard work of Senators REID, BAUCUS, DODD, and HARKIN and their staffs, we have a bill before us that can finally reform our health care system. It is a good bill. It is a bill that truly protects what works in our system and, at the same time, fixes what is broken.

No longer will Americans be denied coverage on the basis of preexisting conditions. No longer will their coverage be revoked when they get sick and need it the most. This bill will help protect seniors by offering new preventive and wellness benefits.

It will extend the solvency of the Medicare trust fund by an additional 5 years. It will also help our economy by significantly cutting health care costs and reducing the Nation's deficit by \$130 billion.

You hear a lot of numbers. You see a lot of numbers. You read about it in the newspaper. Especially, you hear about it on the other side of the aisle. This will cut the deficit by \$130 billion for the first 10 years and maybe up to

\$650 billion in the second 10 years. This will truly bend the cost curve, which we have to do if we are not going to go into insolvency.

It is interesting, when the other side talks about deficits, deficits, deficits—the thing that is driving the deficit is health care costs because what drives Medicare and Medicaid costs is health care costs.

This bill makes quality, affordable health care within reach of all Americans. But there is always more we can do. That is why I am pleased to join my other freshman colleagues to support a very promising amendment to the bill.

So much of what is broken in our present health care system revolves around basic inefficiencies that drive up costs, while simultaneously driving down quality. That is right. Costs go up, quality goes down. That is not the way we want to have it. We want costs to go down and quality to go up.

Even worse, inefficiencies in the system often give way to the waste, fraud, and abuse that drains somewhere between \$72 and \$220 billion annually from doctors, patients, private insurers, and the State and Federal Governments. This is significantly increasing health care costs for Americans. These are inefficiencies that can and will be curbed.

By seeking creative ways to encourage innovation and lower costs even further—and more quickly—for Americans across the country, this amendment complements the underlying health care bill.

It adopts the full spectrum of 21st-century technologies and innovative methods of delivery to further cut through the redtape that continues to plague our system and stifle innovation. It provides commonsense, practical solutions that help contain costs, improve value, and increase quality. It increases penalties for health care fraud and enhances enforcement against medical crooks and utilizes the most sophisticated technology to better detect and deter fraud in the health care system.

It quickens the implementation of uniform administrative standards, allowing for more efficient exchange of information among patients, doctors, and insurers. It provides more flexibility in establishing accountable care organizations that realign financial incentives and help ensure Americans receive high-quality care. It provides greater incentives to insurers in the exchange to reduce health care disparities along racial lines.

These are just a few examples of the provisions in the amendment that I believe will mesh well with the Patient Protection and Affordable Care Act. As I have said before, it is time to gather our collective will and do the right thing during this historic opportunity by passing health care reform now. I think this amendment can help us reach that goal. We cannot afford to wait any longer. We need to act now. We can do no less. The American people deserve no less.

Thank you, Mr. President.

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

Mr. WARNER. Thank you, Mr. President.

I thank my colleague, the Senator from Delaware, for his comments and for his leadership on this issue. I also thank all of the freshmen. This is, I think, the seventh time the freshmen have come to the floor on this very important issue. Our colleagues have had to now endure 65 speeches from the freshmen on the subject of health care.

Before I get into my remarks, I want to personally thank Senator BAUCUS, Senator DODD, the majority leader, and their staffs, for working with the 11 freshmen Members who have come together today to unveil a package of health care amendments focused on the issue of cost containment.

We have been working on this now for close to 3 months.

Let me say at the outset, I am proud of the enormous broad-based support we are receiving for this package of amendments. The Business Roundtable has endorsed the amendments. Companies such as Walmart, Intel, Target and Quad/Graphics endorse this package. Groups such as the AARP and the AFL, and important think tanks such as the New America Foundation have endorsed this package. We also have support from Mark McClellan, who was the head of CMS under President Bush. While the merged bill starts to move us in the right direction in addressing health care spending in this country, this package strengthens that movement. Our package further moves us away from a current system that makes no financial sense—one that rewards volume over quality and one that reimburses hospitals for higher, rather than lower, readmission rates.

We are taking the payment reform aspects of the health care bill—sections that increase accountability, and focus on data mining and administrative simplification—and accelerating them. We are giving the Secretary, as we move forward, the ability to take pilot programs and broaden their approach and appeal. And if it works, we'll bring that reform to our whole system.

While we anticipate a very good score from CBO in terms of lowering health care costs overall, another thing we focused on with this package is not just health care reform in the context of government-related programs, such as Medicare and Medicaid, but also how we partner with those in the private sector.

One of the reasons the Business Roundtable is so supportive is the fact that our package recognizes that well over half of the American public still receives their health care through private insurance or in conjunction with their employers. With these amendments, we look at how we take the best of the private sector, and the lessons we've learned from them, and bring those into health care reform.

My friend, the Senator from Delaware, has raised this point. There are still issues to be resolved in this bill.

I still have some concerns, particularly with the public option portion. But I know that with a good-faith effort, we are going to get those issues resolved.

One thing that needs to be reaffirmed, time and time again, is what happens if we don't enact health care reform. Not acting is a policy choice; it is every bit as much of a policy choice as moving forward on this bill. What many don't realize is that the largest driver of our Federal deficit is not education funding, transportation funding, and not even TARP funds or the stimulus. The largest driver of our Federal deficit is health care spending.

If we fail to act now, Medicare, which provides health care to millions of senior citizens, will go bankrupt in the next 8 years. If we fail to act now, an average Virginia family will see their health care costs eat up 40 percent of their disposable income in the next decade.

One of the reasons we are seeing so much broad-based business support for our amendment package is business understands that if we can't drive down overall health care costs, the ability of the United States to come out of this recession and remain competitive in a global marketplace will be seriously undermined. As long as American business has to pay twice as much per person—as much as \$3,000 to \$4,000 more per employee—for their health care costs than any of our industrial competitors around the world, regardless of how productive the American workforce is, American businesses will be at a serious disadvantage.

Our amendment package is complex. It is a bit dense. There are some 30-odd different provisions that take very good parts of the merged bill and move them faster. It increases price transparency in health care pricing, and increases our ability to take programs and pilots that work and roll them out on a wider basis. My good friend, the Senator from Colorado, has been working hard on the administrative reform portion.

This is a good package of amendments. I was asked yesterday by somebody in the press how I would describe the package. I guess I would sum it up—because some of this stuff gets fairly dense—with two things that this package of amendments is trying to do.

I think we all remember, years back, in the travel industry, when you called up and tried to get an airline reservation and depending on whom you called and what time you called, you might get a totally different price on your airline ticket. Well, this package of amendments is trying to do for health care what Travelocity did for the airline business. And that is bring some true pricing transparency to the health care system.

Our package of amendments will move us—it will not get us all the way

there—but it will move us further down the field. I say this modestly, again, to the originators of the bill—it is a very good bill, a very good framework. But humbly I might say, as some know, I was lucky enough in the old days to fall into the cell phone industry. I managed to eke out a small living in that industry. I like to think about the cell phone industry as a metaphor for this package of amendments. If we think of the original bill as creating the cell phone of the 20th century, our package of amendments is basically the iPhone version to your Motorola flip phone original version. We literally provide dozens of new applications on a good, basic framework that has been provided by this merged bill. And we take these applications a little bit further into the 21st century.

I am very proud of the work all these freshmen Senators and their staffs have done over the last 3 or 4 months. Again, I thank the chairman of the Finance Committee, the chairman of the HELP Committee, the majority leader and their staffs for helping us work through this package, and I look forward to its adoption.

With that, I yield the floor, and I believe the junior Senator from Colorado will speak next.

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

Mr. BENNET. Mr. President, I wish to thank our colleague from Virginia, Senator WARNER, for his extraordinary leadership throughout this process of the freshmen coming together to see what we can do to move this legislation forward to improve it. I think a lot has been said about how the bill that was drafted by the HELP Committee, by the Finance Committee, and now by the majority leader is directionally correct in its efforts to get a handle on these skyrocketing costs. I think this amendment package will move us much further in the right direction of trying to hold down costs for our working families and small businesses across the country.

Throughout this entire debate and going back to the very beginning, what I have said is, no matter where you are on many of the issues, there can't be any disagreement that the current system, with respect to costs, is completely insane.

Our families in Colorado faced double-digit cost increases every year over the last decade. Their median family income has actually gone down by \$300, and the cost of health care has gone up by 97 percent over that period of time. Our small businesses are paying 18 percent more for health insurance than large businesses just because they are small. As the Senator from Virginia was mentioning, we are spending, as a country, more than twice what almost any other industrialized country in the world is spending as a percentage of our gross domestic product on health care. We are spending roughly 18 percent, going to 20 percent in the blink of

an eye. We can't hope to compete in this global economy if we are devoting a fifth of our economy to health care and everyone else in the world is devoting less than half that. Finally, as the Senator from Virginia also said, if you have any concern about these deficits we are facing in Washington becoming completely untenable, what you need to know is, the biggest driver of those is rising Medicare and Medicaid costs and the biggest driver of those is, of course, health care costs.

So my view has been, from the start, no matter what your entry point was into this debate, cost was the central question for our working families and for our small businesses. We have stressed the need over and over for health care reform to contain the rising costs that are plaguing our current system. That is why I think the Senate needs to adopt the freshman amendment package, which would cut costs, save taxpayers money, and in this bill it can make our health care system function more efficiently.

This package of amendments will help strengthen the reform proposal's ability to deliver affordable, quality health care to all Americans, whether they are in private plans or whether they are in public plans. These provisions will remove much of the red tape that, for so long, has slowed the delivery of care. Doctors from all over Colorado have told me, time and time again, their medical practices are mired in paperwork and their staffs spend far too much time and money jumping through administrative hoop after hoop. The time our doctors and nurses spend on unnecessary paperwork is time they can't spend becoming better professionals and, most importantly, providing quality care to their patients. This amendment will require the Secretary of Health and Human Services to adopt and regularly update a single national standard for some of the most basic electronic transactions that occur between insurers and providers, and meeting these standards will be enforceable by penalties if insurance providers don't take steps to comply. My provision will make sure that as we implement health care reform, we are consistently identifying and implementing new standards.

There are also terrible inefficiencies in the way we pay health care providers and allow them to deliver care to patients. This package helps eliminate bottlenecks so patients are cared for in a reasonable amount of time.

This package of amendments also expands the Senate bills reforms being made to Medicare and Medicaid. There is a provision that will allow accountable care organizations to work with private insurance companies to better craft strategies for Medicare and Medicaid and private sector plans to improve care. In the current system, doctors are forced into requesting a multitude of tests to confirm a diagnosis they have already made. This creates

unnecessary work for doctors, their administrative staffs, lab technicians, and so on. It is time we create a system that empowers doctors to practice medicine and do their jobs efficiently.

Under the current broken system, doctors have to endure needless hurdles to even set up a practice. It is no wonder the number of primary care doctors has been steadily declining for some time now.

This package of amendments would create an environment that attracts doctors back to the field rather than make it more difficult for them to provide care. Along with the savings this bill already creates, these amendments will help doctors remove the redtape that has limited their ability to help patients in a timely manner.

We cannot go on allowing the middle class to absorb the rising costs of our Nation's health care system. We need health care reform that will control costs and put us back on a path toward fiscal responsibility. This package of amendments will help us do that.

I wish to, again, say thank you to my colleagues from the freshman class for their work. This sometimes has seemed tedious and sometimes hard to describe, but these amendments are very critical if we are going to get hold of costs as we go forward. That is the relief working families in this country need more than anything. In order to have stability in their lives, we have to get hold of our rising health care costs.

With that, I yield the floor.

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

Mr. KIRK. Thank you, Mr. President.

With great joy and enthusiasm, I can say that today we are closer than ever to guaranteeing that all Americans, at long last, will have full access to quality, affordable health care. The Patient Protection and Affordable Care Act, which our colleague and fellow freshman Senator JEFF MERKLEY of Oregon suggests, as Senator Kennedy of Massachusetts would have subscribed to, that this is the health care bill of rights. It will help fix a health care system that is failing to meet the needs of the American people. I am extremely proud to join with Majority Leader REID, with Senator BAUCUS, with my good friend, Senator DODD of Connecticut, and with my fellow freshman Senators. I wish to single out, if I may, the Senator from Virginia, MARK WARNER, one of the more enlightened business leaders of our time, who brought his wisdom and innovation and skills and practices of the private sector to help improve the important challenge we have in the public sector. I thank the Senator for his leadership on this effort, in contributing to legislation that will mark a historic stride forward for the American people.

I wish to say a word as well, a particular word, about the chairman of the Finance Committee who has enormous responsibilities in the Senate chairing the effort to reform our finan-

cial regulations and our financial systems so the American people will understand we are one country, with one important financial system and not somehow second tier, unrelated and unconnected to the decisions made on Wall Street and elsewhere. When Senator Kennedy of Massachusetts was stricken, Senator DODD of Connecticut stepped forward, not only because Senator Kennedy was his very close friend but because the Senator from Connecticut understood the enormity of the challenge and important effort that is being made in the Senate. I wish to salute him for sharing his wisdom and his strength and his leadership, not only in the areas of financial reform but in this important area as well.

As I said, this is nothing less than a bill of rights for the American people on the issues of health care. With this legislation, all Americans, finally, will be guaranteed access to the affordable health care coverage they deserve. Families who need a helping hand to care for an aging relative will be protected. Insurance companies will be prohibited from arbitrarily refusing coverage and from stopping benefits when they are needed the most. Doctors will be given the support they need to practice the best medicine possible. That is why they took their oath. With the help of the measures in this total legislation and some of the particular reforms suggested by our freshman colleagues, that best medicine will be practiced. The American economy will be protected from the skyrocketing costs of health care, with which every American family is now inflicted.

Over the past month, I have had the privilege of working with my fellow freshman colleagues on a series of amendments that we are discussing this morning to make this health care bill of rights even stronger. These amendments plant the seed for an innovative 21st-century health care system that offers what American families want most: better results for lower costs. It is as simple as that. These amendments focus on the root causes of our skyrocketing health care costs to provide Medicare the support it needs to become a leader in moving away from the reimbursement models that increase costs without improving care.

Public-private arrangements will be established to smooth reform and prevent private insurance from shifting costs onto public plans. The redtape, with which we are all familiar, which weighs down the current health care system in both the public and private sectors will be reduced. All of this will contribute to lower costs and higher quality in our health care system.

One focus that is particularly of interest and important to me is the delivery system reform. We must move toward a system of paying hospitals and doctors for the quality of care they provide rather than the quantity of tests and procedures they perform. Our

amendment rewards providers of Medicare who give high-quality care rather than high-volume procedures. We will also allow Medicare to test promising new models to reduce costs, increase quality, and improve patient health. We must make these changes for the sake of our patients and for the sake of our economy.

In short, our amendments strengthen the reforms of the Patient Protection and Affordable Care Act. I urge all my colleagues to support these amendments and take these important steps with us to bring America's health care system into the 21st century.

I thank the leadership once again, and I thank the Senator from Virginia and my other freshman colleagues for their good work on this historic health care bill of rights.

I yield the floor.

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

Mr. UDALL of Colorado. Mr. President, my freshman colleagues and I have come to the floor on a regular basis over the last few months to make clear to both sides of the aisle just how critical it is that we succeed in reforming our health care insurance system.

Right now, too many Americans lack the freedom to move to a new job, further their education, or start a small business because doing so can put them at risk of losing health care coverage for their family. If you think about it, freedom is, after all, about choices. What motivates me—and I know it motivates my freshman colleagues—is the desire to preserve and enhance the freedom of all Americans.

This legislation we have been debating and amending over the past 2 weeks can and should be a vehicle that we use to enhance freedom for all of our American citizens. We are going to repair and modernize a broken health care system. If we fail to do so, we perpetuate an antiquated status quo that stalls economic growth, stifle the entrepreneurs who make up the American business landscape, and keep stability and security out of reach for millions of American families.

The package of amendments we present today is designed to inject more cost containment into the bill, cut down on regulatory and bureaucratic redtape, and push us more aggressively toward a reformed health care system that rewards better patient care rather than simply more care.

In developing these ideas, my fellow freshmen and I have relied upon the input of people back home. And through my discussions with constituents, health care providers, and businesses from all over Colorado, a common theme has emerged: They want a health care system that tackles costs, while keeping the focus on patients and quality. I believe we have accomplished that with our freshman proposal because more than 30 groups have come out in the past few days in support of

our efforts. This is a wide-ranging number of groups, including consumer champions such as AARP, business leaders such as the Business Roundtable, and health providers such as Denver Health in my home State.

My freshman colleagues have spoken about individual pieces of this effort that combine to make the whole. I will single out a section that I think will have a particularly strong influence on the future of our health care system.

Senator ROCKEFELLER has authored an important provision that creates the independent Medicare advisory board. This board would be tasked with keeping down the costs in the Medicare system by issuing proposals to cut spending and increase the quality of care for beneficiaries.

I applaud this contribution to the bill, but I have wondered why we cannot take it a step further by looking at the whole health care system and not just Medicare in isolation. If we are going to tackle spiraling health costs across the country, we need to push each area of our health care system to be smarter and more efficient in dealing with cost growth.

One of my contributions to the package is a provision to expand the scope of the Medicare advisory board to examine not just Medicare but the entire health care system and task the board with finding ways to slow down the growth of health costs across the country. This would include providing recommendations on the steps the private sector should take to make our delivery system more efficient. Health care leaders and economists agree that such an approach can help push our system toward a more streamlined and coordinated way of delivering health care to all Americans.

In sum, I thank the Senator from Virginia for his leadership, the Senator from Oregon, Mr. MERKLEY, and Senator SHAHEEN from New Hampshire. It has been a delight to work with 11 of my fellow Senators. This is a bold contribution to the package that I know we will pass out of the Senate. We come from varying parts of the country and have varied political outlooks and backgrounds. This will attract broad support in our Chamber. It is a winning addition to health care reform, and I encourage all Senators to support our efforts.

I yield the floor.

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

Mrs. SHAHEEN. Mr. President, I am so pleased this morning to join my freshman colleagues in introducing our innovation and value package.

For the last several months, the freshmen in the Senate have been coming to the floor to help make the case for health care reform, to tell our colleagues and the public about what we have heard from our constituents, and to come together as one voice in support of reform.

Today, we back up that rhetoric with action. Today, we propose something

concrete. We have talked about the importance of reforming the way we deliver care, about how we need to slow down the skyrocketing costs of health care, while improving quality, and about the need to provide incentives to make the changes happen. Today, we deliver on that talk. Our proposals are about containing costs, about looking into the future, thinking about our delivery system, and finding ways to make small but very important changes that will make a difference.

Throughout this debate, I have been talking about the importance of increasing the quality of care while reducing the cost. This amendment package does just that.

This amendment package matters. It matters to all the health care consumers who are interested in reducing costs and increasing the value in our health care system. It especially matters to business. The high cost of health care and insurance coverage eats away at the bottom line for businesses. If we can reduce waste and inefficiency, attack fraud, and simplify our system, we can reduce costs. The innovations in this package attract business because business understands that we need to take steps in our public and private health care systems to lower costs and deliver value.

I am proud that, with this amendment, we are able to promote the good work of Elliot Fisher and his colleagues at the Dartmouth Institute for Health Policy and Clinical Practice and to recognize the work they have done on accountable care organizations.

Accountable care organizations are about coordinating care among providers—hospitals, primary care physicians, specialists, and other medical professionals. These accountable care organizations make decisions with patients. I think that is the operative phrase. They make decisions “with” patients about what steps they can take together to improve care. When these efforts result in cost and quality improvements, providers and consumers can share in the savings. This is the essence of true reform. We must demand performance, quality, and value from our health care system. This package makes great strides.

I will close by thanking all of my fellow freshmen. I am so proud to be part of this freshman class and all of the great work they have done.

I especially wish to recognize Senator WARNER, who has really been the driving force behind this health care package. I am not sure I agree with his cell phone analysis, but I certainly agree with the leadership he has shown on this package.

Also, I recognize our senior colleagues, Senators DODD, BAUCUS, REID, and HARKIN, for the leadership they have shown in getting us to this point.

Finally, I recognize all of the staff of all of us freshman Senators, many of whom are here today, who have worked so hard to get us to this point. I single

out my assistants, Alison MacDonald and Dr. Manny Jimenez, for the work they have done on this package. It is a great effort, and I am pleased to be here with my fellow freshmen.

I urge all of our colleagues to join us in support of this effort.

The ACTING PRESIDENT pro tempore. The Senator from North Carolina is recognized.

Mrs. HAGAN. Mr. President, I rise in support of the freshman value and innovation package, which builds on efforts to provide quality, affordable health care at a lower cost to families. I, too, applaud our colleague, Senator MARK WARNER, for helping to initiate this package.

I wish to take a moment to talk about two provisions in the package that I included: curbing fraud and abuse with 21st-century technology and medication therapy management.

Today, Medicare spends about \$430 billion annually; Medicaid, approximately \$340 billion; the States Children's Health Insurance Program, an additional \$5 billion, for a total of \$775 billion.

In Medicare alone, annual waste amounts to between \$23 billion and \$78 billion. Yet, despite these sky-high numbers, investigations are pursued only after payment has been made, which means government fraud investigators have to recover funds that have already been paid. As a result, it is estimated that only about 10 percent of possible fraud is ever detected, and of that amount only about 3 percent is ever actually recovered. This means the government recovers, at best, about \$130 million in Medicare waste, fraud, and abuse. Again, when estimates are between \$23 billion and \$78 billion, we are only recovering \$130 million.

“Doctor shopping” is an example that was profiled in a recent USA TODAY news article and GAO report. This involves a patient receiving multiple prescriptions from numerous doctors in a short period of time, without getting caught. Each of the claims gets paid by Medicare, Medicaid, or even private health insurers.

The current technology exists to assess in real time if a claim warrants further investigation, and this technology will prevent fraudulent claims from being paid on the front end. A software company in Cary, NC, SAS, has developed this technology.

This amendment will require the Department of Health and Human Services to put into place systems that will detect patterns of fraud and abuse before any money leaves our Federal coffers.

Another source of waste in the system is people not sticking to their medication regimen. As much as one-half of all patients in our country do not follow their doctors' orders regarding their medications. The New England Health Care Institute estimates that the overall cost of people not following directions is as much as \$290 billion per year.

This waste can be eliminated with medication therapy management. That is a program where seniors bring all of their prescriptions, in a little brown bag, and their over-the-counter medications and their vitamins and supplements to the pharmacy to be thoroughly reviewed in a one-on-one session. The pharmacist follows up and educates the patient about his or her medication regimen.

North Carolina has some successful medication therapy management programs already in place.

In 2007, the North Carolina Health and Wellness Trust Fund Commission launched an innovative statewide program called Checkmeds NC to provide medication therapy management services to our seniors. During the program's first year, more than 15,000 seniors and 285 pharmacists participated. Just this small program saved an estimated \$10 million, and countless health problems were avoided for our seniors.

This amendment takes this successful North Carolina model and implements it nationally, permitting pharmacies and other health care providers to spend considerable time and resources evaluating a person's drug routine and educating them on proper usage.

I urge passage of this freshman amendment package which will further reduce health care costs for American families. Thank you.

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

The PRESIDING OFFICER (Mrs. GILLIBRAND). The Senator from New Mexico.

Mr. UDALL of New Mexico. Madam President, this package today is a result of collaboration that began months ago when the Senate's freshman class united as advocates for comprehensive health reform, when we united in the belief that the status quo is not an option.

The health care status quo does not work for Americans and it does not work for America either. If we fail to act, every person, every institution, every small business in this country will pay the price.

Achieving true reform means making insurance available and affordable to all Americans. It also means reining in out-of-control spending. For some, those two goals seem diametrically opposed. They ask: How can you contain costs when you are expanding access to millions of additional people?

One of our country's great economic thinkers, Paul Krugman, recently challenged this hypothesis. First, he said a majority of Americans uninsured are young and healthy. Covering them would not increase costs very much. Second, he noted that this reform links coverage expansion to "serious cost-control measures."

These goals are two sides of the same coin. Without one, we cannot have the other. As Mr. Krugman said:

The path to cost control runs through universality. We can only tackle out-of-control

costs as part of a deal that also provides Americans with the security of guaranteed health care.

With these amendments, we take additional steps to transform our delivery system, to contain costs, and to curb abuses and excess spending. With these amendments, we encourage a faster transition to a 21st-century system that is more efficient, costs less, and holds providers and insurers accountable.

I am proud to sign on to all of the amendments in this package. But there is one proposal that is particularly important to the people of New Mexico. In my State, 30 of 33 counties are classified as medically underserved. Residents of these highly rural counties are more likely to be uninsured. They are more likely to have higher rates of disease. And because of a shortage in health care providers, they are often forced to travel long distances for care.

This amendment would help us take the first steps toward alleviating the growing shortage of primary care physicians in New Mexico and across the country. By 2025, there will be a shortage of at least 35,000 primary care physicians in the United States. As this shortage grows, our rural areas will be hardest hit.

In this amendment, we call for expert recommendations on how to encourage providers to choose primary care and to establish their practices in medically underserved areas. These experts would analyze things such as compensation and work environment. They would recommend ways to increase interest in primary care as a career.

We are closer than ever to providing all Americans with access to quality, affordable health care. I am proud to be a part of a group of freshmen who refuse to sit on the back bench and watch this reform develop from the sidelines. I am proud to be part of a group that from the beginning refused to accept the status quo as an option.

I thank the staff of all these fine Senators and thank personally my staff members, Fern Goodheart and Ben Nathanson.

I look forward to continuing the work with this outstanding group as we debate a bill that will improve our health care system for generations to come.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. BURRIS. Madam President, it is also my pleasure to stand with my colleagues and be a part of this health reform package, to give recognition to those distinguished senior Senators who have put so much heart into drafting this important legislation, to our Leader REID and to Senator BAUCUS, Senator DODD, and all the individuals. It is a pleasure for me to be a part of this freshman colloquy on this major package.

Over the past several months, my freshman colleagues and I have taken the floor many times to speak about

the need for comprehensive health care reform. I am pleased to join them today as we discuss our cost containment package.

This set of provisions will help promote accountability, increase efficiency, and reduce disparities in our health care system. Our amendment will reinforce and improve the principles of high-value, low-cost care that is central to the Patient Protection and Affordable Care Act.

Our amendment will strengthen Medicare's ability to act as a payment innovator, paying for value and not for volume. In speeding this process, our amendment gives Medicare more of the resources it needs to gather data, expand programs that work, and reach the neediest patients.

We also work to strengthen waste, fraud, and abuse provisions in the Patient Protection and Affordable Care Act in order to make sure that the Department of Health and Human Services has the tools to not only punish offenders but to prevent fraud from happening in the first place.

But this is not just about our public programs. We also promote private-public data sharing to get a better picture of our whole medical system.

Our amendment further takes aim at administrative costs, another barrier often cited to getting the most effective care, by encouraging public-private collaboration to create uniform standards and reduce the mountain of paperwork that takes doctors' time away from their patients.

Finally, we put pressure on private insurers to change the way they pay. By encouraging insurers to reward programs that reduce disparities, providers will increasingly focus attention on populations that need it most.

By proactively targeting these needy folks through cultural competency training, language services, and community outreach, our amendment will increase wellness and reduce the use of costly emergency room care.

My colleagues and I are supported by top business groups, consumer groups, and providers because they all know we have to transform the way care is delivered in this country. Businesses know that without the reduced cost of care and promoting transparency, the cost of premiums continues to rise, putting a stranglehold on wage increases and making them less competitive.

Consumer groups want to ensure the patients get more value for their dollar, that they do not just get more care but they get the type of coordinated, effective care that will keep them healthy and out of the emergency rooms. Those providers who focus on targeted care to get the best patient outcome want to be rewarded for doing so.

The evidence could not be clearer, the conclusions could not be more decisive that the Patient Protection and Affordable Care Act, coupled with our amendment, will lower costs for ordinary Americans.

I call upon my colleagues to take an honest look at what we are doing, and I defy them to say that health care reform will not reduce costs and improve the functioning of our health care system.

The debate over health care reform cannot be scoring political points. It must be about the health and well-being of the American people. All of our great work will bear fruit, and we will reform our Nation's health system because there is no other option. Our citizens demand it, and they deserve no less.

I thank our distinguished colleagues. I am happy to be a part of this freshman colloquy in presenting such an important issue at this time in history in this great country of ours.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. BEGICH. Madam President, I seek the floor to talk about this package of cost containment offered by the freshmen. I am proud to join them in offering this amendment today.

The technical work in this package is complex and complicated, but the themes it addresses are simple and straightforward, which I know our colleagues on the other side will appreciate and we hope support—value, innovation, quality, transparency, and cost containment.

The full legislation now under debate in the Senate makes wonderful strides in fixing what is broken in America's current health care system. Under the leadership of Senators BAUCUS, DODD, HARKIN, and our Majority Leader REID, the committees have done incredible work.

What the freshmen are saying today is we believe our package can help. We can go further. We can do better. Our goal is a health care system that is more efficient and more affordable.

In a few moments, I will stand together at a news conference with all my freshman colleagues to formally announce this package. What I most appreciate is that we will do so with the support of consumer and business groups.

While the language of this amendment promotes efficiency and encourages innovation within the health delivery system, what it is about is helping individual Americans and businesses get a better deal on health care. I am proud of that, especially when we know that cost containment is the No. 1 priority of small business owners in this health reform debate.

Insurance premiums alone in the last 10 years for small businesses have risen 113 percent. It was reported in the media that small businesses in this country face another 15-percent increase in the health premiums in the coming year.

What about families, our friends, and our neighbors? Health insurance premiums are eating up ever growing chunks of the family budget. Nationwide, family health insurance pur-

chased through an employer at the start of this decade cost about \$6,700, almost 14 percent of the family income. Last year, the same premium cost \$13,000—21 percent of the family income.

If we do nothing, if we do not reform the system and do not contain costs, this country will be in big trouble. By 2016, the same family health insurance will cost more than \$24,000. Because health costs are skyrocketing compared to wages, that \$24,000 will represent 45 percent of the family budget. Enough is enough. The package we are offering today will help.

I want to focus briefly on a small but significant piece of this package that addresses rural health care. It will help hospitals in several States, including Alaska, my home State, by extending the Rural Community Hospital Demonstration Program. We are building on known success. The program is small. Even with this amendment, the number of eligible hospitals nationwide will expand from 15 to 30, and 20 rural States will be eligible to participate instead of the current 10.

Part of what we are saying in this package is this: If something is working to provide better health care access and value, for goodness sake, let's keep it going and do what we can to improve on it.

My thanks go to Senator BEN NELSON who has been a champion of this program and is also pushing for the extension.

As I conclude, I wish to stress once again how proud I am to stand with my freshman colleagues. The cost containment package we are proposing today will help all Americans, and I hope it will move the Senate that much closer to a historic vote on the landmark legislation that is before us today.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Madam President, I know our time is about to expire. I wish to close by thanking all my freshman colleagues and their staffs for the great work they have done on this legislation.

I see a number of my colleagues from the other side of the aisle. This is an amendment package that brings greater transparency, greater accountability, greater efficiency, and greater innovation, and is supported by the Business Roundtable, small businesses and health care systems around the country. I ask for their consideration.

I again thank the Chair, Senator DODD, for allowing us to lay out this package of amendments. I think it will add an important component to this bill in trying to rein in costs not just on the government side but system-wide.

I yield the floor.

Mr. DODD. Madam President, quickly, because I know my colleagues are here on the other side, I want to commend 10 of the 11 new freshmen who are here and who have spoken with great

eloquence and passion about this issue. I think all of us, regardless of which side of the aisle we are on, owe them all a great deal of gratitude for putting together a very fine package.

I particularly thank Senator MARK WARNER, our colleague from Virginia, who has led this effort, but obviously so much of this has happened because of the cooperation and ideas that each Member who has spoken here this morning has brought to this particular cluster of ideas on cost containment. All Americans owe them a deep debt of gratitude and can feel pretty good about the future of our country with this fine group of Americans leading it.

The PRESIDING OFFICER. The minority now has 60 minutes.

Mr. BAUCUS. Madam President, may I ask unanimous consent to speak for a couple of minutes to comment on the freshman package? It will just take a few minutes.

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

Mr. BAUCUS. Madam President, I join my good friend from Connecticut in thanking—I don't know if calling them freshmen would be wise, because our colleagues act as though they have been here for years and know the subject extremely well.

Delivery system reform has always been something I have been pushing for, and I am happy to see it is part of your package, and also with additional emphasis on rural areas and Indian reservations. We clearly need more of that, and more transparency. I firmly believe that will help us get costs down and get quality of care up. Your work on the independent Medicare advisory board is great too.

To be honest, these are all the next steps in ideas that are pretty much in the bill, but they are the proper next steps, and the next steps I firmly believe should be taken. So I compliment you and thank you very much, and I thank my friend from Arizona for allowing me this time.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. McCAIN. Madam President, I wish also to add my words of congratulations to the new Members for their eloquence, their passion, and their well-informed arguments, although they are badly misguided. But I do congratulate them for bringing forth their ideas and taking part in this spirited debate. We welcome it, and I hope that someday we will be able to agree on both sides for us to engage in real colloquy between us, back and forth. I think the American people and all Members would be well informed.

Madam President, I ask unanimous consent for the next 30 minutes to engage in a colloquy with my colleagues.

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

Mr. McCAIN. Madam President, I talk a lot about C-SPAN. I am a great admirer of C-SPAN. And the President—at least when he was running for the presidency—believed in C-SPAN as

well, because he said C-SPAN would be in on the negotiations. Here is what was posted by a reporter from Politico last night at 5:48 p.m., entitled “No C-SPAN Here.”

Right now a group of moderate Senators is meeting behind closed doors to try to hash out a compromise on the public option. Reporters, waiting for the meeting to break, were just moved out of the corridor nearest the meeting and shunted around the corner, making it harder for the press to catch Senators as they leave. C-SPAN this is not.

I would remind my colleagues that the amendment we are discussing here is drafted to prevent drastic Medicare Advantage cuts from impacting all seniors in Medicare Advantage. The amendment says simply: Let's give seniors who are members of Medicare, who have enrolled in Medicare Advantage, the same deal that Senator NELSON was able to get for the State of Florida—at least most of the seniors who enrolled in the Medicare Advantage Program. There are 11 million American seniors who are enrolled in the Medicare Advantage Program. This amendment would allow all 11 million to have the same benefits and there would be no carve-out for various groups of seniors because of the influence of a Member of this body.

I want to quote again the New York Times, my favorite source of information, from an article entitled “Senator Tries to Allay Fears on Health Overhaul.”

... Mr. Nelson, a Democrat, has a big problem. The bill taken up this week by the committee would cut Medicare payments to insurance companies that care for more than 10 million older Americans, including nearly one million in Florida. The program, known as Medicare Advantage, is popular—

And the article lists the benefits, and then continues as follows:

“It would be intolerable to ask senior citizens to give up substantial health benefits they are enjoying under Medicare,” said Mr. Nelson, who has been deluged with calls and complaints from constituents. “I am offering an amendment to shield seniors from those benefit cuts.”

He is offering an amendment to shield senior citizens. Well, I am offering a motion that deals with all of the 11 million seniors who are under Medicare Advantage, as the Senator from Florida said, to shield seniors from benefit cuts. That is what this motion is all about. We should not carve out for some seniors what other seniors are not entitled to. That is not America. That is not the way we should treat all of our citizens, and I hope my colleagues will understand this amendment is proposed simply in the name of fairness.

I ask the Senator from Tennessee and the Senator from Texas, who have a large number of enrollees in the Medicare Advantage Program, whether they feel this would be unfair?

Mr. ALEXANDER. Well, I thank the Senator from Arizona for his motion, and I thank the Senator from Florida for his amendment, because Medicare Advantage is very important to Ten-

nesseans. We have 243,000 Tennesseans who have opted for Medicare Advantage. About one-fourth of all Americans who are on Medicare have chosen Medicare Advantage because it provides the option for increased dental care, for vision care, for hearing coverage, for reduced hospital deductibles, and many benefits. It is helpful to low-income and minority Americans, and it is especially helpful to people in rural areas.

What the Republicans have been arguing all week is that, contrary to what our friends on the other side are saying, this bill cuts those Medicare Advantage benefits. The Director of the Congressional Budget Office says that fully half—fully half—of the benefits in Medicare Advantage for these 11 million Americans will be cut. Our Democratic friends say: No, that is not true. That is not true. We are going to cut \$1 trillion out of Medicare over a fully implemented 10-year period of this bill, but nobody will be affected by it.

Well, the Senator from Florida apparently doesn't believe that. He says: We have 900,000 Floridians who don't want their Medicare Advantage cut. And he is saying, in effect, we don't trust this Democratic bill to protect these seniors in Medicare Advantage.

So I ask the Senator from Texas: If the people of Florida and the Senator from Florida don't trust the Democratic bill to protect Medicare Advantage, why should 240,000 Tennesseans trust the Democratic bill to protect Medicare Advantage?

Mr. CORNYN. I agree with the distinguished Senators from Tennessee and Arizona, that what is good enough for the seniors in Florida ought to be good enough for all seniors. In my State of Texas, we have 532,000 seniors on Medicare Advantage, and they like it, for the reasons that the Senator from Tennessee mentioned. They do not want us cutting those benefits.

But I say to the Senators from Arizona and Tennessee, I seem to recall that we had amendments earlier which would have protected everybody from cuts in Medicare benefits, and now we have a targeted effort, negotiated behind closed doors, to protect States such as Florida and Pennsylvania and others, and I wonder whether the Nelson amendment to protect the seniors of Florida would even be necessary if our colleagues across the aisle had agreed with us that no Medicare benefits should be cut.

Mr. McCAIN. As the Senator points out, a few days ago, by a vote of 100 to 1, we voted to pass an amendment proposed by the Senator from Colorado, Senator BENNET, which included words such as “protecting guaranteed Medicare benefits” or “protecting and improving guaranteed Medicare benefits.” The wording was: “Nothing in the provisions of or amendments made by this act shall result in the reduction of guaranteed benefits under title XVIII of the Social Security Act.”

Is there any Member on the other side who can guarantee that seniors in his or her State in Medicare Advantage will not lose a single benefit they have today—not the guaranteed benefit the other side goes to great pains to talk about. I think those who are enrolled in the Medicare Advantage system believe that since they receive those benefits, they are guaranteed benefits as well.

I would ask our two physicians here on the floor, who both have had the opportunity to deal directly with the Medicare Advantage Program, if you have a patient come in and you say: By the way, you are having your Medicare Advantage Program cut, but don't worry, we are protecting your guaranteed Medicare benefits, do you think they understand that language?

Mr. COBURN. I would respond to the Senator from Arizona in the following way. First of all, they won't understand that language. But more importantly, if you look at the law, there is Medicare Part A, Medicare Part B, Medicare Part C, and Medicare Part D. They are all law. They are all law. What is guaranteed under the law today is that if you want Medicare Advantage, you can have it. What is going to change is that we are going to take away that guarantee. We are going to modify Medicare Part C, which is Medicare Advantage.

So we have this confusing way of saying we are not taking away any of your guaranteed benefits, but in fact, under the current law today, Medicare Advantage is guaranteed to anybody who wants to sign up for it. So it is duplicitous to say we are not cutting your benefits, when in fact we are.

Let me speak to my experience and then I will yield to my colleague from Wyoming, who is an orthopedic surgeon.

What is good about Medicare Advantage? We hear it is a money pot to pay for a new program for other people. Here is what is good about it. We get coordinated care for poor Medicare folks. Medicare Advantage coordinates the care. When you coordinate care, what you do is you decrease the number of tests, you prevent hospitalizations, you get better outcomes, and consequently you have healthier seniors.

So when it is looked at, Medicare Advantage doesn't cost more. It actually saves Medicare money on an individual basis. Because if you forgo the interests of a hospital, where you start incurring costs, what you have done is saved the Medicare Trust Fund but you have also given better care.

The second point I wish to make is that many people on Medicare Advantage cannot afford to buy Medicare supplemental policies. Ninety-four percent of the people in this country who are on Medicare and not Medicare Advantage are buying a supplemental policy. Why is that? Because the basic underlying benefit package of Medicare is not adequate. So here we have this

group of people who are benefitted because they have chosen a guaranteed benefit of Medicare Part C, and all of a sudden we are saying: Time out. You don't get that anymore.

Mr. McCAIN. So a preponderance of people who enroll in Medicare Advantage are low-income people, and a lot of them are rural residents?

Mr. COBURN. A lot of them are rural. I don't know the income levels, but I know there is a propensity for actually getting a savings, because you don't have to buy a supplemental policy if you are on Medicare Advantage.

Mr. BARRASSO. I would add to that, following on my colleague from Oklahoma, that there is the coordinated care, which is one of the advantages of Medicare Advantage, but there is also the preventive component of this. We talk about ways to help people keep their health care costs down, and that has to do with coordinated care and preventing illness.

Mr. COBURN. And we heard from the freshman Democrats that they want to put a new preventive package into the program. Yet they want to take the preventive package out of Medicare Advantage. It is an interesting mix of amendments, isn't it?

Mr. BARRASSO. We want to keep our seniors healthy. That is one way they can stay out of the hospital, out of the nursing home, and stay active. Yet with the cuts in Medicare Advantage, the Democrats have voted to do that—to cut all the money out of this program that seniors like. Eleven million American seniors who depend upon Medicare for their health care choose this because there is an advantage to them.

My colleague from Oklahoma, the other physician in the Senate, has talked, as I have, extensively about patient-centered health care—not insurance centered, not government centered. Medicare Advantage helps keep it patient centered. So when I see deals being cut behind closed doors where they are cutting out people from all across the country and providing sweetheart deals to help seniors on Medicare Advantage in Florida in order to encourage one Member of the Senate to vote a certain way, I have to ask myself: What about the seniors in the rest of the country, whether it is Texas, Oklahoma, Tennessee, or Arizona?

A lot of seniors have great concern, and I would hope they would call up and say this is wrong; we need to know what is going on, and to ask why it is there is a sweetheart deal for one se-

lected Senator from one State when we want to have that same advantage; and why are the Democrats voting to eliminate all this Medicare money.

Mr. CORNYN. May I ask my colleagues a question—maybe starting with the Senator from Arizona—on a related issue. Medicare Advantage is a private sector alternative or choice to Medicare, which is a government-run program. I am detecting throughout all of this bill sort of a bias against the private sector and wanting to eliminate choices that aren't government-run plans.

Am I reading too much into this or do any of my colleagues see a similar propensity in this bill?

Mr. ALEXANDER. If I may respond to the Senator from Texas, I think he is exactly right. There is a lot of very appealing talk that we hear from the advocates of the so-called health reform bill. But when we get right down to it, and when we examine it closely, we find a big increase in government-run programs. What does that mean for low-income Americans, and what does it mean for seniors who depend on our biggest government-run programs, Medicare and Medicaid? It means they risk not having access to the doctor they want. The Senator from Wyoming mentioned the Mayo Clinic, widely cited by the President and by many on the other side as an example of controlling costs, is beginning to say: We can't take patients from the government-run programs in some cases because we are not reimbursed properly.

What is going to happen behind all this happy talk we are hearing about health care is, we are going to find more and more low-income patients dumped into a program called Medicaid. Under this program half the doctors will not see a new Medicaid patient. It is akin to giving someone a bus ticket on a bus line that runs half the time. Medicare is going to increasingly find itself in the same shape as Medicaid. The Mayo Clinic has already said they can't afford to serve patients from the government-run programs. The Senator from Texas is exactly right. We don't have to persuade the 11 million Americans who have chosen Medicare Advantage that it is a good program. They like it. In rural areas, between 2003 and 2007, more than 600,000 people signed up for it. In a way, the Senator from Florida may have a sweetheart deal, but in a way he has done us a favor. We have been trying to say all week the Democrats are cutting Medicare. They are saying: Trust us, we are not cutting Medicare. The Sen-

ator from Florida is saying: Floridians don't trust you. You are cutting their Medicare Advantage. I want to have an amendment to protect them. Senator McCAIN is saying: Let's protect all seniors' Medicare Advantage.

Mr. McCAIN. May I also point out, for the record, on September 20, 2003, there was a letter to the conferees of Medicare, urging them to include a meaningful increase in Medicare Advantage funding for fiscal years 2004–2005—a group of 18 Senators, including Senators SCHUMER, LAUTENBERG, CLINTON, WYDEN, et cetera, including Senator KERRY, who now obviously wants to reduce the funding for Medicare Advantage. Again, perhaps he was for it before he was against it.

I would also like to point out, as short a time ago as April 3, 2009, a group of Senators, bipartisan, including Senators WYDEN, MURRAY, SPECTER, BENNET, KLOBUCHAR, and others, wrote to Charlene Frizzera, acting administrator of the Centers for Medicare and Medicaid Services:

We write to express our concerns regarding the Centers for Medicare and Medicaid Services' proposed changes to Medicare Advantage rates for calendar year 2010. The advance notice has raised two important issues that, if implemented, would result in highly problematic premium increases and benefit reductions for Medicare Advantage enrollees across the country.

Again, as recently as last April, there was concern on the other side about cuts in the Medicare Advantage Program.

Mr. COBURN. I wonder if the Senator is aware, in Alabama, there will be 181,000 people who will get a Medicare Advantage cut; in California, 1,606,000 seniors are going to have benefits cut; Colorado, 198,000; Georgia, 176,000; Illinois, 176,000; Indiana, 148,000; Kentucky, 110,000; Louisiana, 151,000; Massachusetts, 200,000; Michigan, 406,000—that is exactly what Michigan needs right now, isn't it, for their seniors to have their benefits cut—Minnesota, 284,000; Missouri, 200,000; Nevada, 104,000; New Jersey, 156,000; New York, 853,000; Ohio, 499,000; Oregon, 250,000; Pennsylvania—maybe, maybe not because they may have the deal—865,000; Tennessee, 233,000; Washington State, 225,000; Wisconsin, 243,000.

I ask unanimous consent that the list of what the enrollment is by CMS on Medicare and Medicare Advantage enrollment, as of August 2009, be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

State	MA Enrollment (August 2009)	Eligibles	MA Penetration (percent)
Alabama	181,304	819,112	22.1
Alaska	462	61,599	0.8
Arizona	329,157	876,944	37.5
Arkansas	70,137	515,175	13.6
California	1,606,193	4,562,728	35.2
Colorado	198,521	591,148	33.6
Connecticut	94,181	553,528	17.0
Delaware	6,661	142,716	4.7
DC	7,976	75,783	10.5

State	MA Enrollment (August 2009)	Eligibles	MA Penetration (percent)
Florida	946,836	3,239,150	29.2
Georgia	176,090	1,176,917	15.0
Hawaii	79,386	197,660	40.2
Idaho	60,676	218,225	27.8
Illinois	176,395	1,792,581	9.8
Indiana	148,174	973,732	15.2
Iowa	63,902	508,942	12.6
Kansas	43,867	421,593	10.4
Kentucky	110,814	735,953	15.1
Louisiana	151,954	664,692	22.9
Maine	26,984	256,214	10.5
Maryland	56,812	754,638	7.5
Massachusetts	199,727	1,029,357	19.4
Michigan	406,124	1,597,119	25.4
Minnesota	284,101	758,981	37.4
Mississippi	44,772	483,403	9.3
Missouri	195,036	976,397	20.0
Montana	27,592	162,779	17.0
Nebraska	30,571	273,589	11.2
Nevada	104,043	336,581	30.9
New Hampshire	13,200	208,125	6.3
New Jersey	156,607	1,294,052	12.1
New Mexico	73,567	299,538	24.6
New York	853,387	2,909,216	29.3
North Carolina	251,738	1,424,360	17.7
North Dakota	7,633	106,969	7.1
Ohio	499,819	1,852,596	27.0
Oklahoma	84,980	585,906	14.5
Oregon	249,993	593,232	42.1
Pennsylvania	864,040	2,233,074	38.7
Puerto Rico	400,991	631,298	63.5
Rhode Island	65,108	179,044	36.4
South Carolina	110,949	734,772	15.1
South Dakota	8,973	133,420	6.7
Tennessee	233,024	1,015,771	22.9
Texas	532,242	2,853,472	18.7
Utah	85,585	269,378	31.8
Vermont	3,966	106,562	3.7
Virginia	151,942	1,094,976	13.9
Washington	225,918	919,899	24.6
West Virginia	88,027	375,303	23.5
Wisconsin	243,443	883,419	27.6
Wyoming	3,942	77,197	5.1

Mr. McCAIN. The point of all this is, the Senator from Florida, a member of the Finance Committee, felt so strongly that Medicare Advantage was at risk he decided to carve out, and was able to get the majority on a party-line vote of the Finance Committee to carve out a special status for a group of seniors under Medicare Advantage in his State. My motion simply says, everyone whom the Senator from Oklahoma made reference to deserves that same protection. That is all this motion is about.

Mr. CORNYN. If the Senator would yield for a question, if this motion is not agreed to, which protects all Medicare Advantage beneficiaries—all 11 million of them, 532,000 in my State—and as a result of not only these cuts but perhaps additional cuts to come in the future to Medicare Advantage, which will make it harder for Medicare beneficiaries to get coverage, I ask particularly my doctor colleagues, what is the impact of eliminating Medicare Advantage and leaving people with Medicare fee for service, which is, as I recall, the Bennet amendment earlier? You have to parse the language closely, but it talked about guaranteed benefits. I think the Senator from Oklahoma makes a good point. Right now, Medicare Advantage has guaranteed benefits.

Mr. COBURN. Absolutely.

Mr. CORNYN. What is the consequence of seniors losing Medicare Advantage and being forced onto a Medicare fee-for-service program?

Mr. COBURN. Limited prevention screening, no coordinated care, loss of access to certain drugs, loss of accessory things, such as vision and hearing

supplements, but, more importantly, poorer health outcomes. That is what it is going to mean—or a much smaller checkbook, one or the other. A smaller checkbook because now the government isn't going to pay for it—you are—or poorer health outcomes. If your checkbook is limited, the thing that happens is, you will get the poorer health outcome.

Mr. BARRASSO. Additionally, the Senator from Arizona talked about the closed-door meetings, secretly trying to come up with things.

There was an article in the paper today that the Democrats are turning to actually throwing more people on the Medicare and Medicaid rolls as they are trying to come up with some compromise; the idea being it is going to be compromising the care of the people. They are trying to put more people onto the Medicaid rolls. The Senator from Tennessee has said many physicians don't take those patients because reimbursement is so poor. It is putting more people into a boat that is already sinking. They want to put more people on Medicaid and more on Medicare, but at the same time they are cutting Medicare by \$464 billion. This is a program we know is already going broke. Yet they want to now put people age 55 to 64, add those to the Medicare rolls, which is a program we have great concerns about.

Special deals for some, cutting out many others, now adding more people to the Medicare rolls—to me, this is not sustainable. Yet these are the deals that are being cut less than 100 feet from here off the floor of the Senate, when we are out here debating for all the American people to see the things

we think are important about health care. Jobs are going to be lost as a result, if this bill gets passed. People who have insurance will end up paying more in premiums, if this bill is passed. People who depend on Medicare, whether it is Medicare Advantage or regular Medicare, will see their health care deteriorate as a result of this proposal. I turn to the Senator from Arizona, who has been a special student of this.

Mr. McCAIN. So seniors, by losing Medicare Advantage, would then lose certain provisions Medicare Advantage provides and then they would be forced, if they can afford it, which they are now paying zero because it is covered under Medicare Advantage, then they would have to buy Medigap policies that would make up for those benefits they lost when they lose Medicare Advantage.

Guess who offers those Medigap insurance policies. Our friends at AARP, which average \$175 a month. We are telling people who are on Medicare Advantage today, when they lose it, they can be guaranteed, if they want to make up for those benefits they are losing, they would be paying \$175 a month, minimum, for a Medigap policy. A lot of America's seniors cannot afford that.

Mr. COBURN. That is \$2,000 a year.

Mr. McCAIN. They can't afford it.

Mr. COBURN. I will make one other point. Over the next 10 years, 15 million baby boomers are going to go into Medicare. We are taking \$465 billion out of Medicare; on the 10-year picture, \$1 trillion. So we are going to add \$15 million and cut \$1 trillion. What do you think is going to happen to the care for everybody in Medicare? The ultimate

is, we are going to ration the care for seniors, if this bill comes through.

Mr. MCCAIN. How much time remains, Madam President?

The PRESIDING OFFICER. Five minutes is remaining.

Mr. MCCAIN. I ask Dr. BARRASSO, have you treated people under Medicare Advantage?

Mr. BARRASSO. I have. People know there is an advantage to being in this program, and that is why they sign up for it. That is why citizens all around the country have signed up for Medicare Advantage. They realize there is value in prevention and there is value in coordinated care. There is value in having eye care, dental care, hearing care. There are advantages to wanting to stay healthy, to keep down the cost of care.

Mr. MCCAIN. So you are making the case that even though it may cost more, the fact that you have a weller and fitter group of senior citizens, you, in the long-run, reduce health care costs because they take advantage of the kind of care that, over time, would keep them from going to the hospital earlier or having to see the doctor more often.

Mr. BARRASSO. That is one of the reasons that Medicare Advantage was brought forth. I know a lot of Senators from rural States supported it because it would allow people in small communities to have this advantage to be in a program such as that. It could encourage doctors to go into those communities to try to keep those people well, work with prevention. The 11 million people who are on Medicare Advantage know they are on Medicare Advantage. They have chosen it. It is the fastest growing component because people realize the advantages of being on Medicare Advantage. If they want to stay independent, healthy, and fit, they sign up for Medicare Advantage. I would think people all across the country, who are seniors on Medicare but are not on Medicare Advantage, would want to say: Why didn't I know about this program? As seniors talk about this at senior centers—and I go to centers and meetings there and visit with folks and hear their concerns—they are converting over and joining, signing up for Medicare Advantage because they know there are advantages to it. For this Senate and the Democrats to say: We want to slash over \$100 billion from Medicare Advantage, I think the people of America understand this is a great loss to them and a peril to their own health, as they lose the coordinated care and the preventive nature of the care.

Mr. MCCAIN. I ask the Senator from Tennessee, do you know of any expert economist on health care who believes we can make these kinds of cuts in Medicare Advantage and still preserve the same benefits the enrollees have today?

Mr. ALEXANDER. The answer to the Senator from Arizona is no. I do not know of one. I know of one Senator at

least who does not believe it. He is the Senator from Florida. It is interesting that all week we have been going back and forth. We have been saying to the Democrats: You are cutting Medicare benefits. They have been saying: No, we are not.

We have been saying: Yes, you are. No, we are not.

I am sure the people at home must say: Well, who is right about this? Well, the Senator from Florida, who sits on the other side of the aisle, has said: I am not willing to go back to Florida and say to the people of Florida that your benefits are going to be cut if you are on Medicare Advantage, so I want an amendment to protect you. The Senator from Texas wants and amendment to protect 11 million seniors and so does the Senator from Oklahoma and so does the Senator from Louisiana and so does the Senator from Wyoming, and the Senator from Tennessee.

So the Senator from Arizona is saying, we believe you are cutting Medicare Advantage benefits for 11 million Americans. The Senator from Florida does not trust your bill. We do not either. We want an amendment that protects 11 million seniors.

Mr. CORNYN. Madam President, I would ask our Senators to expand in the brief time we have. It seems as if all of the discussion about health care reform is a bit about accountable care organizations, coordinating care, particularly in the later part of life, avoiding chronic diseases in life.

When I was at Kelsey-Seybold Clinic in Houston, TX, they told me it is Medicare Advantage that allows them to coordinate care, to hold down costs, to keep people healthier longer. Yet the irony, to me, it seems, is that by cutting Medicare Advantage benefits, we are going backward rather than forward when it comes to that kind of coordinated, less expensive care.

Would the Senator concur with that?

Mr. BARRASSO. I would concur that this is actually taking a step backward. That is why the Senator from Florida has demanded they make accommodations for the people of Florida. The people of Wyoming want those same accommodations, as do the people of Arizona and Texas. Because 11 million Americans have chosen the Medicare Advantage Program because it does help coordinate care. It has preventive care. It keeps it more patient centered as opposed to government centered, insurance company centered. That is the way for people to stay healthy, live longer lives, and keep their independence.

We have seen cuts across the board on Medicare, whether it is home health, nursing homes, hospice care, Medicare Advantage. And across the board, they are cutting Medicare in a way that certainly the seniors of this country do not deserve. They have paid into that program for many years and they deserve their benefits.

Mr. ALEXANDER. If I may say to the Senator from Arizona one other

thing, we have talked a lot about our good friend, the Senator from Florida, and how he has been so perceptive on noticing that his Floridians with Medicare Advantage may lose their Medicare care benefits.

The PRESIDING OFFICER. The Senator's time is expired.

Mr. MCCAIN. Madam President, I ask unanimous consent for an additional 30 seconds for the Senator.

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

Mr. ALEXANDER. I say to the Senator from Arizona, I believe there are other Medicare benefits that are likely to be cut in this bill. Aren't there cuts to hospice? Aren't there cuts to hospitals? Aren't there cuts to home health care, which we talked about yesterday? So if Floridians do not trust the Democratic bill to protect their Medicare benefits from Medicare Advantage, why should they trust the Democratic bill to protect any of their Medicare benefits?

Mr. MCCAIN. I wish to finally point out what Dr. COBURN said. Medicare Part C, which is Medicare Advantage, is part of the law, and to treat it in any way different, because those on the other side do not particularly happen to like it, I think is an abrogation of the responsibilities we have to the seniors of this country.

I thank my colleagues and yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

AMENDMENT NO. 2962

Mrs. HUTCHISON. Madam President, I rise today to talk about another amendment that is pending, the Nelson-Hatch-Casey amendment. This is an amendment that I think has been discussed in the last day as well. That is the amendment that would assure that no Federal funds are spent for abortion. That was unclear. It is unclear in the underlying bill. I think it is very important we talk about it, that we make sure it is very clear exactly what the Nelson-Hatch-Casey amendment does; and that is, it would bar Federal funding for abortion, which is basically applying the Hyde amendment to the programs under this health care bill.

Since the Hyde amendment was first passed in 1977, the Senate has had to vote on this issue many times, probably just about every year, and I have consistently voted to prohibit Federal funding for abortions, as I know my colleague and friend from Utah has done, as well as the Democratic sponsors of this amendment.

Yet it seems that some Members were on the floor last night misconstruing exactly what the Nelson-Hatch-Casey amendment does. Specifically, their claim was that the Hyde language only bars direct funding for elective abortions while the Nelson-Hatch-Casey amendment bars funding of an entire benefits package that includes elective abortions and therefore is unprecedented.

I wish to ask the distinguished Senator from Utah, what exactly did the Hyde language say? Let's clarify what Hyde was, so we can then determine if your amendment is the same.

Mr. HATCH. I thank the Senator so much.

The current Hyde language contained in the fiscal year 2009 Labor-HHS Appropriations Act says the following:

SEC. 507. (a) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

Mrs. HUTCHISON. So Federal funds are prohibited from being used in abortions in that particular bill.

What about programs such as CHIP, that was created in the Balanced Budget Act? And in 2009, it was reauthorized by Congress and signed by the President earlier this year. What about the CHIP program?

Mr. HATCH. I know a little bit about CHIP. That was the Hatch-Kennedy bill. I was one of the original authors of the program and insisted that the following language be included in the original statute:

LIMITATION ON PAYMENT FOR ABORTIONS

(A) IN GENERAL.—Payment shall not be made to a State under this section for any amount expended under the State plan to pay for any abortion or to assist in the purchase, in whole or in part, of health benefit coverage that includes coverage of abortion.

(B) EXCEPTION.—Subparagraph (A) shall not apply to an abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest.

That is what the CHIP bill said, and that was the Hatch-Kennedy bill.

Mrs. HUTCHISON. I would assume you do know what is in that bill. What about the Federal Employees Health Benefits Plan, what does it say?

Mr. HATCH. The reason I mentioned Senator Kennedy is because he was the leading liberal in the Senate at the time, and yet he agreed to that language.

As to the Federal Employees Health Benefits package, the following language appears in the Financial Services and General Government Appropriations Act for fiscal year 2009:

SEC. 613. No funds appropriated by this Act shall be available to pay for an abortion, or the administrative expenses in connection with any health plan under the Federal employees' health benefits program which provides any benefits or coverage for abortions.

SEC. 614. The provisions of Section 613 shall not apply where the life of the mother would be endangered if the fetus were carried to term, or the pregnancy is the result of an act of rape or incest.

Mrs. HUTCHISON. Well, isn't that the same as the language in the Nelson-Hatch-Casey amendment?

Mr. HATCH. You are absolutely right.

Let me read the language for you in the Nelson-Hatch-Casey amendment.

IN GENERAL.—No funds authorized or appropriated by this Act (or an amendment made by this Act) may be used to pay for any abortion or to cover any part of the costs of any health plan that includes coverage of abortion.

Mrs. HUTCHISON. So based on what you have said, this is not new Federal abortion policy. The Hyde amendment currently applies to the plans discussed, including the plans that Members of Congress have. And the abortion protections for all of the Federal health programs all say exactly the same thing.

The amendment we are going to vote on that is the Nelson-Hatch-Casey amendment would preserve the three-decades-long precedent—that is what your amendment does—and that we must pass it if we are going to guarantee that the bill that is on the floor is properly amended so it is the same as our 30 years of abortion Federal policy in this country?

Mr. HATCH. Right. The reason it is so critical we pass the Nelson-Hatch-Casey amendment is that it is the only way to guarantee that taxpayers' dollars are not used by the insurance plans under the Democrats' bill to pay for abortions. In other words, the Hyde language is in the appropriations process. We have to do it every year rather than making it a solid amendment. But this bill is not subject to appropriations. So if we leave the Hyde language out of this bill, the language we have in the amendment, the Nelson-Hatch-Casey amendment, then we would be opening up a door for people who believe that abortion ought to be paid for by the Federal Government to do so. And we should close that door because that has been the rule since 1977.

Mrs. HUTCHISON. I thank the Senator for the explanation. I thank the Senator from Utah because I do think it is important people know. There has been a lot of questions raised about the bill and whether it would be a foot in the door for changing a policy that has been the law of our country, and accepted as such. Whether it was a Democratic-controlled Congress or a Republican-controlled Congress, I think everyone has agreed this Hyde amendment language has protected Federal taxpayers who might have a very firm conviction against abortion so they would not have to be subsidizing this procedure.

Mr. HATCH. I appreciate the Senator from Texas pointing this out. The current bill has language that looks like it is protective, but it is not. That is what we are trying to do: close the loophole in that language and get it so we live up to the Hyde amendment, which has been in law since 1977.

To be honest with you, I do not see how anybody could argue that the taxpayers ought to be called upon to foot the bill for abortions. Let's be brutally frank about it. The taxpayers should not be called upon to pay for abortions. The polls range from 61 percent of the American people, including many pro-

choice people, who do not believe taxpayers should pay for abortions, to 68 percent. The polls are from 61 to 68 percent of those who do not believe the taxpayers ought to be paying for abortion, except to save the life of the mother or because of rape or incest. And we have provided for those approaches in this amendment. So anybody who argues otherwise is plain not being accurate.

Mr. SPECTER. Madam President, will the Senator from Utah be willing to yield for a question?

Mr. HATCH. Sure.

Mr. SPECTER. My question relates to the provisions of the pending bill, section 1303(2)(A), which specifies that the plan will not allow for any payments of abortion, and where there is, as provided under section 1303(2)(B), there will be a segregation of funds. So that under the existing statute, there is no Federal funding used for abortion. But a woman has the right to pay for her own abortion coverage. And with the status of Medicaid, where the prohibition applies to any Federal funds being used to pay for an abortion, there are 23 States which allow for payment for abortion coverage coming out of State funds.

So aren't the provisions of this statute, which enable a woman to pay for an abortion on her own, exactly the same as what is now covered under Medicaid, without violating the provisions of the Hyde amendment?

Mr. HATCH. Well, the way we view the current language in the bill is that there is a loophole there whereby they can even use Federal funds to provide for abortion under this segregation language, and that is what we are concerned about. We want to close that loophole and make sure that the Federal funds are not used for abortion.

Like I say, there are millions of people who are pro-choice who agree with the Hyde language. All we are doing is putting the Hyde language into this bill in a way that we think will work better.

Mr. SPECTER. If the Senator will yield further.

Mr. BROWNBACK. Will the Senator yield for a comment?

Mr. HATCH. I would be happy to yield.

Mr. BROWNBACK. In responding to the Senator from Pennsylvania as well, I wish to quote BART STUPAK, who carried the same sort of amendment you are putting forward, only on the House side. The same sorts of questions, naturally, were coming forward, saying: OK, you are blocking abortion funding for the individual. He said this—and I am quoting directly from Representative STUPAK:

The Capps amendment—which is in the base Reid bill here—departed from Hyde in several important and troubling ways: by mandating that at least one plan in the health insurance exchange provide abortion coverage, by requiring a minimum \$1 monthly charge for all covered individuals that would go toward paying for abortions and by allowing individuals receiving Federal affordability credits—

Those are Federal dollars—to purchase health insurance plans that cover abortion. . . .

In all those ways, the Capps amendment—which is in the Reid bill—expands and does allow Federal funding of abortion that we have not done for 33 years.

Going on with Representative STUPAK's statement:

Hyde currently prohibits direct federal funding of abortion. . . . The Stupak amendment—

Which is also the Nelson-Hatch amendment—is a continuation of this policy—

Of the Hyde amendment—nothing more, nothing less.

I think it is important to clarify that this is a continuation of what we have been doing for 33 years that the Senator from Utah and the Senator from Nebraska are putting forward with this amendment.

I thank my colleague for yielding.

Mr. HATCH. Madam President, I thank my colleague for bringing it forward. The segregation language is very problematic language. That is what we are trying to resolve. We basically have all agreed with the Hyde amendment, which is from 1977, and this would, in effect, incorporate the language in the bill.

Mr. JOHANNS. Would the Senator yield for another comment?

Mr. HATCH. Sure.

Mr. JOHANNS. I might just offer a thought here on that language. The National Right to Life group saw through that gimmick immediately. It took them about 20 seconds to figure out what was happening here. I think they referred to it as a “bookkeeping gimmick,” that somehow there would be some segregation if the Federal money went in your left pocket but you paid for abortions out of your right pocket. It doesn’t make any sense. That segregation isn’t going to work. They saw through it. They saw the gimmick it was.

Let me just say, I support the Senator’s amendment. I applaud Senator HATCH and Senator NELSON and Senator CASEY for bringing this very important issue forward. I applaud you for keeping this effort that started with the Hyde amendment—or Hyde language, rather—because what we are really doing here is we are saying very clearly to the American people, whether directly or indirectly, your tax dollars are not going to be used to buy abortions.

Thank you for your leadership on this issue. I am happy to be here to support that.

Mr. SPECTER. Would the Senator from Utah respond to my question? How can you disagree with the provisions of section 1303(2)(A) of the bill which is pending which specifies that if a qualified health plan provides services for abortion—this is the essence of it—if a qualified health plan provides coverage for services for abortion, the

issuer of the plan should not use any amount of the Federal funds for abortion? So there is a flatout prohibition for use of Federal funds. And under section 1303(2)(B), there is a segregation of funds which is identical to Medicaid.

So however you may want to characterize it, how do you respond to the flat language of the statute which accomplishes the purpose of the Hyde amendment and allows for a payment by collateral funds, just as Medicaid pays for abortions without Federal funds?

Mr. HATCH. Let me respond to the distinguished Senator, although I am not going to ask him a formal question. If that is true, then why have the Capps language in there? Why don’t we just take the Hyde language, which is what we are trying to do. It isn’t true. We know in this bill there will be subsidization to help people pay for health insurance. In fact, the subsidization can go to people up to \$88,000 a year, and that could be indirectly used for abortion. It is a loophole that Hyde closes.

If the distinguished Senator from Pennsylvania believes the Capps language does what Hyde meant to begin with and what it has been since 1977, what is wrong with putting the Hyde language in here and solving the problem once and for all? We see it as a loophole through which they can actually get help from the Federal Government directly and indirectly to pay for abortion.

Now, let’s think about it. There are no mandates in this language that we have for elective abortion coverage. Plans and providers are free from any government mandate for abortion. There is no Federal funding of elective abortion or plans that include elective abortion except in the cases where the life of the mother is in danger or the pregnancy is caused by rape or incest. The amendment allows individuals to purchase a supplemental policy from a plan that covers elective abortion as long as it is purchased with private dollars. The amendment prohibits the public plan from covering elective abortions. It prevents the Federal Government from mandating abortion coverage by private health plans or providers within such plans. And insurance plans are not prevented from selling truly private abortion coverage, even through the exchange. This amendment doesn’t prohibit that.

The bottom line: The effect on abortion funding and mandates is exactly the same as that of the House bill changed by the Stupak amendment.

Now, look, if the distinguished Senator from Pennsylvania believes the Capps language is the same as Hyde, he is wrong. And if he believes it does what Hyde would do, he is wrong there. Why not just put the Hyde language in once and for all, which has been there since 1977? That is what the Stupak language is.

The Hyde amendment specifically removes abortion from government pro-

grams, but the Reid bill specifically allows abortion to be offered in two huge new government programs. The Reid bill tries to explain this contradiction by calling for the segregation of Federal dollars when Federal subsidies are used to purchase health plans. This “segregation” of funds actually violates the Hyde amendment which prevents funding of abortion not only by Federal funds but also by State matching funds within the same plan. Simply put, today, Federal and State Medicaid dollars are not segregated. So that is the difference.

If the distinguished Senator from Pennsylvania believes the current language in the Reid bill meets the qualities of the Hyde language, then why not just put the Hyde language in once and for all since it has been in law since 1977?

It is important to note that today there is no segregation of Federal funds in any Federal health care program. For example, the Medicaid Program receives both Federal and State dollars. There is no segregation of either the Federal Medicaid dollars or the State Medicaid dollars.

With that, I know I have some colleagues who have asked for some time to speak, so I will yield the floor.

Mr. VITTER addressed the Chair.

Mr. SPECTER. The Senator from Utah has not yet answered the question.

The PRESIDING OFFICER. The Senator from Louisiana is recognized.

Mr. VITTER. Thank you, Madam President.

I strongly support the efforts of the distinguished Senator from Utah and his amendment offered along with Senator NELSON and Senator CASEY. And I think this exchange and this colloquy is very helpful. In fact, I think it proves the point, particularly the participation of the Senator from Pennsylvania in it. The only folks who are defending the language in the Reid bill are folks who are clearly and strongly pro-choice, pro-abortion. Folks who have a fundamental problem with that all say the underlying language in the Reid bill has huge loopholes. That includes people who want to support the bill otherwise. I am strongly against this bill. I am not in that category. But, as the distinguished Senator, Mr. BROWNBACK, mentioned, Representative STUPAK wants to support the underlying bill. He supported it in the House, but he was very clear in his efforts on the House floor that the underlying language, which is now in the Reid bill, had huge loopholes, wasn’t good enough, needed to be fixed. That is why he came up with the Stupak language, and that is essentially exactly what we have in this amendment.

Similarly, the U.S. Conference of Bishops is very supportive of the concepts of the underlying bill, but they have said clearly that the Reid bill is “completely unacceptable” on this abortion issue and “is actually the worst bill we have seen so far on the life issues.”

So this colloquy involving the distinguished Senator from Pennsylvania, I think that general debate proves the point clearly.

I again compliment the Senator from Utah, along with Senator NELSON, Senator CASEY, and others—I am a cosponsor of the amendment—on this effort. We need to pass this on the bill. This will do away with the loophole. This will be real language to truly prohibit taxpayer funding of abortions. This constitutes exactly the same as that long tradition, since 1977, of the Hyde amendment. This marries the Stupak language, so it should be crystal-clear.

What will this amendment specifically do? It will mean there are no mandates for elective abortion coverage. Plans and providers are free from any government mandate for abortion under this amendment language. It would mean there is no Federal funding of elective abortion or plans that include elective abortion except in the case of when the life of the mother is in danger or in case of rape or incest. It means this amendment would allow individuals to purchase a supplemental policy or a plan that covers elective abortion as long as that separate policy is purchased completely with private dollars. It would prohibit the public plan from covering those elective abortions and prevent the Federal Government from mandating abortion coverage by any private plan. Insurance plans are not prevented from selling truly private abortion coverage, including through the exchange, but taxpayer dollars would have nothing—absolutely nothing—to do with it.

Bottom line: The effect on abortion funding and mandates is exactly the same as the long and distinguished tradition of the Hyde amendment with this amendment, and it would be exactly the same as the Stupak language on the House side.

I also agreed with the distinguished Senator from Utah when he said this should not be of any great controversy. Abortion is a deeply divisive issue in this country, but taxpayer dollars being used to pay for abortion is not. There is a broad and a wide and a deep consensus against using any taxpayer dollars to pay for abortion. The Senator from Utah mentioned polls. That is why the Hyde amendment has been longstanding since 1977. That is why it has been voted for and supported and passed again and again in Congresses with Democratic majorities and Republican majorities. It is a solid consensus. It does represent the common sense of the American people. Certainly, I will follow in a similar, proud tradition of Louisiana Senators supporting that consensus. Every U.S. Senator from Louisiana since the Hyde amendment was originally adopted has strongly supported this commonsense consensus view—every Senator. Everyone but me has been Democratic, but every sitting U.S. Senator from Louisiana has supported that commonsense consensus

view, and I surely hope that tradition continues today.

Again, I applaud the Senator from Utah and his leading cosponsors, Senator NELSON and Senator CASEY, on this effort, and I encourage all of my colleagues, Democrats and Republicans, to come together around what the American people consider a real no-brainer, a true consensus, something that clearly reflects the common sense of the American people. Is abortion a divisive issue? Yes. Is using taxpayer dollars to fund abortion a close question? No. There is a clear consensus in America not to use any taxpayer dollars to fund abortion. It is crystal-clear that we need to pass this amendment, and the underlying language in the Reid bill is completely unacceptable.

With that, thank you, Madam President. I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Madam President, I am very appreciative of the Senator from Texas, the distinguished Senator from Louisiana, the distinguished Senator from Nebraska, and, of course, the distinguished Senator from Kansas and the distinguished Senator from South Dakota who are here on the floor and participating. I believe we have until 12:27, so I am going to relinquish the floor.

Mr. THUNE. Before the Senator leaves, I wish to put one fine point on something the Senator said in response to the question from the Senator from Pennsylvania about the use of Medicaid funds in the States.

There are a number of States that do provide programs that have abortion funding, but I think there is a very clear distinction that needs to be made in Medicaid funds which are matching funds, and none of those funds can be used to fund abortions. You said that in response to his question, but I think that point needs to be made very clearly because the Senator from Pennsylvania was implying that somehow, since States have created programs to fund abortions and since Medicaid is a Federal and State program, that somehow those two are being mixed, and that this idea that because they are calling for “segregation,” that really doesn’t exist in the Medicaid Program.

The Medicaid Program—those are matching funds—is a Federal-State program. The Federal dollars that go into the Medicaid Program—the prohibition that exists on Federal funding of abortions applies to Medicaid dollars that go to the States, to the degree that States have adopted programs that fund abortion. Those are State funds and not Medicaid funds, which are matching funds.

Mr. HATCH. I am glad the Senator made that even more clear. Last night, a number of Democrats completely distorted this issue. If they think the Capps language equals the Hyde language, why not put it in? They want to be able to fund abortion any way they

possibly can, to fund it in a variety of ways, with Federal dollars, if we don’t put the Hyde language in. That is what this is about.

Mr. BROWNBACK. Will my colleague yield?

Mr. HATCH. I am happy to.

Mr. BROWNBACK. If you are not clear about this, then abortion will be funded. If there is any of this that needs clarity one thing is for certain with the Capps language in the baseline of the Reid bill, that abortion will be funded.

The Commonwealth of Massachusetts recently passed its State-mandated insurance, Commonwealth Care, without an explicit exclusion on abortion. Guess what. Abortions there were also funded immediately. In fact, according to the Commonwealth Care Web site, abortion is considered covered as outpatient medical care. That is a point about being clear with the Hyde-type language, which is the Nelson-Hatch language, which says: No, we are not going to fund this, and we are going to continue the 33-year policy. If we keep the Capps language in that funds abortion—the last time the Federal Government funded abortions was during that 3-year period after Roe, but before Hyde, and we were funding about 300,000 abortions a year. The Federal taxpayer dollars funded abortions through Medicaid.

I cannot believe any of my colleagues would say: Yes, I would be willing to buy into that 300,000 abortions a year when President Obama and President Clinton said we want to make abortions safe, legal, and rare. Well, 300,000 a year would not be in that ballpark. That is the past number that happened when you didn’t have Hyde language in place at the Federal level.

Mr. HATCH. That is what it will do here too. All this yelling and screaming when they say it equals the Hyde language—it doesn’t. That is the problem. If they want to solve the problem, why not use the Hyde language that has been accepted by every Congress since 1977? The Senator is right that there were 300,000 abortions a year between 1973 and 1977 because we didn’t have the Hyde language. We got tired of the taxpayers paying for them. Why should they pay for it? Why should taxpayers who are pro-life—for religious reasons or otherwise—have to pay for abortions, elective abortions by those who are not? They should not have to.

To be honest, the language in the current bill is ambiguous and it would allow that. Anybody who is arguing this is the same as the Hyde language hasn’t read the Capps language. We want to change it to go along with Hyde. It doesn’t affect the right to abortion, except that we are not going to have taxpayers paying for it.

Mr. THUNE. If the Senator will yield—

Mr. HATCH. Yes.

Mr. THUNE. That is what STUPAK and other Members of the House of Representatives saw; that this created

tremendous ambiguity and they sought to tighten it up and reinstate the long-standing policy regarding Federal funds and their use to finance abortions since 1977, the Hyde language. The Stupak amendment to the House bill passed with 240 votes. There was a sizable, decisive majority of Members in the House of Representatives who saw through what the ambiguity was that exists regarding the House bill and now the Senate bill.

This is intentionally ambiguous for the reasons you mentioned. This simply clarifies, once and for all, what has been standard policy at the Federal level going back to 1977. As the Senator stated earlier, I believe it represents the consensus view in America of both Republicans and Democrats who believe this is ground we can all stand on, irrespective of where people come down on this issue; that the idea that somehow Federal taxpayer funds ought to finance abortions is something most Americans disagree with. That is why there has been such broad, bipartisan support for this particular policy, and that is why it should be extended into the future.

As the Senator from Utah said, 61 percent are against funding abortions. But I have seen polls that suggest it is much higher than that. I know it is much higher in my State of South Dakota. I commend the Senator for seeing his way to offer an amendment that clarifies and removes all this ambiguity and what, to me, is clearly an intentional ambiguity regarding this issue and the underlying bill.

Mr. HATCH. Madam President, I ask unanimous consent that Senator CORNYN be added as a cosponsor to the Nelson-Hatch-Casey amendment.

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

The Senator from Nebraska is recognized.

Mr. JOHANNS. Madam President, how much time remains?

The PRESIDING OFFICER. There is 4 minutes remaining.

Mr. JOHANNS. Madam President, I have been on the floor a number of times debating this issue, a while back on a motion to proceed and since this amendment has come up. I wish to tell the Senator from Utah that I don't believe I have seen a more concise, clear explanation of the history of the Hyde language than I saw over the last half hour of debate on the Senate floor. The Senator laid it out perfectly. The Senator laid out how we have, over a long period of time, stayed with that Hyde language. That was the agreement that had been reached.

Our colleague from Texas said this is a foot in the door, and I agree with her. If this Reid bill passes with the current language on abortion, it is not only a foot in the door but, in my estimation, it kicks down the door. It kicks down the door and sets up structure for the Federal funding of abortions. That is what we are going to end up with.

A couple weeks ago, I came to the floor when we were debating the mo-

tion to proceed and I said, at that time, to me, this is the pro-life vote, because if this bill goes to the floor, we will now need 60 votes to get an amendment passed. I said I don't count the 60. I issued a challenge and I said: If there is any Member who has a list of 60 Members who will vote for this amendment, I am willing to look at that and change my view of the world. Well, that hasn't happened.

In fact, there are many predictions being made that, sadly and unfortunately, this amendment will not get the 60 votes it needs.

Let me put this into context. For pro-life Senators, this is the vote, but it doesn't stop here. In my estimation, you are pro-life on every vote. You don't get a pass on this vote or that vote or the next vote or whatever the vote is. You are pro-life all the way through.

Even if this amendment doesn't pass, I wish to make the case that this bill should not go forward because it literally will create a system, a structure, a way to finance abortions. I don't believe that is what this country wants. Many Senators, including the Senator from South Dakota and the Senator from Kansas, have very clearly made the case that the people of the United States do not want their tax dollars to go to buying abortions.

My hope is, 60 Senators will step up on this amendment. I will sure support it. I will speak everywhere I can in support of it. I am so appreciative that Senator NELSON and Senator HATCH and Senator CASEY brought this forward. I am glad to be a cosponsor. It is my hope this amendment will pass.

It is my conviction that we need to stand strong throughout this debate and make sure this language doesn't end up in the final bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas is recognized.

Mr. BROWNBACK. Madam President, I think the Catholic bishops have put it as concisely as anybody:

In every major Federal program where Federal funds combine with nonfederal funds (e.g. state or private) to support or purchase health coverage, Congress has consistently sought to ensure that the entire package of benefits excludes elective abortion. For example, the Hyde amendment governing Medicaid prevents the funding of such abortions not only using federal funds themselves, but also using the state matching funds that combine with the federal funds to subsidize the coverage. A similar amendment excludes elective abortions from all plans offered under the Federal Employees Health Benefits Program, where private premiums are supplemented by a federal subsidy. Where relevant, such provisions also specify that federal funds may not be used to help pay for administrative expenses of a benefits package that included abortions. Under this policy, those wishing to use state or private funds to purchase abortion coverage must do so completely separately from the plan that is purchased in whole or in part with federal financial assistance. This is the policy that health care reform legislation must follow if it is to comply with the legal status quo on federal funding of abortion coverage. All of

the five health care reform bills approved by committee in the 111th Congress violate this policy.

Following the Hyde amendment principles is what we have done for 33 years, until this moment, until the Capps language in the Reid bill. Now we have flipped that on its head and are saying you can combine Federal funds with non-Federal funds to pay for elective abortions. That was the policy prior to Hyde in 1977. That funded 300,000 abortions, roughly, a year at that point in time. There is no way in this country that is a policy the American people support. They don't. They may be divided about abortion but not about Federal funding for elective abortion. There is no division about that at all. It has been very consistent policy, until we have seen the Reid bill, this particular piece of legislation. We have been quite consistent about this. It is my hope my colleagues will say: I may be pro-choice, but I have consistently supported Hyde because I think we should not be funding elective abortions.

I hope they will vote for the Nelson-Hatch amendment because of that very feature. It is not about abortion, it is about the funding of elective abortions. I hope we don't go in that direction.

I yield the floor.

The PRESIDING OFFICER. The Senator's time has expired. The Senator from Montana has 3 minutes 17 seconds.

Mr. BAUCUS. Madam President, with respect to the last debate, let's be clear that the underlying bill keeps the three-decades-old agreement that has implemented the Hyde amendment to separate Federal funds from private funds when it comes to reproductive health care.

The Nelson-Hatch amendment is unnecessary. It is discriminatory against women. Women are the only group of people who are told how to use their own private money. That is unfair.

On another matter, with respect to the McCain motion, let me explain a little bit about Medicare Advantage and how it works. Essentially, the Medicare Advantage Programs are insurance companies. They are insurance companies that have their own officers, directors, their own marketing plans and their own administrative costs and they are concerned about the rate of return on investment for their stockholders. These are simple, garden variety, ordinary insurance companies.

In this case, they are insurance companies that get general revenue from payroll taxes and premiums. They are basically insurance companies that give benefits to senior citizens. These insurance companies are overpaid. There is not much disagreement that they are overpaid. How are they paid? Well, believe it or not, these insurance companies—Medicare Advantage plans—are paid according to the amount Congress sets in statute. That is their payment rate, what Congress sets in statute.

The problem is, by doing so, these preset rates overstate the actual cost of providing care by 30 percent. We pay more than it costs to provide care by about 30 percent, in many cases. These overpayments also clearly promote inefficiencies in Medicare. Also, these payments have not been proven to increase the quality of care seniors receive. In the estimate I saw, about half the Medicare Advantage plans have care coordination and half don't. Half are no better than ordinary fee-for-service plans. Because of this broken, irrational payment system, some plans receive more than \$200 per enrollee per month and others receive about \$36 per enrollee per month.

Again, the payment rates are set by statute, relating to fee for service in the area. It is broken. It doesn't make sense. It causes great dislocations and differences in the payment rates. Frankly, under this broken system, all beneficiaries are not receiving the same care. I believe all beneficiaries should be able to have access to the best care, not just those who happen to live in States with high payment rates.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. BAUCUS. Madam President, I ask unanimous consent to continue for an additional 5 minutes.

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

Mr. BAUCUS. Madam President, I have said these Medicare Advantage plans are overpaid. Nobody disagrees with that. They are overpaid. The Senator from Oklahoma, Mr. COBURN, when I asked him a few days ago if he thought they were overpaid, said: Yes, they are overpaid. The MedPAC advisory board tells us: Yes, they are overpaid.

Here is a statement made by Tom Scully, former Administrator of the Center for Medicare and Medicaid Services:

I think Congress should take some of it away. There's been huge over-funding.

There are lots of other citations from Wall Street analysts and others in the industry saying clearly the Medicare Advantage plans are overpaid. Frankly, we, in Congress, put a statutory provision in law that has caused this overpayment. Clearly, we should fix it.

In addition, something that is pretty alarming is, according to a study I saw, only about 14 cents on the dollar of extra payments to Medicare Advantage plans goes to beneficiaries—only 14 cents—which means 86 cents on the dollar goes to the company, not to the beneficiaries, not to the enrollees but to the companies—the companies meaning the officers, directors, administrative costs, marketing costs, rate of return. It is to the company, any ordinary, garden variety company. Therefore, it behooves us to find a better way to pay Medicare Advantage companies so it is efficient, there is not waste, and payments go primarily to enrollees, to beneficiaries.

How do we do that? This legislation moves away from the current archaic

system which sets statutory amounts in effect. Rather, we say, OK, why not have these companies bid? Let them compete based on costs in their regions. One region of the country is different from another region of the country. We are going to say what is fair here to get rid of a lot of waste and overpayments is provide that Medicare Advantage plans can compete in their area based on cost.

The plan will be paid the average bids that are based on competition in the area. We, the authors of this bill, think that is a far better way of paying for Medicare Advantage.

Will that reduce payments to beneficiaries? Certainly no. All guaranteed benefits are guaranteed in this legislation. In fact, I am going to check up on another statistic. I heard somewhere under this legislation there will be an increase of enrollees—not a decrease, an increase of enrollees. I am going to track that down because I want to be sure I am accurate.

I will conclude. I want to talk more about this issue later. There may be a separate amendment on this subject offered on our side. By and large, it is wrong to continue a current system that dramatically overpays and where 86 percent of the overpayment goes to the company and only 14 cents goes to the beneficiaries. We have to come up with a fair way of paying Medicare Advantage. I think a fair way is to have the companies competitively bid based on cost in their areas. That way they are going to get reimbursed at a level that is relevant to their area, and it is also relative to the cost they incur when they run their plans. I will have more to say about that later.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:34 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. FRANKEN).

SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009—Resumed

The PRESIDING OFFICER. The Senator from California is recognized.

Mrs. BOXER. Mr. President, I ask unanimous consent that the time between 2:15 p.m. and 4:15 p.m. be equally divided between the two leaders, or their designees, in alternating 30-minute blocks of time, with the majority controlling the first 30 minutes and the Republicans controlling the second 30 minutes; further, that no amendments be in order during this time.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mrs. BOXER. Mr. President, since this is the 30 minutes of time for our side, I ask that I be recognized for 10 minutes, Senator MURRAY for 5 min-

utes, Senator LAUTENBERG for 5 minutes, Senator HARKIN for 5 minutes, and Senator CARDIN for 5 minutes.

We have many Members who wish to come and speak, and I would urge them to contact us. I will just take a minute to get my notes in order, so I suggest the absence of a quorum, and the time should be taken off our time.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mrs. BOXER. Mr. President, we are in the middle of a very important debate about whether we are going to move forward and make sure our people in America have health care. That is what it is about. I am going to throw out a few numbers that are always on my mind as I talk about this issue. One of them is 14,000. Every day, 14,000 Americans lose their health insurance. It is not because they did anything wrong. A lot of times it is just because they get sick and their insurance company walks away from them or they may reach the limit of their coverage, which they didn't realize they had, and they are done for. They could lose their job and suddenly they can't afford to pay the full brunt of their premium. They could get sick and then all of a sudden are now branded with a PC—and that is not a personal computer, it is a preexisting condition—and they can't get health care.

So we are in trouble in this country, with 14,000 Americans a day losing their health care, and a lot of them are working Americans. As a matter of fact, most of them are working Americans. Sometimes a child, for example, will reach the age where they can no longer be covered through their parents' plan, and the child might have had asthma. When they go to the doctor, they beg the doctor not to say they have asthma. I have doctors writing to me saying that parents are begging them: Please, don't write down that my child has asthma; say she has bronchitis because when she goes off my medical plan, she is going to be branded with a preexisting condition. So 14,000 Americans a day, remember that number.

Then, Mr. President, 66 percent, that is the percentage—66 percent—of all bankruptcies that are due to a health care crisis. People are going bankrupt not because they didn't manage their money well or they didn't work hard and save but because they are hit with a health care crisis and either they had no insurance or the insurance refused them. The stories that come across my desk, as I am sure yours, are very heartbreaking. So people are going bankrupt. They lose their dignity, they lose everything because of a health care crisis.