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SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. I yield 20 minutes to the chairman of the HELP Committee, Senator HARKIN, and 18 minutes to the Senator from Colorado, Senator BENNETT.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, I guess I can say we crossed the Rubicon last night at 1 o'clock. Reading some of the press reports, of course, most of the news didn't have it because it occurred at 1 a.m. Some of the different reports have been online this morning. It occurred to me that a lot of people are missing the overall importance of what happened last night. We can get into the fine tuning and the nitpicking and sort of the fear and the anger I hear from the other side. Every time I listen to speeches over there, with the exception of the last speaker, almost all the speeches I hear from the other side, it is fear, be afraid, be afraid. It is some built-up anger over there. I think what happened last night is, we crossed a demarcation line, the demarcation line of which on one side health care is a privilege. We have been on that side of the line for a long time. On the other side of that line, health care is a right. We stepped across that line last night. We are now in the process of saying health care is a right, an inalienable right of every American citizen.

Is that what so upsets my friends on the Republican side? I don't know. Something is upsetting them. Because this is a momentous change we are doing.

I keep hearing from Republicans they want us to deal in a bipartisan way. We tried all this year, both in the HELP Committee and in the Finance Committee. Senator BAUCUS bent over backward to accommodate. But at every turn, Republicans said no, no, no, no, no—all year long. How can you be bipartisan when the other side has nothing to offer? There is no bill on the Republican side. There is a bill. It has about nine cosponsors—Senator COBURN, Senator BURR, maybe seven others, but not every Republican is on that. I hear bits and pieces of this and that every time I hear these speeches. Most of it is attacking what we have done. I hear nothing positive from their side. It is very hard to deal with a party that is in total disarray as the Republicans are. If they had a bill they were supporting and that was supported by all of them, such as the bill we have here which is supported by 60 Democrats, I think then you could find some reason for meeting and working things out. But since there is no one on

that side who has a comprehensive proposal, it is hard to do that. We have had to kind of plow ahead as best we can. We have not done this alone. In our committee, we met for 13 days. We had 54 hours of markup. No amendment was denied. Republicans offered over 200 amendments. We adopted 161 of them. That is pretty good. Yet in the end, every Republican voted against it. So it is not as if we didn't try and we didn't hold out an olive branch to work with people to get a bill that was truly bipartisan. We did in our committees, both the Finance and HELP Committees. Now it has come down to fear and anger on the other side and some nitpicking.

My friend from Iowa—and he is truly my friend—was talking about some provisions put in the bill for special reasons and so forth. I admit fully and openly that I was part of that. Did I put something in the bill that was sort of particular to my State of Iowa? Yes, I did. But it doesn't just affect Iowa. There are several States in which we have hospitals that are not as big as the big hospitals with the volume. They are not so small that they are low-volume hospitals that get help. They are kind of in between. They call them tweener hospitals. We have eight of them in Iowa: at Grinnell, Keokuck, Spencer Municipal, in Carroll, St. Anthony Regional; Muscatine; Fort Madison; and Lake Regional Hospital at Spirit Lake. There are a number of these in the United States. I forgot the total number; not a large number, they just fall in a place where they are too small for the big and too big for the small. As a result, they have been getting a bad deal from Medicare reimbursement. There is a fix in this bill that will allow them to get adequate reimbursement. I don't see anything wrong with that. It is fixing a specific problem that the bureaucracy can't seem to quite get fixed. That is in the bill. I make no bones about having put that in there. I think it is a good deal. It is something that is going to help a lot of hospitals, not only in Iowa but a few other States.

One of the things I wish to talk about today is something I have been on for many years, and that is the huge amount in this bill on prevention and wellness. It has not been written about a lot. People have been focused on the public option and the abortion issue and a few other items such as that. Perhaps one of the most profound parts of this bill and the one I believe will do more to bend the cost curve, as they say, than any other single thing is the provisions dealing with prevention and wellness. In the past I have said many times that we don't have a health care system in America. We have a sick care system. When you think about it, if you get sick, you get care. But precious little is spent out there to keep one healthy in the first place. So people get sick. You go to the doctor, the hospital. We patch and fix and mend and try to make them well.

Your mother was right, you know: Prevention is worth a pound of cure. We have fallen far short of that in this country. There is a remarkable array of provisions in this bill that promote wellness, disease prevention, and public health. Together they will move us from a sick care society into a genuine wellness society, into a true health care system, not just sick care. What better way to reform our health care system than to restrain health care costs by helping Americans to prevent chronic diseases, stay healthy and out of the hospital in the first place. Right now, as we have heard so many times, we spend more than \$2 trillion each year on sick care. But 4 cents of every dollar is invested in prevention and public health. I submit this is a major reason why Americans spend twice as much per capita on health care as European countries, but we are twice as sick with chronic disease. We spend twice as much as Europe on health care, but we are twice as sick with chronic diseases.

The good news is that by ramping up the emphasis on wellness and prevention, we have tremendous opportunities to both improve the health of the American people and to restrain health care spending. That is the aim of this bill which makes significant new investments in prevention. For example, our bill would ensure that seniors have access to free annual wellness visits and personalized prevention plans under Medicare. We have never had that. For the first time seniors will have access to free annual wellness visits and personalized prevention plans under Medicare. That is a big deal. So many seniors today, if they get sick, go to the doctor and get more pills. Now they will be able to go in, have their annualized checkup, see what is wrong, and have a personalized prevention plan for each person under Medicare.

It will also encourage States to improve coverage and access to recommended preventative services and immunizations under Medicaid. At a minimum, States will provide Medicaid coverage for comprehensive tobacco cessation services for pregnant women. That is just the start. Right away, at a minimum, they have to do that. In addition, the bill requires insurance companies to cover recommended preventive services with no copayments or deductibles. This is critical because we know that all too often people forgo their yearly checkups or essential screenings because either their insurance companies don't cover them or because they have high copays and deductibles.

Another critical element in the bill essential to a sustainable push for wellness is the creation of a prevention and public health trust fund. Typically prevention and public health initiatives are subject to unpredictable and unstable funding. This means that important interventions, things such as education about nutrition and assistance for smokers who want to quit,

often go unfunded from one year to the next. They get funded a little bit one year or cut the next; funded a little bit the next year, cut the next. The prevention and public health fund in this bill will provide an expanded and sustained national investment in programs that promote physical activity, improve nutrition, and reduce tobacco use. We all appreciate that checkups and immunizations and other clinical services are important. But this bill also recognizes that where Americans live and work and go to school also has a profound impact on our health. That is why a number of provisions in the bill focus on creating healthier communities with better access to nutritious foods as well as safe places to engage in physical activity.

A 2007 study by the Trust for America's Health found major savings from community-based prevention programs designed to increase levels of physical activity, improve nutrition, and reduce smoking rates. This study concluded that a national investment of \$10 per person per year in these kinds of community-based programs could yield net savings of more than \$2.8 billion annually in health care costs in the first 1 and 2 years, more than \$16 billion savings within 5 years, and nearly \$18 billion savings annually within 10 to 20 years, starting at \$10 per person per year.

More generally, this bill aims to give Americans the tools and information they need to take charge of their own health. For example, it requires large chain restaurants to post basic nutrition information on the menu so consumers can make healthy choices. That is in this bill. It will start next year.

The bill also focuses on prevention and public health needs of a number of generally overlooked populations, including children, individuals with disabilities, Americans living in rural communities, and certain ethnic minorities. For many months I have made the case that it is not enough to talk about how to expand insurance coverage, how to pay the bills—those are important—but it makes no sense to figure out a better way to pay the bills for a system that is dysfunctional, ineffective, and broken.

We have to change the health care system itself, beginning with a sharp new emphasis on prevention and public health. We also have to realize that wellness and prevention must be truly comprehensive. It is not only about what just goes on in the doctor's office; it also encompasses community-wide wellness programs, about which I just spoke, things such as building bike paths, walking trails, getting junk food out of our schools, out of the vending machines, making our school breakfasts and lunches more nutritious, increasing the amount of physical activity our children get, and so much more.

Some of this is going to be addressed in other bills. For example, next year, in the Agriculture Committee, we will be reauthorizing the child nutrition

bill. That deals with school lunches and school breakfasts. We need a major effort there to make our lunches and our breakfasts more nutritious for our kids in school.

Next year, in the committee I chair, the HELP Committee, we are going to reauthorize the Elementary and Secondary Education Act, the so-called No Child Left Behind Act. There are a lot of things we are going to be doing on that. I see one of our committee members, the Senator from Colorado, Mr. BENNET, in the Chamber, a former superintendent of schools, who is going to play a key role in helping get that Elementary and Secondary Education Act through and refined and brought up to date where we will make some changes.

But there is one other part of that bill we have to focus on; that is, the amount of physical activity kids get in school. I talked many times both to Secretary Duncan and, before him, to Secretary Spellings about this idea of No Child Left Behind. If we are not going to leave kids behind in terms of their writing and their math and their English, how about not leaving them behind in terms of their health? Yet recess is gone. I saw a statistic this year that said 80 percent of elementary school kids in America today get less than 1 hour of physical exercise a week in school—80 percent get less than 1 hour a week.

Mr. President, I do not know about you, but I remember when I was in school, in elementary school, we had an hour a day for recess. We had 15 minutes in the morning, 15 minutes in the afternoon, and a half hour at lunch. So there was 1 hour every day, and we had to go out and do stuff. We couldn't sit around and play with Game Boys and things like that. So we got an hour a day of physical exercise. Well, we need to reinvigorate our schools to make sure they get that physical exercise.

So we have done a lot in this bill to move this paradigm toward a health care society rather than a sick care society. There is more to do, as I said, in both the Education bill next year and in the Agriculture Committee in terms of the child nutrition reauthorization. But in this bill we have made a great start. We have laid a great foundation. I am just thrilled so many of the wellness and prevention initiatives I have championed for so many years are included in this bill.

As I look forward to going to conference, we look forward to working with the House to strengthen it even more and to put more emphasis on wellness and prevention.

Just about an hour ago or so, we had a press conference with the president-elect of the American Medical Association, Dr. Wilson. I am proud of the fact that the American Medical Association has now endorsed our bill. As I said at the time, I said the doctors of America have examined this bill, and they have made the right prescription: Pass it. Pass the health care reform bill.

But Dr. Wilson, in his statement, made particular note of the wellness and prevention programs we have in this bill. He did not say this, but I was thinking, when he was talking, that it made sense. Doctors want to keep people healthy. They do not want to see people go to the hospital. They would rather be working with their patients one on one. How can they structure a patient's profile so the patient stays healthy, does not get sick so often? That is what Dr. Wilson was talking about: letting doctors practice medicine in a way that focuses on a person's health and keeping them healthy.

As President Obama said in his speech to Congress early this year:

[It is time] to make the largest investment ever in preventive care, because that's one of the best ways to keep our people healthy and our costs under control.

That was the President of the United States in his State of the Union message. Well, President Obama has it right. It is one of the best ways to keep our people healthy and our costs under control, and that is a big part of this bill. I do not know—I have not listened to every speech made by the Republicans on the other side—but I hardly ever hear them talk about this, but it is a very important part of the bill.

So, Mr. President, we are changing the paradigm. We are going to extend quality, affordable health coverage to nearly every American. We are going to transform ourselves into a genuine wellness society, and we are going to give our citizens access to a 21st-century health care system, one that is focused on helping us to live healthy, active, and happy lives.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Mr. President, I would like to first thank the Senator from Iowa for his leadership over many years, especially on prevention and wellness, and to see so much of this bill devoted to that is a real testament to his efforts. So I thank the Senator for that.

Mr. President, a number of years ago, I left a rewarding job in business because I had a chance to lend a hand to my community during a very difficult time in Denver. The economy was slow and the city was facing a record budget deficit. Our great mayor, John Hickenlooper, asked me to come be his chief of staff. It was not a glamorous job, but it was rewarding because we got results—not by seeking out what divided the people of Denver, who were going through a very rough time, but by reaching out time and time again to what the mayor called "our alignment of self-interest."

We fixed the city's budget, and then I had the chance of a lifetime to become the superintendent of public schools and serve our children and the people who work so hard every day to support them. I came away from that experience believing that much of the Republican and Democratic

doxies relating to public education are essentially useless to our children—and maybe worse—and that Washington as a whole has absolutely no clue about what is going on in America's classrooms.

So it is fair to say I did not come to Washington with a partisan ax to grind. As is probably obvious to everyone around here—for good or for ill—I am not a career politician. I did not come here to win political points so that someone else could lose. I am not interested in that. I am here as the father of three little girls with an abiding concern we are at risk of being the first generation of Americans to leave less opportunity to our kids and our grandkids than our parents and grandparents left us. That prospect is shameful.

We are not the only Americans who have been working weekends and late into the night recently. There are people in small towns and big cities all across America doing jobs much harder than ours, who are taking an extra shift before Christmas so they can afford that extra gift beneath the tree—Americans who are unemployed in this savage economy and still trying to make sure the kids know Santa remembered them.

These same people are reading their papers and watching their televisions wondering what in the world we are doing here in Washington. All they see are talking heads yelling at each other on cable news, needless partisanship paralyzing their government, and even people praying that Senators will not be able to make votes.

I am not naive about politics, but I expected more. I will vote for health care reform because it is a step in the right direction. But I will not go home and defend the actions of a Washington that is out of touch, a Washington that is more interested in scoring political points, more interested in the 278 health care lobbyists who used to work for Members of Congress than it is in what our constituents have to say, a Washington that is more concerned with the millions being spent by big insurance companies than the thousands of dollars being lost by working families who are struggling to pay for coverage.

Columnists opposed to reform have criticized me for saying that I am willing to lose my seat to enact meaningful health care reform. Now I am being asked why I did not negotiate a special deal with leadership. In fact, there was a report this morning criticizing me because the National Republican Senatorial Committee was rejoicing that I did not ask for special favors. Only in Washington would someone be attacked for not negotiating a backroom deal. Just because others choose to engage in the same tired Washington rituals does not mean I have to.

So I have a message for the columnists, the political professionals, and those back home: I am not happy about the backroom deals. I am not

happy that the public option was held hostage by people in our own party. I do not support rewarding delay with special deals. I will let others justify their vote and their tactics.

As for me, I am voting to provide coverage to 840,000 uninsured Coloradans, voting to extend Medicare for our seniors and provide free preventive care for everyone, voting to close the prescription drug loophole and provide tax cuts to small business, voting to make health care more affordable and eliminate exclusions based on pre-existing conditions, voting for health care reform that is fully paid for.

The people in my State and in our country deserve better than a politics that cares more about lobbyists and talk show hosts than the people we represent. I am committed to delivering on that despite what the political experts have to say. And, in the end, when the dust settles and the stories focus more on substance and process, I am confident Coloradans will see it the same way.

I also commit to the people of Colorado and the people of this Chamber that I will do everything I can to make sure this bill is fully paid for. That is why I submitted an amendment that will ensure that health care will help pay down the deficit by forcing Congress to make adjustments if reform does not meet the cost estimates we have projected.

I urge my colleagues and the leadership in the Senate to see to it that this amendment is included in the conference report. If not, I will fight to get it passed on its own. I believe so strongly in this because everyone here knows that keeping things the way they are is no longer acceptable.

When I first started in the Senate, 800,000 Coloradans were without health insurance. That number has grown by 40,000 in the months we have debated this bill. On average, 111 Coloradans have lost their health insurance every single day. This number will only get worse if we do nothing. Our State has spent \$600 million in the last year alone on uncompensated care.

Colorado's working families suffered double-digit health insurance cost increases year after year for the last decade. Many families have made terrible sacrifices—no longer investing in their children's futures, saving for a home, or carrying crushing credit card balances—all to pay for health care.

Small businesses pay 20 percent more for health insurance than large businesses do just because they are small.

I think back to the Coloradans who shared their stories with me during this debate.

I remember Bob and Deb Montoya of Pueblo. They were torn between providing health care for their small business employees and keeping their business afloat. Last year, their business paid out \$36,000 to cover two families and one employee. They could not afford to give their other 12 employees health care or they would be literally

forced out of business. So they dropped coverage for the 12 employees to keep their doors open.

Hollis Berendt owns a small business in Greeley and told me about her daughter Abby who graduated from Colorado State University in 2004 and found a job in New York with a large company. Her daughter's company made her wait a year before she was eligible for health insurance, and during that time Abby was diagnosed with ovarian cancer. Hollis took out a second mortgage to pay for her daughter's bills and told me:

This experience brought to light, all too clearly, how close we all are to losing everything due to a health issue.

I have spoken here before about a young boy named Alex Lange. Alex's parents' insurance company refused to cover Alex because he was 4 months old and 17 pounds. They said he had a pre-existing condition, at 4 months, of obesity.

Then there was 2-year-old Aislin Bates, whose parents' insurance company denied her coverage because she was underweight. One child too big, the other too small. Today in America, you have to be just right to get insurance.

There was Peggy Robertson of Golden, CO, who was told she could not receive coverage unless she was sterilized, Mr. President. She came and bravely testified in Washington about the need for reform. There was Matthew Temme of Castle Rock, who could not receive coverage because his wife was pregnant, even though she had her own health insurance.

The sad thing is, there is nothing unusual about these stories. None of these people were trying to cheat or game the system. They were trying to gain some peace of mind, some stability in their lives and, instead, they wasted weeks of their lives fighting against insurance company bureaucracy and mounting bills.

We have debated health care reform for over a year. Some have been working on these issues for decades. Killing health care reform under the guise of starting over is not an option. We cannot wait until after the next election. We cannot wait until our economy recovers or until we have come home from Afghanistan to deal with our broken health care system.

Now standing so close to the finish line, it is completely understandable that some Americans doubt whether this bill will improve their situation. They understand we cannot live with the current system. But they are also deeply concerned about our capacity to make it worse.

The special interests are using tried-and-true tactics that have been employed over and over across the decades to prevent reform: phone calls to scare seniors, direct mail to scare those already covered, television ads to scare just about everyone else, and opponents of this reform in this body are trying every delay tactic permitted by the Senate rules.

Amidst all this, there is still a reason to hope. After almost a century of trying, the Senate is very close to finally passing a meaningful health care reform bill, a piece of legislation that while not perfect, represents a substantial step forward from business as usual. We have a bill that does three important things: It saves money, it saves lives, and it gives families a fighting chance in their relentless struggle with health insurance companies.

This bill will save money. It reduces the deficit by \$130 billion over the first 10 years, according to the nonpartisan Congressional Budget Office, and is projected to reduce the deficit by 10 times that—up to \$1.3 trillion—in the second decade. We will save \$½ trillion by improving the way we deliver services to our seniors. These savings will prevent Medicare from going broke in 7 years by extending the life of the Medicare trust fund.

This bill will save lives. It will extend health insurance coverage to 31 million Americans who don't have it today. Over 90 percent of Americans will have health insurance coverage, the highest percentage in the history of the United States. For Colorado, that means over 840,000 people who don't have insurance will now have access and another 300,000 people who have insurance in the unstable individual market will be able to get affordable coverage through the new health insurance exchange.

The Senate bill makes preventive services, such as breast cancer and colorectal cancer screening, available without copayments. Now mammograms and colonoscopies, which can cost between \$150 and \$200, on average, will be free as well for seniors—half a million seniors in my home State alone. This means catching diseases earlier, promoting wellness, and saving millions of lives.

For our Nation's working families, this bill will also rein in the worst practices of private insurance companies. They will have to commit to covering patients instead of gouging them for excessive profits and overhead. Starting in 2011, if an insurance company doesn't give you value for your dollar, they will have to refund you back the difference. They will not be able to impose arbitrary lifetime limits on consumers and punish you just for getting sick or deny you insurance because of a preexisting condition. The newest Senate bill does more to contain costs, more to demand accountability and transparency from insurance companies, and more to give consumers a better choice.

For my home State, in particular, I am glad the bill addresses other critical areas. This reform does more for small business and small business workers than ever before. Small business tax credits will begin next year, giving eligible businesses a tax credit for 6 years to purchase health insurance for their employees. We have ex-

tended tax credits for small businesses, allowing more than 68,000 small businesses in Colorado to buy health insurance.

This bill makes a significant investment in Medicare payments to rural areas. When I first joined the Senate, my first piece of legislation called for a deficit-neutral reserve to address the differences in Medicare payments between urban and rural areas. This Senate bill recognizes the geographic differences between rural and urban areas and makes sure providers in rural Colorado that provide higher quality at lower cost receive higher Medicare payments.

This bill also delivers on its promise to seniors. It doesn't use a dime of the Medicare trust fund to pay for reform and does not cut guaranteed benefits. That is why, on the first day of the health care reform debate, I introduced an amendment that would make sure seniors will still see their guaranteed benefits, such as hospital stays and prescription drug coverage, no matter what changes we make in health reform. It was the most bipartisan piece of legislation we have had this year, with 100 Senators agreeing health reform would not take away guaranteed Medicare benefits for seniors. For Colorado, that means half a million Medicare beneficiaries will continue to have their guaranteed benefits protected and preventive services free of charge through health reform.

I am very pleased Majority Leader REID included a version of a piece of legislation I wrote based on the work in Mesa County, home of Grand Junction, CO. Currently, one out of every five Medicare patients who is released from the hospital in this country winds up back in the hospital in the same month they were released but not in Mesa County. They have reduced the readmission rates at the hospital to about 2 percent, compared to the national average of 20 percent. That is 12 million patients who aren't receiving the care they need. In Mesa County, they have lowered readmissions by creating a transitional model that makes sure that when patients leave the hospital, they do so with a coach. That coach helps them go from the emergency room to their primary care physician, their mental health provider, making sure they get the care they need over a period of time, making sure they don't forget their prescriptions, and making sure they have the guidance they need to take responsibility for their own care. I am pleased the Senate bill compensates and reimburses hospitals and providers that set up models such as the one in Mesa County that actually saves money.

On another note, I wish to thank the Presiding Officer and my fellow freshmen. Together, we worked hard to introduce a package of amendments to further contain costs and make our system more efficient. As I traveled throughout Colorado on the August break, I heard from doctors and nurses

who told me repeatedly all they wanted to do was work with patients, while all the government was doing was making them fill out one form after another. When I came back, I was determined to do something to help cut the red tape and bureaucracy for these people so they could spend more time with their patients. That is why, as part of the freshman package, I introduced an amendment to put an end to multiple forms, confusing codes, and unnecessary paperwork that burden providers. If health plans don't follow the rules, they will suffer financial penalties. Our health care workers deserve better, and this amendment gives them back time to spend with their patients.

Our freshman package rewards and emphasizes efficiency: one form to fill out, not 10; less red tape; fewer bureaucrats; a system that makes sense. Thanks to the leadership of the Presiding Officer, that package was endorsed by the Business Roundtable, the AFL-CIO, and the Consumers Union—proof that at least off this floor, there are still people from all different points of view who are willing to work together.

This bill also makes progress in the area of tort reform. It includes language I worked on with Senators BAUCUS, CARPER, and LINCOLN to create a State grant program for States to develop, implement, and evaluate alternatives to tort litigation for medical malpractice claims. The purpose of these grants is to limit litigation while preserving access to courts for patients and promoting strategies to reduce medical errors.

I know many in this Chamber take issue with one particular part of this bill or another. I have my own issues with the bill. I am one of many who have expressed their strong preference for a public option. But I urge my colleagues to consider how much good this bill can do for the American people—those with skyrocketing health care costs, small businesses forced with the impossible choice of helping workers keep their coverage or even just maintaining their business. To have the nonpartisan experts at the Congressional Budget Office validate that in the second decade we will have cut health care costs by up to \$1.3 trillion and that we will reduce the rise in costs of Medicare from 8 percent in the next two decades to 6 percent in the next two decades, while covering 31 million insured Americans, is truly groundbreaking.

We know what more time elapsing without fixing this system means for Colorado's working families and small businesses. It means more double-digit premium increases, less time to fix Medicare before it goes bankrupt in 2017, and more names added to the rolls of the uninsured. It means another big win for the special interests, more people denied coverage for preexisting conditions, and more small business employers will have to make impossible decisions about covering their workers or keeping their doors open.

So let's reject business as usual. Let's look at the promise of this Senate bill as a whole. Let's put the pettiness, scare tactics, and obstruction aside. Reform is what is needed to control costs, give people more choice, and provide support for our small businesses. This package will reduce our deficit, and it does so by reforming the way we provide health care.

We have much to do. Even before we were in the worst recession since the Great Depression, during the last period of economic recovery, working families' incomes in this country actually declined, the first time in the history of the United States, the first time our economy grew and left the middle class behind. At the same time, in my State of Colorado and in all States across the country, the cost of health insurance rose by 97 percent and the cost of higher education in my State went up by 50 percent. Finally, because of the short-term politics practiced around here, we now have an annual deficit and long-term debt that is cheating our children and constraining our choices.

We still have a lot to do to live up to the legacy that our parents and grandparents left us. It has taken me less than a year to understand that Washington still doesn't get it. I know we can do better, and despite so much evidence to the contrary, I believe we will.

I believe we will because, in the end, the national creed that each generation of Americans has fought for and fulfilled—the idea expressed in our Constitution that our responsibility lies not just with ourselves but to our posterity—is so much more powerful than the trivial politics that animate so many of the charges and counter-charges that ricochet around this building.

It is for this reason I urge my colleagues to come together and support this meaningful improvement in our health care system.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. I ask unanimous consent to yield myself 10 minutes.

The PRESIDING OFFICER. The Senator is recognized.

Ms. KLOBUCHAR. Mr. President, late last night, as my colleagues are aware, the Senate took the important step to move forward on health care reform. After all the work, the debate that has gone on for this entire year, we owe the American people a vote on this issue. We can't afford to ignore this situation anymore.

I know some of my colleagues on the other side of the aisle have been talking about a lack of debate. I think anyone who has turned on C-SPAN for the last few months will tell you there has been a lot of debate—not only that, a number of Republican amendments were actually included in the original bill, the HELP Committee bill. When it came out, I believe it was something like 130 amendments that were in-

cluded that came from their side—and the Finance Committee as well.

I remember the first bipartisan meeting we had on health care reform was something called Ready to Launch that the Finance Committee put together. I remember Senator WHITEHOUSE and I were there. It was literally a year and a half ago. So many of the ideas that are now incorporated in this bill that Senator BENNET from Colorado just so eloquently went through are in this bill, so many of the bipartisan ideas to kick off cost reform, to start rewarding high-quality care, to start bringing down those costs in a way that gives us the high-quality care.

We all know that rising costs are not sustainable. If we don't act, these costs are going to continue to skyrocket.

So what was the vote about last night? The vote last night was to say we are not going to put our heads in the sand anymore. We are not going to keep letting these costs go up.

Ten years ago, the average family was paying \$6,000 a year for their health insurance. Now they are paying \$12,000 a year. Well, 10 years from now, if we don't do anything about this, they are going to be paying \$24,000 to \$36,000 a year for their health insurance. Just look at these numbers. Look at where we are. In 1999, a single person was paying about \$2,100 for their health care. They were paying for a family, \$5,790 for their health care. Where are we now? Last year, in 2008, a single person was paying \$4,700 for their health care and then a family was paying \$12,680. Especially during this difficult economic time when wages haven't been going up, people have been losing their jobs, cutting back on their hours, and look what their health care costs have been. It has been a higher and higher percentage of their family budget, a higher and higher percentage.

At the same time, health care expenditures are going up and up and up. In 1995, we were spending something like \$12 billion and now it is way up to \$2.5 trillion. This is the kind of money we are talking about when we look at why we have to do something to bend the cost curve. When people at home hear this term "cost curve" and they don't know what it means—well, this is exactly what it is: The cost curve has been going up and up and up for health care in America.

So \$1 out of every \$6 spent in our economy is on health care. Over 20 percent of our economy, by 2018, we believe, will be spent on health care. American families can no longer afford care in America.

Who has been taking it the worst? Small businesses. They are paying 20 percent more than large businesses for their health care. In a recent survey, nearly three-quarters of small businesses that did not offer benefits cited high premiums as the reason.

These are little companies such as Granite Gear up in northern Minnesota and Two Harbors. I went up there and visited them. They are a thriving little

company. They now have 15 employees. They are making backpacks for our Nation's soldiers because they make such high-quality backpacks. Do you know what the man who started that company told me? That if he had known how much his health care would cost with his family of four—he did not have kids when he started the business—he would not have started it today. He is paying \$24,000 in Two Harbors, MN, for a family of four.

This is what it really means when you look at the numbers. Inflation usually raises the cost of most goods and services between 2 and 3 percent a year. What have health care premiums been doing? Health care premiums have been going up close to 8 percent a year, and that is an increase Americans simply cannot afford.

What does this bill do? I was listening to some of the commentary and taking part in it myself over the weekend. There seems to have been a lot of talk about these delayed benefits. Why don't we talk about the benefits that are taking place right when the President signs this bill, within the first year of this bill?

The first thing is, if your kid loses their coverage because something goes wrong—if they get diabetes or if they have some childhood disease—guess what. They are going to be able to get health care. There is no longer a ban on preexisting conditions immediately, and then in later years that applies for adults as well but immediately for kids.

Immediately, by 2011, within the first year of the bill, our seniors are going to be covered in that doughnut hole for their prescription drugs. So many of them for so long—I know my own mother would complain about this doughnut hole where they fall off a cliff and are not able to pay for their drugs because they do not have enough money. That will be covered.

A number of the small business tax credits take effect by 2011. These are real benefits for the people of this country—real benefits.

The thing I care most about in this bill which Senator BENNET discussed is this idea of getting our money's worth for our health care dollars. What does this bill do? This new bill—we have taken a lot of the good from the original bill and made things even better: \$132 billion off the deficit in the first 10 years and in the next 10 years, \$1.3 trillion off the deficit. That was the most important thing to people in my State when I went around. They said: We want to get rid of these preexisting conditions, we want to make things better so we have better health care, but we want to make sure we do something about the deficit, start doing something about costs.

As you know, Mr. President, Minnesota is a mecca for health care. We have one of the high-quality, cost-efficient, low-cost States in the country. In fact, when we look at some of the numbers, one of my favorite ones—and

maybe this will be the last time I will say this before the end of the year—is Mayo Clinic. They did a study out of Dartmouth, and they looked at what Mayo did with chronically ill patients. What they found was this: If other hospitals in the country simply use the same high-quality care Mayo uses—bring the family in, talk to them about what the care should be for the patient—they talk to the patient and then figure out what is the best course. They work as a team, like a quarterback with a team working with that quarterback. They do not have 20 specialists falling all over each other; they work as a team. What this study showed was this kind of health care for that subset of chronically ill patients in the last 4 years of their lives, the quality ratings were sky high for the Mayo Clinic. The families felt good about how their loved ones were treated.

What Dartmouth found is if all the hospitals in the country followed the same protocol, we would save, for this subset alone, \$50 billion every 5 years in taxpayer money, giving patients that Mayo health care, giving them high-quality health care. It is counter-intuitive to people. If you go to a hotel and you pay the most, you are going to get the best room with the best view. That has not been the same in American health care. In fact, there is an inverse relationship.

I see my friend from Ohio. Ohio has the Cleveland Clinic, and there is Geisinger. Those places that offer high-quality care also tend to have some of the lowest costs.

Those are the incentives we are putting in this bill— incentives for accountable care organizations, incentives for that integrated care I talked about instead of people running around with x rays to 20 specialists, getting charged every single time, but then one specialist does not know what the other specialist is doing. They don't know what kind of drugs you are allergic to when you go in for surgery. This is because there is no communication. This bill promotes that integrated care where you put the patient in the driver's seat so they have their pick of a doctor. That is what we want—bundling of payment so you start rewarding outcomes instead of the number of tests and procedures.

My favorite example of this came out of the Geisinger Clinic in Pennsylvania, where they said: We are not that happy with how we are treating diabetes patients. So instead of having everyone wait to see an endocrinologist, a doctor, we are going to have some of the routine cases see nurses, and the nurses will report to the doctors, and the patients will be happier because they will be able to see a nurse more often. The most difficult cases will be treated by endocrinologists.

They did that for about a year and looked to see what the results were. Guess what. The patients were much happier because they were able to com-

municate one-on-one with the nurse. The doctors were able to handle the most difficult cases and monitor the other cases. They saved \$200 a month per patient with this kind of system. Higher quality care and better patient outcomes.

What does our system do when they see this kind of smart, cost-effective result for the doctors and for the system and for the taxpayers? They actually are told: You get punished for this under our system. You are going to get a lot less money if you do something like this. That is what I am talking about.

On hospital readmissions, we could save \$18 billion a year. If you go in the hospital and you are treated, you want to go home. You don't want to go back into the hospital because someone made a mistake or they gave you an infection. Let's provide incentives—that is what this bill does—so that we reduce those hospital readmissions, make life better for the patient and at the same time reduce taxpayer money. That is what this bill is about.

Right now, fraud is \$60 billion. I don't think anyone would believe this. A senior who just depends on Medicare, right—we have to tell our seniors today that \$60 billion a year is wasted on Medicare fraud, going to con men, going to people who set up storefronts and they get fake checks and they are not even real. That is where the money is going right now—down the tube, siphoned off by fraudsters. What this bill does is give the tools to improve that situation so that will not happen anymore.

That is what we are doing with this bill. It is about reducing costs, it is about raising quality, and it is about saving Medicare so it does not go in the red by 2017, giving it 10 more years and beyond because of the delivery system changes.

I am proud to support this bill. We continue to work for reform. As you know, this is not just an end, this is a beginning. There will be more work to do in the future, but we cannot put our heads in the sand. We have to vote on this bill. We have to get this done.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, it has been said that a cynic knows the price of everything and the value of nothing. I spent, as we all have, as the Senator from Minnesota has, as the Presiding Officer has, the last 4 weeks listening to my colleagues come to the Senate floor to describe health reform legislation that bears no resemblance to what is actually before us. They take liberties with the cost of the bill. They seem to have no concept of the value of health care to a family who has it and to a family who does not have it. I guess they believe it is not important for us to get this done, it is not important for other Americans to have affordable health insurance.

My colleagues are not at risk of losing their coverage. They can afford the

health care they and their families need. So what is it to them if another 14,000 people lose their insurance every day? Mr. President, 390 people every single day in my State lose their insurance. What is it to them if people with preexisting conditions cannot get coverage, if women are overcharged for insurance, if the self-employed cannot afford the outrageous premiums they are charged, if too often American small businesses pay more for health coverage than they earn in profits? What is it to them?

I have listened as Republican Senators have come to the Senate floor day after day to tell tales about health care reform and try to manipulate public opinion by any means possible. I hear them mostly stalling: Slow down, not yet. They have done it since the Gang of 6 in the Finance Committee met in June. No, actually they had begun to stall even before that when the Finance Committee and the HELP Committee began their deliberations, informal deliberations.

What they forget or what they do not want to think about, perhaps, is that every day they stall, 390 people from Galion to Gallipolis, from Buckeye Lake to Avon Lake, from Ashtabula to Cincinnati, 390 people in my State lose their insurance every day. Every day, we see 14,000 Americans lose their insurance, and 1,000 Americans die every week because they do not have insurance. One thousand Americans die every week because they do not have insurance, and on the other side of the aisle they say: Slow down. What is the rush? Why do we have to move into this?

They forget or maybe they just do not want to hear that a woman with breast cancer is 40 percent more likely to die if she is uninsured than if she has insurance. Women with breast cancer are 40 percent more likely to die if uninsured than if they have insurance. Yet they continue to say: Slow down.

I wish my friends on the other side of the aisle would actually meet some of these people who do not have insurance. Let me put a human face on this, if I can. Let me share three letters from Ohioans. I have come to the floor since July day after day reading letters from people directly affected by this health insurance situation, if you will. In most cases, these are people who were happy with their health insurance a year ago, and something happened in their lives—they got laid off and lost their insurance; had a child with a pre-existing condition for whom they could not get insurance; maybe they got sick and the cost of their health care was so high that the insurance industry cut them off, simply eliminated their coverage. Let me read a couple of these.

Marie from Hancock County, OH:

My husband and I both have preexisting conditions and are stuck paying \$1,300 a month for health insurance. He has been out of work for 2 years and we are living off the money that we got when we sold our house. We are afraid to go without insurance. We

are in a fix and in our late middle ages and find ourselves watching our retirement savings go down the drain. Please fight for us and others like us.

Think about that. Does anyone in this Chamber, does anyone who comes to work as a Senator or down the hall as a Congressman—can any of us really understand what this couple is all about, this couple from rural, smalltown Ohio paying \$1,300 a month? How are they paying for their insurance? They sold their house so they could pay for their health insurance. They are in their late middle ages. I am guessing they are probably in their late fifties, early sixties. They are not eligible for Medicare.

So many people say to me through these letters and through my meetings and discussions and when I am traveling around my State: I am 63. I only have 2 years before Medicare because I trust Medicare. It is stable, predictable. It will be there for me, and it will help.

Instead, Republicans in this body, all 40 of whom even voted against the bill last night—40 said: Stop. Don't even move forward on this bill. Do any of those 40 really understand people such as Marie from Hancock County? Do any of them understand? Do any of them understand that 390 people are losing their insurance every day in just one State? Do any of them understand that 1,000 people a week are dying in this country because they do not have insurance? Do any of them understand, any of the Members of Congress, the House of Representatives or the Senators, the 40 Senators who said no and stall and stall, saying: Not yet; can't do this yet; have to slow it down. Do any of them understand that a woman with breast cancer is 40 percent more likely to die if she does not have insurance than if she does?

Charles from Cuyahoga County, the Cleveland area, writes me:

The hands-off-health-care people claim that many Americans are very satisfied with their own health insurance. I am one of those. I have Medicare. But I don't believe their implication that health care reform is not needed. I think if you were to really ask those lucky people who were somewhat satisfied with their plan—a great majority would say they support reform that would benefit everyone.

Charles understands. He is on Medicare. He understands the stability and predictability of the Medicare system.

I might add parenthetically that my Republican friends, all 40 of whom last night said: Stop, slow down, stop, slow down, all 40 of them understand that their party overwhelmingly opposed the creation of Medicare. When they had a chance, they tried to cut it and privatize it in the nineties. Then when President Bush was sworn in, with Republican leadership in the House and Senate, they moved forward on their giveaway to the drug companies and insurance companies in their attempts to privatize Medicare. Now they say they are all for Medicare.

Understand, Charles knows what this bill is going to do. It is going to

strengthen Medicare. It is going to lengthen the lifespan of Medicare. It is going to give free physicals, once-a-year checkups, colonoscopies, and mammograms for people on Medicare, and it is going to close the doughnut hole so fewer people will have to pay so much out of pocket.

Last letter. Raymond from Delaware County:

My wife and I had to drop our coverage because it cost us \$30,000. The country needs reform that bars insurance companies from denying coverage or charging higher premiums on the basis of preexisting conditions. Health reform is the right solution for the people of Ohio.

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

Mr. BROWN. I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming is recognized.

Mr. BARRASSO. Mr. President, I just heard my colleague, the Senator from Ohio, say: I wish some of my colleagues on the other side of the aisle would understand families who don't have insurance.

I practiced medicine for 25 years, taking care of families in the State of Wyoming. During that time, I took care of all patients, regardless of their ability to pay. I will tell you, I believe, as a physician who practiced medicine for 25 years—and as someone whom the Obama administration has decided to completely ignore, as he did the other Senator of this Chamber who is a physician—that I know specifically and personally about what happens to families who lose their insurance. My colleague and I know specifically what happens to families who are on Medicaid, a health care program which my colleague who is now leaving the Chamber after asking if anyone in this body understands people without insurance but not staying to hear the discussion for the next hour—making statements and then leaving—I understand those families. I understand the families on Medicare, I understand the families on Medicaid, I understand the families without insurance, I understand the families worried about losing their insurance, I understand about the families worried about disease.

My colleague from Ohio said: Do people understand women with breast cancer? Well, my wife is a—

Mr. BROWN. Will the Senator from Wyoming yield?

Mr. BARRASSO. Regular order, Mr. President.

Mr. BROWN. I just wished to let the Member know I am still in the Senate.

Mr. BARRASSO. My wife was a breast cancer survivor, and her breast cancer was discovered in her forties by a screening mammogram. It was that screening mammogram that saved her life because the cancer had already spread. It had already spread to a lymph node. She had three operations, two bouts of full chemotherapy, radiation—35 treatments and all—all—because of the screening mammogram that saved her life. Yet because of this

bill that was brought to the Senate floor—with the government knowing better than the rest of America, knowing what health care ought to be given and shouldn't be given—all of a sudden what we see is the government knows best, people don't know—her life would have been lost because she is one of those 1,900.

So I understand, having practiced medicine, having lived that life as a physician—taken care of people without health insurance and on Medicaid and Medicare and those worrying about losing their insurance when they lose their job—the implications. Yet I took care of all of them, as did all my partners. We dealt with all these people, trying to help each and every one of them, regardless of their ability to pay. It is why we need health reform in this country that actually works on availability of care, affordability of care, access to care, and quality care. This bill that I voted against last night doesn't address the needs of the country. It fails time and time again.

The President made a number of promises—a number of promises—to the people of this country. He said people would see their insurance premiums drop by \$2,500. Instead, the budget officers say: Oh, no, it is going to go up \$2,100 for a family. Has the President not read the bill, not read the responses that have come from the Congressional Budget Office? Does he not see the difference there of \$4,600 per family?

The President said this wouldn't add a dime to the deficit. Well, it is going to add a lot of dimes to the deficit. This is going to add \$1 trillion to the deficit. He said: Oh no, will not at all. Yet they didn't do the doctor fix—the Medicare doctor fix. Now the Speaker of the House says: Oh, we will handle that in January or February for \$250 billion, since they are not going to pay for it here.

The President said: Taxes will not go up on anybody making under \$250,000 for a family. There are a dozen taxes in the bill that will be passed on to the American people. Now any teenager who goes to a tanning salon is going to get taxed 10 percent. I don't think any of those people are making over \$250,000 apiece.

The President said: People will not lose their coverage. Oh, they are going to lose their coverage. Many will lose the coverage they have, coverage they like, because they have cut 11 million people on Medicare Advantage—a program people like, a program my patients like. People whom I have taken care of like it because there is actually an advantage to the program. It is a program that deals specifically with preventive care. It is coordinated care. That is what happens with Medicare Advantage. The President doesn't like. They will lose their coverage.

Of course, the President said we wouldn't see any cuts to Medicare. Yet the bill says \$500 billion of cuts to Medicare for the seniors who depend upon Medicare.

The President said we would have an open, honest debate. He said C-SPAN would be there covering the debates. Those of us with the most experience—the two physicians, with 50 years in the practice of medicine and taking care of families in this country—were completely excluded—completely excluded—even though we offered to go to the White House and read the bill with the President.

So what do we have? What is the verdict of the American people on the vote that was taken in the dark of night—at 1 a.m. in the morning—a Monday morning vote, taken at 1 a.m. so the American people, hopefully, according to the Democrats, would be asleep and not see what they were doing to the American people? The verdict is the American people are overwhelmingly opposed—opposed—to the bill the Senate last night voted 60 to 40 on cloture and decided to move ahead on.

The deals in the bill are absolutely astonishing: \$100 million for a hospital in a State we still can't identify and no one is claiming, a payoff to one State, a payoff to another State, and then the cuts in Medicare for our seniors who depend on Medicare, a program that is going to go broke in the year 2017—not to save Medicare. Instead of saving Medicare, to start a whole new government program.

I see my colleague from the State of Tennessee is standing, and he has worked closely with people on Medicare in his home State. He is familiar with that and with Medicaid and he knows how difficult it is for patients to get to see a doctor. With the cuts in Medicare, it is going to make it harder for those hospitals to stay alive and open in your community, and for patients to get the kind of care they need.

So I would ask my friend from Tennessee: Are there concerns you have about the cuts to Medicare and how they are going to impact on the care of people in your home State?

Mr. ALEXANDER. I thank the Senator from Wyoming and appreciate his leadership on this bill. It is of tremendous value to have within our body two practicing medical doctors to help us interpret the effect of this bill, which affects all 300 million Americans so dramatically.

We find, when we discuss this bill with our colleagues on the other side of the aisle, we sometimes become exasperated with one another because it seems like they are talking about one set of facts and we are talking about another set of facts. So what I would like to do is take a moment and talk about Medicare.

If anyone is watching our debate, you hear the Democrats talk about three things: We are saving Medicare, we are extending its length, and you hear Republicans say they are cutting Medicare. So who is right?

Well, let me tell you why we talk about Medicare cuts. Medicare, of course, is a government program which

40 million seniors depend on. We all pay into it, and then when we get to be of a certain age we depend upon it for our medical care. For many Americans, it is very important. It was established with broad bipartisan support in the 1960s.

What are the proposals that have to do with Medicare? Well, basically half this health care bill is paid for by reductions in the growth of Federal spending for Medicare. Those are Medicare cuts. Who says they are? Well, the President of the United States, for one, says we will have no deficit from this bill. So the way we are going to do that, for this bill, which the Congressional Budget Office figures show us will cost \$2.5 trillion over 10 years when fully implemented, is basically paid for one-half by Medicare cuts and one-half by new taxes. Give the Democrats credit for that, that helps to avoid a large part of the deficit. The rest is done by sending a huge bill to States to help pay for another big government program called Medicaid, but I will leave that to the side for a moment.

The Medicare cuts which are reductions in the spending for Medicare, are \$466 billion over the first 10 years and over a fully implemented 10 years it is about \$1 trillion in Medicare cuts. That is money coming out of the Medicare Program and going somewhere. Where does it go? Well, it goes to start a new program.

What is wrong with that? Well, one thing wrong with it is the trustees of Medicare say that there is already more money coming out of Medicare than is being paid in, and by the year 2015 or 2017 it will be insolvent. That means going broke. These aren't Republican trustees or Democratic trustees, these are the men and women whose job it is to report to the Nation on the condition of this program that takes care of 40 million people and their medical care.

Already we see that the Medicare Program is under some stress. The doctors, for example, who serve Medicare are only paid about 83 or 84 percent as much as doctors who serve patients with private health care. As a result of that, we have to come along year after year and appropriate more money to reimburse doctors who serve Medicare patients. If we do not do that, they will not be serving Medicare patients, and Medicare will become similar to Medicaid, the program for low-income Americans, where about 50 percent of doctors will not take a new Medicaid patient. It is akin to telling somebody: I am going to give you a ticket to a bus line where the bus only runs about half the time.

So what the Democrats are saying to us is that by taking \$1 trillion out of Medicare over 10 years when fully implemented, and there is no dispute about that amount of money, and spending it to pay for this new program that is somehow good for Medicare and for the seniors who depend upon it. I

mean, they are suggesting we believe if you take \$135 billion from hospitals and \$120 billion from the 11 million seniors who participate in Medicare Advantage and \$15 billion from nursing homes and \$40 billion from home health agencies and \$7 billion from hospices, that somehow that is good for seniors.

Perhaps it could be, if all that money were put back into Medicare; if the money were taken from grandma and spent on grandma. But no, this money is taken out and spent on a new program. The Director of the Congressional Budget Office—not a Republican, not a Democrat, the nonpartisan Director said, for the 11 million on Medicare Advantage that one-half of their benefits will be diminished. That is what he said about these cuts.

Even when it is all said and done, we completely leave out the \$1/4 trillion that we need to appropriate to pay the physicians to serve Medicare patients. Because if we don't, their payments are going to be cut by 21 percent next year and fewer of them will see Medicare patients. We have already heard the Mayo Clinic, for example, is beginning to restrict some patients on Medicare because they lost \$840 million serving Medicare patients last year.

I have taken a few moments to talk about Medicare. That is just one thing wrong with this bill. But when you hear the other side say they are helping Medicare, and if you listen to what I said about how can you take \$1 trillion out of the Medicare Program—which is going broke—when it is fully implemented over 10 years and claim you are helping Medicare by starting a new program, I don't think that is possible. That is the source of the great concern on our side of the aisle about this bill on that one issue.

I see the assistant Republican leader, the whip. I have heard a number of people say, and I will just propound this question and then I will yield the floor, if I may, to the Senator from Arizona. But I have heard them say: Why are Republicans keeping everybody in here this week? We want to go home and see our families.

We all want to see our families. But there is a reason this bill was suddenly presented to us in the middle of the greatest snowstorm in the history of Washington in the month of December, and we were asked to start voting on it in the middle of the night on the same day, and to finish the work by Christmas. If I am not mistaken, and this is my question to the distinguished assistant Republican leader who has been here a number of years, who is in the leadership and whose job is to help manage the floor: Is it not entirely the prerogative of the majority leader of the Senate to schedule what comes up on the floor? Is that not his job? Isn't it true that if Senator REID wanted to say let's take this bill down, let's go home, let's let the people hear about it, let's come back and vote on it after Christmas, after New Year, after Valentine's Day, could he not do that and

isn't that peculiarly his power and not our power?

Mr. KYL. Mr. President, I would say to our colleague, as a general rule that is correct. The majority leader has two great powers that no one else in the Senate has. One is the right of first recognition by the Presiding Officer and the other is the power to set the schedule. That power is limited by Senate rules, and it can be altered by unanimous consent. I can go on and explain a little bit to folks who are wondering why we would be in this predicament of voting on Christmas Eve based upon the majority leader's decision. If I can just proceed, I will do that.

All of these rather odd times for debates, 1 o'clock in the morning, 7:20 a.m. in the morning, and so on, are as a result of the majority leader's decision to make sure that this bill is completed by Christmas. That is the precipitating cause for everything else that follows because once he says the bill has to be completed by Christmas, then he has to, in effect, count backwards on how long it takes to do the various things the Senate rules say we have to do.

If there are three cloture motions filed—which is what the majority leader did; he filed three cloture motions simultaneously—under Senate rules certain timeframes then attach.

You have to take the vote with 1 day intervening between the filing of the cloture motion and the vote. If cloture is invoked, then 30 hours for debate is permitted after which there can be additional action by the Senate. So when the majority leader takes all that into account, he finds that he has to vote at 1 a.m. in the morning, 7:20 a.m., and so on.

He could change that, of course. He could change that by saying we do not actually have to have the whole thing completed by Christmas. That is strictly an arbitrary date he set.

There have been some who said: Why don't we have a unanimous consent request to not put us through all of this and try to complete the debate a couple of days earlier?

Republicans have said: Now wait a minute. You are telling us on the one hand that the majority leader is saying we have to have this completed by Christmas, but since that is kind of tough on all of us, now you are saying let's move that up a couple of days.

Republicans are saying: We have had barely enough time to consider this bill as it is. We are not going to agree to move it up any more than that. We don't like voting on Christmas Eve any more than you do, but the answer to it is not making the time even shorter but, rather, taking our time and doing it right. As the Senator from Maine has pointed out, let's go home for the Christmas recess, stop and listen to what our constituents are telling us they would like to have us do, and then come back and complete it. That could all be done by unanimous consent. My colleague is correct that once the ma-

jority leader made the decision that this has to be done by Christmas, then the time is pretty well set by the Senate rules, absent a unanimous consent by the body that would either extend the time or shorten that amount of time.

I would like to make another point, off that subject if I could, but if my colleague has another question in that regard I would be happy to try to respond it.

Mr. ALEXANDER. No, I thank the Senator. I yield the floor.

Mr. KYL. I talked to the Senator from Wyoming. Of course, Arizona is a State that has a lot of Medicare patients. Our State is hurt as much as any by the cuts to Medicare and particularly the Medicare Advantage cuts. We do not have the benefit that was extended to residents of other States, primarily the State of Florida, by a special provision that was inserted into the bill. As a result, our constituents are going to suffer more than those of some other States.

But the more we read this bill—and one of the reasons Republicans have not been willing to truncate this debate is that the more we read it the more we find in it that is troublesome. We found yesterday that the Congressional Budget Office—actually the Congressional Budget Office brought to our attention the fact that they had made a little mistake. I think it was a quarter of 1 percent in one of their calculations. That quarter of 1 percent amounted to \$600 billion. So a small error by the Congressional Budget Office can make a huge difference to the people of America. That is \$600 billion.

We also saw there were special provisions in the bill for residents of one particular State, and that has gotten quite a bit of attention lately. There has also been a dental/vision clinic in a State that has benefited. I am still not sure we have figured out exactly what that State is, but I understand one of the Senators from Connecticut has taken credit for it. I don't know if that is true. It is hearsay. If that is incorrect, I can be corrected. But the more we see about it, the more we realize that support for it was garnered, not on the merits but on the basis of special favors done to certain Members.

My staff has indicated there is yet another one of these in the bill, and it has to do with so-called specialty hospitals or, as they are referred to in the legislation, physician self-referral hospitals, that have physician ownership.

Just a little bit of background on this. The Hospital Association that is primarily representative of the community hospitals has been pleading for a long time that they are not adequately reimbursed, and we need to try to help them. I have been an advocate for that. I have tried to help them, for example, for reimbursement in the care provided to illegal immigrants, and we were successful in that.

But one area I departed from that is when they concluded the best way to

help themselves was to hurt their competition. At that point I said no. Their competition is the physician-owned, self-referral hospitals. These are generally specialty hospitals in a community that provide very good care. While they do in one sense provide competition to the community hospitals, they are all in the same boat in terms of the kind of reimbursement that Congress provides. What I have said is you should not solve your problem by hurting your competition but having Congress solve the problems that affect you both. I have been willing to try to help on that.

In this legislation what they have done, they struck a deal with the Hospital Association to stop the competitors, the physician self-referred hospitals, from building any more hospitals. You have to be under construction by a certain date under the bill—it is February 10, 2010. You have to have a provider agreement in operation—that is the technical term—or else you cannot go any further with your new physician self-referred hospital. That is going to hurt a lot of communities. It turns out that some of the communities hurt were in a particular State, the State of Nebraska.

Again, I have an affinity for Nebraska because I was born there, and I know a lot of people there. The Senator from Nebraska, Mr. JOHANNS, a little bit earlier today said he didn't think the special deals that were created for the State of Nebraska were appreciated by Nebraskans who stand more on principle and have the view that if something is bad for Nebraskans and it is bad for the folks in other States, therefore it ought to be solved for all of the States, not just for the State of Nebraska.

It turns out that is the case with this particular provision on page 332 of the Reid so-called managers' amendment, which would extend the date on which a hospital may have physician investment and a provider agreement in place for the purpose of being grandfathered. That date was extended until August 1, 2010.

It turns out that helps, at least according to staff, at least three hospitals in the State of Nebraska—one in Omaha, one in Kearney, and one in Bellevue. In fact, I will just quote briefly from an article that Robert Pear of the New York Times did on this.

The Senate health bill, would impose tough restrictions like the one passed by the House last month, would impose tough new restrictions on referrals of Medicare patients by doctors to hospitals in which the doctors have financial interests. The package assembled by Mr. Reid would provide exemptions to a small number of such hospitals, including one in Nebraska.

He goes on to describe this and then quotes Molly Sandvig, executive director of Physician Hospitals of America, which represents doctor-owned hospitals, who said the change would benefit Bellevue Medical Center, scheduled to open next year in Bellevue, NE.

Under the proposal Ms. Sandvig said, “doctor-owners can continue to refer Medicare patients to the hospital” in eastern Nebraska.

“Senator Nelson has always been a friend to our industry,” she said. “But doctor-owned hospitals in other states were not so fortunate. They would not meet the August 1 deadline.”

I would like to help all the physician-owned hospitals. I agree that all of them should have the same kind of support that was gained by the Senator from Nebraska for three specific hospitals in Nebraska. I understand, by the way, that three or four hospitals in Arizona would also benefit from that. I think that is a great thing.

But instead of just benefiting the hospitals in a few States by moving the date back to where you catch the ones in the State of Nebraska, we ought to eliminate this requirement altogether because what you are going to do is prevent more competition from very high-quality hospitals in communities that can provide a real service to constituents in all of our States, not just one State.

It is just one more example, I say to my friend from Tennessee, that the more we read the bill and learn what is in it, the more we find that the 60 votes for it were obtained less by persuasion and on the merits of the bill than by special provisions that were inserted to assist folks in particular States.

As I said, I think if something is good for one State, it ought to be good for all States. If it is not good for one State, it ought not be a requirement on the other States as well.

Mr. BARRASSO. Mr. President, what you are hearing is what we are noticing as Republicans take a look at the bill. I saw the majority whip come onto the Senate floor a few minutes ago. Yesterday he was on the floor and said the Republicans have not offered amendments to this bill, so I brought four amendments yesterday. The chairman of the Finance Committee objected.

One had to do with letting people on Medicare keep their own doctors or choose who they want to go to see for a doctor. The purpose of this what was called “Medicare Patient Freedom to Contract” is it “allows Medicare patients the right to privately contract for medical services with the physician of their choice.”

I ask my friend from Tennessee, who has just spoken about Medicare, wouldn’t he think that patients who have been promised that they can keep the health care they want should be able, or at least this Senate ought to be able to debate an amendment about allowing Medicare patients the right to privately contract for medical services with the physician of their choice? Wouldn’t that seem fair?

Mr. ALEXANDER. Mr. President, I agree with the Senator from Wyoming. I think it is important for the American people to know, the 400-page amendment that was added to the underlying bill over the weekend is being presented to us in way that will not

allow the bill to be amended. So something that affects one-sixth of the economy, which we have had a day and a half to read, which is part of an overall bill that will raise taxes, cut Medicare, and send big bills to States could be improved with amendments but cannot be amended under the current procedure.

Mr. BARRASSO. Another amendment—I see my colleague from South Dakota is here—is an amendment I offered on the floor of the Senate yesterday to protect individuals from skyrocketing insurance premiums. You may recall the President of the United States said premiums—families in Wyoming and other States, families across the country—health insurance premiums would go down \$2,500 per family. Yet what I read and studied, and as I look at this, it says to me it looks like premiums will go up instead of going down. Instead of going down \$2,500, they will go up \$2,100. I think for 90 percent of the families in this country, their insurance premiums will either stay the same or go up more because the bill is passed than if we did nothing.

I ask my friend from South Dakota—I know he has been bringing forth information; I know he put a chart together on it—would there not be some value in allowing the Senate to discuss an amendment because this amendment basically said let the State insurance commissioners—because every State has an insurance commissioner—let the State insurance commissioner take a look at what happens to insurance premiums in their State. If the insurance commissioner finds that the premiums have gone up faster than the Consumer Price Index, then in that State where those premiums have gone up faster than the Consumer Price Index, all of these laws and regulations and rules would no longer apply. The mandates, the rating rules, the benefit mandate, all of those included in the Reid bill would not apply.

Wouldn’t that make sense, I ask my colleague from South Dakota? What is the Senator’s understanding of this and should not we be allowed to at least discuss and debate that as a Senate when we have been promised as citizens of this country that premiums would go down?

(Mrs. HAGAN assumed the Chair.)

Mr. THUNE. Madam President, the Senator from Wyoming is correct. Of course, we would like to offer amendments. I know the Senator from Wyoming has deep experience in this field, being a practicing physician, someone who brings great knowledge and background to the debate and obviously has great insight about how this 2,100-page bill could be improved upon. What we have here is the 2,100 pages that we started with, and this represents one-sixth of our entire economy. We are talking about reordering one-sixth of the entire economy. Saturday we received an amendment, a 400-page amendment which nobody up until Sat-

urday had seen. In fact, many of the Democrats hadn’t seen it either, including members of the Democratic leadership. There was a discussion on the floor last week between Senator McCAIN and Senator DURBIN in which Senator McCAIN said: They are writing this amendment behind closed doors. We don’t have any idea what is in it. The Senator from Illinois, the No. 2 person in the Democratic leadership, said: I am in the dark just like you are. You had a handful of people who were adding 400 pages of content to the 2,100 pages we already have.

In addition, there is another amendment that adds another 300. We are talking about 2,700 pages that will reorder and restructure literally one-sixth of the entire American economy. Right now what we are being told is that we are not going to be allowed to offer amendments to that humongous piece of legislation. When you get this much legislation coming at you and receiving this on Saturday, not having the opportunity to read it for the first time, is why we have been saying we need to push this back and not try to jam it through before the Christmas holiday. You find all kinds of things in these bills. Sometimes people take credit for those being there. Sometimes they don’t. We have had a debate about some of the provisions that benefit specifically Nebraska. You have this Medicaid provision that requires the taxpayers of the other 49 States to subsidize and pay the Medicaid matching share for the State of Nebraska which will cost millions and millions of dollars. The Senator from Arizona mentioned this late add, a \$100 million item for construction of a university hospital which, again, is being reported as being inserted by the Senator from Connecticut. You have all these sorts of deals that get made to try and get that elusive sixtieth vote that are now coming to light. The American people have a right to know it. Frankly, Members of the Senate who have to vote on this have a right to know what is in these volumes of pages, 2,700 pages, that will spend \$2.5 trillion. The original 2,100-page bill spent \$1.2 billion per page, \$6.8 million per word. It creates 70 new government programs. This is a massive overhaul of health care delivery.

What it ought to be about is driving down the cost of health care for people. In fact, we have heard a lot of discussion from the other side about how this drives down the cost of health care. This bends the cost curve down. They can say that, but the experts we rely on, the referees or the umpires, say otherwise. In fact, what the CBO has said is that the cost curve would be bent up by this bill. The blue line on this chart represents the increasing health care costs year over year if we do nothing. The blue line represents what we would be looking at if we continue on the current course which everybody here acknowledges is unacceptable. We all want to see the cost

curve go down and see overall health care costs go down. But the ironic thing is, according to the CBO, the red line represents what happens if the bill proposed by the Democratic majority actually becomes law. The cost curve is bent up. We will actually spend more on health care than we are spending today, even the year-by-year twice the rate of inflation increases in health care premiums today.

The Senator from Wyoming is absolutely right to be offering amendments to address the issue of premiums. This bill does not do anything to reduce premiums for most Americans. About 10 percent of Americans, because of the subsidies in the bill, would get their premium costs reduced, but 90 percent—we are told by the CBO—would see their premiums stay the same or go up. When I say stay the same, it means go up at the current rate of twice the rate of inflation. Worst-case scenario, if you are buying your insurance in the individual marketplace, you will see your insurance premiums go up above and beyond this by 10 to 13 percent. Health care costs for 90 percent of Americans, the best they can hope for, is the status quo which is year-over-year increases that are twice the rate of inflation. If you are one of the unlucky who buys their insurance in the individual marketplace, your premiums go up by another 10 to 13 percent. This ought to be about driving down health care costs and getting premiums under control.

The overall cost of health care in this country represents about one-sixth of our entire economy. If this bill passes, according to the Congressional Budget Office, according to the Actuary of CMS, health care spending will no longer be one-sixth of the economy; it will be more than one-fifth. Because if this bill passes, health care spending will go up to about 21 percent of our gross domestic product.

Tell me, what does this bill do then to get costs under control? If we are driving up the cost of health care for individuals in the form of higher premiums, if we are driving up the overall cost of health care as a percentage of our economy, why would we be jamming this thing through before the Christmas holiday, these 2,700 pages, spending \$2.5 trillion of taxpayer money, raising taxes on small businesses, which obviously have weighed in on this, and the National Federation of Independent Business, which represents a lot of small businesses around the country, has said, if enacted, this bill would cost us 1.6 million jobs because of all the new taxes it imposes—you are raising taxes, when fully implemented, by about \$1 trillion, cutting Medicare by about \$1 trillion. After all that, what do you have? You have the same or worse insurance premiums for 90 percent of Americans. I argue that is a bad deal for the American people.

Coming back to the special deals, this is not the way to legislate. To carve out deals, to go and try and find

or buy or however you want to characterize it that sixtieth vote is essentially what we are talking about. These are special goodies packed into this bill essentially because the majority decided that rather than trying to include Republicans and pass it with Republican votes, they had to pass it with all Democrats which meant that every one of the Democrats had tremendous leverage. Clearly, they decided to use it. There are lots of carve-outs, lots of special deals in this that cost the American taxpayers hundreds of millions of dollars in additional spending simply because they wanted to get this done by an artificial deadline and wanted to do it with all Democratic votes.

I say to my colleagues, this process itself, when the American people find out about particularly this latest deal, smells. I don't think they are going to like it. I don't think they are going to like the end product when they find out it will raise insurance premiums.

Mr. BARRASSO. I try to stay in close touch with the people of Wyoming. I go home every weekend. We have not been able to do that the last couple of weekends so I have had telephone townhall meetings. I know the Senator from Tennessee has done the same. There is a way people can push a button to indicate whether they are in favor or against. Ninety-three percent of the people of Wyoming are opposed to the bill the Democrats are trying to jam through in the middle of the night. I know the Senator from Tennessee has recently had telephone townhall meetings with his constituents because he was not able to be home personally with them. Maybe the Senator wants to share with us some of the experiences he has had and some of the messages he has heard from the fine folks of Tennessee.

Mr. ALEXANDER. Madam President, the telephone townhalls are interesting. This is the 21st consecutive day and the third weekend we have been debating this bill. One would think we could probably do a better job of it, if we were going back home every weekend to hear what people thought about what we were doing. But maybe the strategy has been to keep us here talking to each other, bring the bill up in a snowstorm, pass it in the middle of the night and go home for Christmas, and the people won't find out what we are doing until it is too late. One way to find out is tele-townhalls. I was skeptical before I did one but it is a pretty interesting way to stay in touch with people from Tennessee. You get on the telephone and an automated system calls thousands of people and says: The Senator from Wyoming or Illinois or North Carolina or Tennessee wants to talk with you about health care. People can either stay on the phone when they get the call or they can hang up. What normally happens is a person stays on the call, this time a surprisingly large number of people stayed on the call, because of their strong interest in this issue.

The other night I did the phone call between 7:30 and 8:30. I called to about 18 west Tennessee counties, including Shelby, which is Memphis, and as reported to me by the service, about 30,000 people were on the telephone sometime during that hour, with a maximum number of 3,016 on the call at any one time. Someone might pick up the phone and say: Senator BARRASSO is on the phone. They might tune in for 15 or 20 minutes and then hang up. Maybe they have to cook dinner or the ball game comes on. Maybe they get tired of talking to you, but they are on for 15 or 20 minutes. During that time, I was able to take a number of questions. After it was over, 563 messages from constituents were sent to my Web site.

It was interesting to me. People who know my history, know that to be elected Governor 30 years ago, I walked across the State of Tennessee. Instead of going to a Republican meeting or a rotary club, I would visit with random people during my walk. It took me 6 months and I would see 1,000 people a day. These random phone calls kind of reminded me of that. It was as if the people were randomly selected. They were not on any Republican list or Democratic list or list of doctors or patients. They were just in the phonebook. They talked and acted like they were normal citizens who I had interrupted after dinner, probably because it was 6:30 to 7:30 in that part of Tennessee. I was able to ask those citizens three questions. I am not about to say this is a Gallup poll of Tennessee, because I know that surveys like that have to be done in a scientific way, but after being here for 21 straight days, not able to go home because we have been debating this bill, these opinions are straws in the wind.

The first question was: Do you believe the Senate should rush to pass this health care bill before Christmas? In this case, 943 people, 83 percent, said no, and 108 said yes; that is 9 percent.

Second question: Do you support the health care bill moving through the Senate? On this one, 1,496 said no, or 75 percent. 352 said I don't know, which is 18 percent, and 154 said yes, that is 8 percent.

No. 3: Do you agree that Congress doesn't do comprehensive legislation well and ought to go step by step to bring health care costs under control? On this question, 1,285 said yes, that is 80 percent, 14 percent said I don't know and 7 percent disagreed.

I have often heard our friends on the other side say: Where is the Republican bill? My response has been, day after day, if you are looking forward to seeing the Republican leader role a wheelbarrow in here with a 2,700-page Republican comprehensive bill, you will be waiting forever. We have a different approach. Our approach is to set a clear goal—reducing cost. The bill we are voting on increases costs. Our goal is to find five or six steps to go in the direction to reducing costs.

Without going into detail, although the Senators from South Dakota or Wyoming may want to, we focus on five or six steps that would clearly reduce health care costs. By that, I mean your premium, the cost of your government. And once we do those five or six steps, we could go on. We could do that without taxes, without mandates, without running up the debt, without a big bill with lots of surprises. Just to take one example—and then I will yield to my friends from Wyoming and South Dakota—one of those examples is the small business health care plan. The current bill, the Democratic bill, has in it a credit for small businesses, but we would argue that by the time small business men and women get through paying the mandates and the taxes the bill also imposes, it is not going to be much help to them.

What we have is a bill that would allow small businesses to pool their resources. In other words, if you are a small business man or woman and you have 60 employees and 2 get cancer, suddenly the costs of those 2 employees prohibit you from providing insurance to the other employees. But if you could pool your resources with small businesses all around the country, then the pool would be large enough that you could offer insurance.

That proposal has been made by Senator ENZI. It has been through the HELP Committee. The Congressional Budget Office said it did not add to the deficit. In fact, it reduces the deficit, and it would permit 750,000 more employees of small businesses to be insured and their premiums would be lower than they otherwise would be. That is a single step to moving toward reducing health care costs, but if we took that step and the other steps we have proposed, that would be a good way to start. We could do that together, and we would not have this partisan bill with so many questions and so many concerns.

So I wonder if my friends from South Dakota and Wyoming—I know they have thought a good deal about this step-by-step approach toward actually solving the real problem of health care costs.

Mr. THUNE. If the Senator will yield on that suggestion of small business health plans, doesn't that enjoy wide support among small businesses in this country?

Mr. ALEXANDER. It clearly does. It enjoys widespread support everywhere, except the Senate. When Senator ENZI brought it up, it was rejected by our friends on the other side.

Mr. THUNE. If I might continue, the one thing that strikes me about this proposal that, as I said before, now is, in totality, 2,700 pages, is that it does not enjoy any support from any small business organization that I know of. Maybe there are some out there I cannot speak to. But I do know the organizations that represent small businesses

that we are all well acquainted with—National Federation of Independent Business, the Chamber of Commerce, the National Association of Manufacturers, the National Association of Wholesalers and Distributors, builders and contractors, electric contractors, franchise associations—I can go right down the list—all say this does nothing to lower their costs. In fact, it increases the cost of doing business, increases the cost of doing health care.

What they have argued repeatedly is one of the suggestions the Senator from Tennessee mentioned, that small business health plans would drive their health care costs down, which is why they have been such strong advocates for this over the years.

I guess the other question I would ask of my colleague from Tennessee is, would an approach, a suggestion like small business health plans require tax increases that would hit small businesses?

Incidentally, the latest version with the managers' amendment, which we just received Saturday, increases the tax increases in the bill that were previously \$493 billion and are now \$518 billion. As the Senator mentioned, with the tax credit businesses get, they up that a little bit but not enough to help most small businesses in light of the \$518 billion in tax increases in the first 10 years, and when it is fully implemented it will be about \$1 trillion. But the payroll tax that is going to hit a lot of small businesses was increased dramatically in the managers' amendment. The individual mandate was almost doubled in the managers' amendment. So the taxes in the bill go up with this proposal.

I guess my question is, with all these tax increases that are going to have a crushing impact on small businesses, does a suggestion such as the one made by the Senator from Tennessee for small business health plans require tax increases or Medicare cuts, which is what is going to be necessary to finance this 2,700-page behemoth?

Mr. ALEXANDER. I thank the Senator from South Dakota. The answer is no. The difficulty with a big, comprehensive plan is it sounds good but has lots of unintended consequences. If our real concern right now is reducing costs in health care, then the idea of a small business health care plan that has no new taxes and no new mandates but creates opportunities for small businesses to pool their resources and offer more insurance at a lower cost to their employees would seem a logical place to start.

Mr. THUNE. I appreciate the Senator for his work on that issue. It is a view I share, a proposal I have been a big advocate of going back to my days in the House of Representatives and one which, as the Senator from Tennessee noted, has tremendous support among small businesses across the country. About the only place it does not have

majority support is here in the U.S. Congress because maybe it makes too much sense.

But it seems to me there are suggestions and solutions out there which do not require \$1/2 trillion of tax increases on small businesses, which every small business organization has come out and said: It is going to drive up our cost of doing business, and at the end of the day, it is going to raise our health care costs—and does not require these steep Medicare cuts that the Senator from Wyoming has alluded to over and over again and the impacts those will have on the delivery of health care to seniors across this country but, rather, it would bend the cost curve down without tax increases and Medicare cuts.

Another example of that, I would argue, would be allowing for interstate competition, allowing people to buy their insurance across State lines, which is a suggestion we have made over and over on our side of the aisle. According to the Congressional Budget Office, both small business health plans and buying insurance across State lines actually would reduce health care costs and would do it without raising taxes or cutting Medicare, which, to me, would make a lot of sense, especially when you have an economy in recession, 10-percent unemployment, a \$1.5 trillion deficit last year and another \$1.5 trillion deficit this coming year, and when you are talking about a \$2.5 trillion cost in the growth of government here in Washington, DC, to implement these 2,700 pages.

Some suggestions along the lines of the one mentioned by the Senator from Tennessee and some of these others would make a lot of sense, and I think they would enjoy tremendous support among small businesses, which create the jobs in this country, as well as among the American public.

So I thank the Senator from Tennessee for pointing out one of the many things Republicans are for and which we have tried to get in the debate.

I know the Senator from Wyoming has advocated for many of these same types of initiatives and solutions. As he mentioned earlier, he was prepared to offer an amendment to address the issue of premiums, but it looks as if we are going to be prevented from doing that.

Mr. BARRASSO. Our friends at the University of Minnesota said that if people were allowed to shop across State lines, shop around for insurance that is better for them and their family and their personal situation, we would have 12 million more Americans insured today than we have now, without a single page of legislation. That is all we need to do: allow people to shop across State lines. But when we talk about and look at this bill, which has mandates, there is going to be a mandate for people to buy insurance.

One of the amendments I tried to offer yesterday that I thought made a lot of sense for young people was that for individuals under the age of 30 or for those making less than \$30,000 a year, they would be exempted from the mandate, the individual mandate that they have to buy insurance.

I was involved in a discussion on a college campus in a debate on this topic, and in talking to the students, they were astonished to learn—because they were not focused on this; they were focused on their studies and working—they were astonished that they are all going to have to buy, as a matter of law, if this passes, health insurance immediately, and if they do not, they are going to have to start paying a tax or a fine, depending on how you describe it.

So in my amendment, I said, for those up to the age of 30 and making under \$30,000 a year, let's exempt them from the mandate. That amendment was rejected.

Then I said, well, if they are going to do this and force these people to buy insurance, and if they do not buy insurance, they have to pay these excessive fines or taxes—or however you want to define it—I said, how about that the penalties these people would have to pay, if they choose not to buy insurance—because it is going to be a lot cheaper to not buy insurance and to just pay the tax—what if that money could go into a personal account so that person can then use the money to then buy insurance? So it would be kind of like a savings account, so the money would be there for them to buy insurance. So individual mandate penalties would accrue not to the government but in a personal account, so they could purchase health insurance within a 3-year period. The money would accumulate. That amendment was rejected as well.

So we have lots of ideas, good ideas, to help people with affordable care, available care, and yet one after another they have been rejected in a step-by-step process to try to find ways to solve the health care crisis we know faces the country. All 100 Members of the Senate know we need to find ways to make health care more affordable and to work on high-quality care.

It has been fascinating to see the dean of the Johns Hopkins Medical Center and the dean of Harvard and those who have looked at this bill closely say that the people who are supporting this are living in collective denial, that this bill is doomed to fail, that it will raise the cost of care, not lower the cost of care, and will do nothing to improve quality.

Mr. THUNE. If the Senator from Wyoming would yield on that point, that is why I think day after day after day—and I have said—there is a pattern emerging here in the Senate where the majority comes down and establishes the need for health care reform, which we all acknowledge, and illustrates examples of those who have fallen

through the cracks, which we all know examples exist—all of us have dealt with those in our individual States—and then proceeds to attack Republicans for not having their own ideas, which we have just mentioned there are lots of good Republican ideas which do not raise taxes, which do not cut Medicare, and actually do something to reduce premiums. But that seems to be the strategy employed and the pattern that emerges in the rhetoric day after day down here from the other side.

The one thing I do not hear is them coming down here and talking about what this 2,700-page bill is going to do to reduce health care costs, because if we all submit to the experts on this—which, as I said earlier, the Congressional Budget Office is sort of the referee. They do not have a political agenda, or at least they are not supposed to. The Actuary at the Centers for Medicare and Medicaid Services does not have a political agenda, or at least they are not supposed to. They are sort of considered to be an umpire on this. The Joint Committee on Taxation, which looks at the distributional impacts of tax policy, is a referee and is not supposed to have a political agenda in all this. They all come to the same conclusions with regard to premium increases in this bill.

So if the overall objective is to reduce the cost of health care, and if, in fact, your legislation, according to all the referees, all the umpires, all the experts, not only increases premiums for most Americans but increases the overall cost of health care, which is what they all conclude, it is pretty hard to come down and defend this product. That is why I think day after day they try to create distractions and counter-attacks as opposed to actually coming down and talking about the substance of the bill because the substance of the bill does not accomplish the stated objective, which is to reduce the overall cost of health care and get premiums under control for families and small businesses in this country.

It is also hard, I would argue, because of the \$518 billion of tax increases that are in here and the unified opposition of the entire small business community, which creates 70 percent of the jobs in this country, to talk about how this can be anything but detrimental to job creation. This is going to cost us jobs. I think every business organization has made that abundantly clear. And all the analysis of this legislation that has been done comes to the same conclusion.

Mr. BARRASSO. When you take a look at what the Centers for Medicare and Medicaid Services has done, which is the group that oversees Medicare, they have said that 10 years from now, if this goes through, you are still going to have 24 million uninsured, you are going to have 18 million more on Medicaid, the program the Senator from Tennessee appropriately referred to as having a bus ticket for a bus that is not going to come, because that is

what has happened. Half the doctors in the country do not take care of patients on Medicaid because the reimbursement is so low that they cannot afford to continue to care for those people. Five million people will lose the insurance they get through work, and health care costs will go up. The cost curve will go up instead of going down. But the whole purpose of this was to help drive the cost down.

Then, additionally, they said that 20 percent of providers—20 percent of the providers—of health care in this country—and that includes physicians, nurse practitioners, medical clinics, hospitals—20 percent of the providers in this country, under this plan, 10 years from now, will be unprofitable, unable to keep their doors open.

So we have heard about sweetheart deals. We have heard about taxes going up. We have heard about Medicare cuts. And what we have seen is one promise after another made by the President that has been unfulfilled and actually reversed by the bill we see ahead of us.

So I ask my friend from Tennessee, wouldn't he agree that in the next 2 days, the best thing for the country would be to have this bill not pass the Senate and instead go back in a step-by-step way and regain the trust of the American people?

Mr. ALEXANDER. I certainly do agree with that.

I think most Americans, when presented with a problem, would not try to change it all at once but would say: Let's identify the goal which is reducing costs and go step by step.

Madam President, I ask unanimous consent to have printed in the RECORD a column by David Brooks in the New York Times on December 18.

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

[From the New York Times, Dec. 18, 2009]

THE HARDEST CALL

The first reason to support the Senate health care bill is that it would provide insurance to 30 million more Americans.

The second reason to support the bill is that its authors took the deficit issue seriously. Compared with, say, the prescription drug benefit from a few years ago, this bill is a model of fiscal rectitude. It spends a lot of money to cover the uninsured, but to help pay for it, it also includes serious Medicare cuts and whopping tax increases—the tax on high-cost insurance plans alone will raise \$1.1 trillion in the second decade.

The bill is not really deficit-neutral. It's politically inconceivable that Congress will really make all the spending cuts that are there on paper. But the bill won't explode the deficit, and that's an accomplishment.

The third reason to support the bill is that the authors have thrown in a million little ideas in an effort to reduce health care inflation. The fact is, nobody knows how to reduce cost growth within the current system. The authors of this bill are willing to try anything. You might even call this a Burkean approach. They are not fundamentally disrupting the status quo, but they are experimenting with dozens of gradual programs that might bend the cost curve.

If you've ever heard about it, it's in there—improved insurance exchanges, payment innovations, an independent commission to

cap Medicare payment rates, an innovation center, comparative effectiveness research. There's at least a pilot program for every promising idea.

The fourth reason to support the bill is that if this fails, it will take a long time to get back to health reform. Clinton failed. Obama will have failed. No one will touch this. Meanwhile, health costs will continue their inexorable march upward, strangling the nation.

The first reason to oppose this bill is that it does not fundamentally reform health care. The current system is rotten to the bone with opaque pricing and insane incentives. Consumers are insulated from the costs of their decisions and providers are punished for efficiency. Burkean gradualism is fine if you've got a cold. But if you've got cancer, you want surgery, not nasal spray.

If this bill passes, you'll have 500 experts in Washington trying to hold down costs and 300 million Americans with the same old incentives to get more and more care. The Congressional Budget Office and most of the experts I talk to (including many who support the bill) do not believe it will seriously bend the cost curve.

The second reason to oppose this bill is that, according to the chief actuary for Medicare, it will cause national health care spending to increase faster. Health care spending is already zooming past 17 percent of G.D.R. to 22 percent and beyond. If these pressures mount even faster, health care will squeeze out everything else, especially on the state level. We'll shovel more money into insurance companies and you can kiss goodbye programs like expanded preschool that would have a bigger social impact.

Third, if passed, the bill sets up a politically unsustainable situation. Over its first several years, the demand for health care will rise sharply. The supply will not. Providers will have the same perverse incentives. As a result, prices will skyrocket while efficiencies will not. There will be a bipartisan rush to gut reform.

This country has reduced health inflation in short bursts, but it has not sustained cost control over the long term because the deep flaws in the system produce horrific political pressures that gut restraint.

Fourth, you can't centrally regulate 17 percent of the U.S. economy without a raft of unintended consequences.

Fifth, it will slow innovation. Government regulators don't do well with disruptive new technologies.

Sixth, if this passes, we will never get back to cost control. The basic political deal was, we get to have dessert (expanding coverage) but we have to eat our spinach (cost control), too. If we eat dessert now, we'll never come back to the spinach.

So what's my verdict? I have to confess, I flip-flop week to week and day to day. It's a guess. Does this put us on a path toward the real reform, or does it head us down a valley in which real reform will be less likely?

If I were a senator forced to vote today, I'd vote no. If you pass a health care bill without systemic incentives reform, you set up a political vortex in which the few good parts of the bill will get stripped out and the expensive and wasteful parts will be entrenched.

Defenders say we can't do real reform because the politics won't allow it. The truth is the reverse. Unless you get the fundamental incentives right, the politics will be terrible forever and ever.

Mr. ALEXANDER. Most of us—we are pretty split up here: 60 there, 40 here. They are for it, and we are against it, this bill anyway.

The PRESIDING OFFICER. The minority time has expired.

Mr. ALEXANDER. I thank the Presiding Officer and I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Madam President, we heard our Republican friends say it is very hard to defend our bill. Maybe it is hard for them, but it is not hard for the American Medical Association, the AMA, which has endorsed our bill. It is not hard for the American Heart Association, which has endorsed our bill. It is not hard for the American Cancer Society Action Network, which has endorsed our bill. The American Hospital Association has endorsed our bill. Families USA, the Business Roundtable, the Small Business Majority—we hear colleagues say small business opposes our bill. The Small Business Majority Organization supports it. And how about the AARP, which represents our seniors, millions of seniors. Those are a few. They not only defend our bill, they support our bill.

This is indeed an important moment in our Nation's history as we approach a final vote on major health care reform legislation. I think whenever you are trying to change something, you have to take a look at how things are at the moment. So why is it we voted to change our current system? There are certain numbers that I think explain it. The first number is 14,000. We know that every single day 14,000 of our neighbors lose their health insurance through no fault of their own. They either lose their job, they can't afford to keep up the health insurance or they have a condition and the insurance company walks away from them or they are priced out of the market. Fourteen thousand a day. That is cruel, and we need to change it.

Sixty-two percent of bankruptcies are linked to health care crises. We are the only nation in the world where people go broke because they get sick.

If we do nothing, 45 percent of an average family's income will go for premiums in 2016. I ask everyone to think about it, paying 45 percent of your income for premiums. It is not sustainable. What about food? What about clothing? What about shelter? Can't do it.

We are 29th in the world in infant mortality. We come in behind Cuba. We come in behind Singapore. We come in behind South Korea. We are 29th in the world on infant mortality because people don't have good insurance or they don't have any insurance.

Fifty-two percent of women—fifty-two percent of women—don't seek the health care they need. They either put it off or they never get it because they may not be insured or they are afraid of the copays. They are afraid of what it would cost. They may have limits on their policies. We need to change that.

The United States spends twice as much on health care as most other industrialized nations. So what is the message here? We spend a huge amount. We are not doing very well in outcomes. By the way, I think we are

24th in life expectancy in the world—24th. We must do better.

I wish to share with my colleagues some of the letters and e-mails that have been sent to me from Californians that personalize the statistics I spoke about.

Mr. William Robinson wrote:

I am about to be laid off from the job I have had for 19 years. My biggest fear is not being employed, but being able to find and get affordable health care. I am 60 years old. I have a preexisting condition that will for certain make it impossible for me to buy health insurance.

Mr. and Mrs. Gilbert De La Cruz wrote:

We are at the point of losing our home because we have spent our savings on medical and prescription drugs. I am 67, retired, and my wife is 62. Because of the Medicare gap in prescription drug coverage, we have had to pay \$600 a month on prescription drugs. It's a huge portion of our monthly income. We will be selling our home shortly and perhaps moving in with one of our children because there doesn't seem to be any option.

Well, I want to say to Mr. De La Cruz: Help is on the way. If we get the 60 votes we are forced to get—not 51, a majority, but 60 votes because of a Republican filibuster—if we get those 60 votes each time, there is hope for you because we are going to fix that entire problem.

Mr. Ronald Kim says:

I am in the construction industry and my work is very slow.

He says he is in the design industry.

I am in danger of becoming financially ill and I am looking for ways to stay healthy, and one way may be to eliminate my medical insurance. It is a significant part of my budget. This may, heaven forbid, lead me to financial ruin if I get injured or sick. This is my situation.

I want to say to Mr. Kim: Help is on the way.

Ms. Madeleine Foot wrote—these are all Californians, my constituents:

I recently turned 25 and I lost my health coverage under my parents. I attempted to get coverage under a Blue Cross plan created for young people my age, but because I had taken medications, I was denied. I applied again for another plan, was offered a plan with a \$3,000 deductible, and it was \$300 a month on top of that. As a young person working in a restaurant, repaying student loans and trying to make it on my own, this is a huge financial burden. I cannot afford an insurance that charges me so much and won't be any benefit for me until I have shelled out a huge portion of my income.

To Madeleine Foot I say: Help is on the way, if we can break the Republican filibuster.

Mr. John Higdon wrote:

As a self-employed person, I had a pacemaker implanted. The cost was borne entirely by me at prices much higher than any insurance company would have had to pay. That was a wakeup call to get health insurance. I am told by every health insurance company I have contacted that no one will offer me health insurance at any price with a "preexisting heart condition."

I wish to say to Mr. Higdon: Help is on the way.

Dr. Robert Meagher, a pediatrician with Kaiser Permanente for over 30

years, do you know what he wrote and told me? That he has to fake—he is pressured to fake a diagnosis because when a parent comes in with a young child with asthma, they beg him not to write down asthma but write down bronchitis, because if he writes down asthma, that child will have a pre-existing condition and when she turns 21 she won't be able to get insurance. Imagine, in America, a physician being pressured to lie on a form because of a health care system that is so cruel.

So, Dr. Meagher, we are going to change things here if we can break this filibuster.

Mr. Douglas Ingoldsby wrote:

I own a small business. I employ 11 people. I have been in business in California since 1972.

He says:

I used to provide health care for all my employees and all the members of their families, and if I want to remain profitable enough to stay in business now, I can't do it anymore.

He can only cover the employees, not their families. He feels terrible about it, and he says he may have to cut off his employees if prices keep going up.

I want to say to this fine small business owner: Douglas, help is on the way.

Mrs. Linda Schumacher wrote—and this is the one I will close with in this series of stories:

I am a Republican.

Let me repeat what she writes:

I am a Republican, and my husband and I are small business owners. The Senators and Congressmen of both parties who are against President Obama's plan have their own insurance, and it is my understanding that it does not cost what we pay. They do not understand what a huge expense this is. Please listen to the middle class who are in our position or who no longer have insurance. It keeps me up at night worrying. This time the Republicans have it wrong, and they need to know. Please push the health plan. The insurance companies only care about the bottom line, not people.

I wish to say to Mrs. Schumacher: Thank you for putting aside party politics, because this isn't about Republicans and it isn't about Democrats and it isn't about Independents. It is about all of us together.

What happens now? We are hearing the polls, and the polls show Americans don't want us to act. I understand why. There has been so much misinformation. Senator DURBIN, our assistant majority leader, and I were talking about the misinformation that is on this floor from the other side day in and day out, and I believe much of it, if I might say, is purposeful. If you listened to my Republican colleagues over the past few days and weeks, they have trashed this bill and they have trashed the process. Over the weekend the Republican leader said health reform is a legislative train wreck of historic proportions. That is a direct quote.

Earlier this month Senator COBURN used more inflammatory language when he said to seniors—I am quoting

Senator COBURN: I have a message for you. You are going to die soon.

If you want to know what fearmongering is, that is the best example I can give you.

I decided to go back and look at the past CONGRESSIONAL RECORDS. I thought: Have Republicans spoken like this over the years every time we have tried to do some health care, every time we have tried to make life better for people, such as Social Security? I will let you be the judge.

In 1935, on the floor of the House of Representatives during the debate on Social Security, Republican Congressman Jenkins of Ohio said—a Social Security bill, remember, which hadn't passed:

This is compulsion of the rankest kind. Do not be misled by the title. The title says "Old-Age Benefits." Shame on you for putting such a misleading and unfair title on such a nefarious bill. Old age benefits? Think of it. Oh, what a travesty! . . . Mr. Chairman, what is the hurry? Nobody is going to get a dime out of this until 1942 . . . what is the hurry about crowding an unconstitutional proposition like this through the House today?

If you listen to some of my colleagues, you will hear the same thing. What is the rush? As a matter of fact, they had four or five amendments to send it back to committee. What is the rush?

The rush is that 14,000 people are losing their health care every day. The rush is that 62 percent of bankruptcies are linked to a health care crisis, and in 2016 our people will be paying almost half of their income for premiums. Yes. We have to do this, and we started it 7 months ago, and 100 years ago Teddy Roosevelt, a Republican President, put it in his platform. What is the rush? What is the rush?

I wish to tell my colleagues about another Republican Congressman, J. William Ditter of Pennsylvania. This is what he said during the debate on Social Security:

. . . security for the individual, whether worker or aged, will be a mockery and a sham.

This is what he said about Social Security.

And it will allot to our people the role of puppets in a socialistic State.

That is what he said back then. I tell you, if you ask Republicans who are getting Social Security, Democrats who are getting Social Security, Independents who are getting Social Security, they will all tell you the same thing: Keep your hands off it. It works. It is good. It is fair. It is insurance.

It is what we did way back then.

In 1965, when Medicare passed, health care for those 65 and up, Republican Senator Carl Curtis said:

It is socialism. It moves the country in a direction which is not good for anyone.

Years later, we know Newt Gingrich when he was Speaker of the House said he wanted to see Medicare "wither on the vine," his words.

In 1995, while seeking the Republican nomination for President, Senator Bob Dole said:

I was there in 1965 fighting the fight, voting against Medicare, because we knew it wouldn't work in 1965.

So when you hear our Republican friends say, Oh, my goodness, they are making a lot of savings in Medicare; this is bad for the seniors, please, please, which party has stood for protecting our seniors? It is not a matter of being partisan; it is just the fact.

The echoes of the past fill this Chamber.

I am convinced now in 2009 that hope and reason and determination and good policy will triumph over fear and obstruction and the status quo.

Let's look at the immediate and near-term changes for the better that people are going to have, because our colleagues say: Oh, we are raising revenues but there are no benefits right away.

Let's talk about what the benefits are. There will be a \$5 billion high-risk pool immediately for people with pre-existing conditions who cannot find insurance. There will be reinsurance for retirees, so if you are retired and you are getting your health care benefit and something happens to your company, there will be reinsurance so you can still get your benefits. We close that doughnut hole for the Medicare recipients who fall into it and suddenly they cannot afford their prescription drugs. There will be billions of tax credits—billions—up to 50 percent tax credits for small businesses. That is why we have the support of so many small businesses. For new policies, no discrimination against children with preexisting conditions, and children can stay on their family's policy until they are 26 years of age.

What else are the immediate and near-term changes for the better? For new policies, no lifetime limits, no more rescissions. They cannot walk away from you when you get sick. They are required to cover essential preventive health benefits such as mammograms. It prohibits discrimination by employers based on salary of their employees. An employer cannot say: If you earn over \$250,000, you get these great benefits, but if you earn under \$50,000, you get a worse array.

By 2011, standards for insurance overhead costs go into place. If your insurance company spends too much on overhead and too much on executive pay, let me tell you what happens. They have to rebate to you, the policyholder. We also see increased funding for community health care centers. This is going to make a huge difference. There will be a national Web site to shop for affordable insurance. There will be a long-term care program that is voluntary into which you can buy. Insurance companies with unreasonable premium increases can be barred from the exchanges that will be set up in 2014. So they will be making sure they do not increase your premiums beyond a reasonable amount.

This bill will benefit the insured in one way—I do not think people understand this—by 2014; 62 percent of families will no longer face unsustainable premium costs. If you are a family of four and make less than \$88,000 a year, you will never have to pay more than 9.8 percent of your income on health insurance premiums. This is an amazing thing most people do not focus on. I just explained that the nonpartisan studies show—and this is important—that they will be paying, the average family, 45 percent of their income for health care. In 2014, people in this country will not have to pay more than 9.8 percent of their income on health insurance; otherwise, they will get tax credits. That is very important.

This bill is going to benefit our seniors. That is why it is endorsed by the AARP. We eliminate the prescription drug coverage gap. That is the doughnut hole. We extend the life of the Medicare trust fund by 9 years. We reduce waste and fraud in Medicare. We provide for free yearly wellness visits for seniors. This bill saves Medicare. This bill makes our seniors stronger. They will have more benefits, and they can never lose their guaranteed benefits.

Small businesses will be able to reduce their costs, again, by getting immediate tax credits. In 2014, they will be able to access the exchange, as will self-employed people. They will have the power of big business behind them as they go into those exchanges.

I want to talk about public interest provisions. I wanted a public option; let me be clear, because I felt it would keep the insurance companies honest. But let me tell you what we have in here that are definitely public interest provisions. We expand Medicaid. That is a public plan to cover an additional 14 million people, and that starts in 2014. That is 1.5 million Californians. In my State, the Federal Government will pay the full fare for those added people for 3 years, and after that, far more than we get paid now. HHS will set the initial rules for the State exchanges. So those getting into the exchanges have to be fair. The OPM plan—that is the plan that will be part of the exchange—will be set up by the government, the Office of Personnel Management.

Again, community health centers. A basic plan can be created by the States, which I think is very important. I thank MARIA CANTWELL for working so hard on that issue.

If people tell you we do not have anything to do with public options, they are really not right. You have to look carefully at this bill.

I want to talk about the deficit. We reduce the deficit between 2010 and 2019 by \$132 billion, and between 2020 and 2029, there is up to a \$1.3 trillion deficit reduction, according to the Congressional Budget Office. That is a nonpartisan office. This bill reduces the deficit. I am going to say it one more time. This bill reduces the deficit. And

the reason is, we invest in prevention, and that pays off. We finally will be able to say to the insurance companies: Stop your gouging. And that pays off. We do have competition now because we will have that special plan run by OPM, the State option MARIA CANTWELL put in there. This is why we see the reduction, including taking the fraud and the waste out of Medicare. We do not need fraud and waste.

Here is how I want to close. Health care coverage for all Americans has been such an elusive goal for nearly a century. If you look at Republican Presidents, Democratic Presidents, Republican Congresses, and Democratic Congresses, we have tried it over and over again, and the status quo has always prevailed.

Our beloved friend, Senator Ted Kennedy, whom we miss so much, particularly during a time such as this, fought for health care right here on the floor from the moment he became a Senator in 1962 to the moment he died. In an op-ed in the Washington Post this past Friday, Ted Kennedy's wife Vicki wrote:

Ted often said that we can't let the perfect be the enemy of the good.

I want to say to Vicki, she is exactly right. Each of us could write this bill our way. Believe me, if I wrote a bill, to me it would be perfect. But to my friend in the chair, she would say: I can make it better. And all of us could. This is the legislative process. This is a good bill.

Vicki goes on to say:

The bill before the Senate, while imperfect, would achieve many of the goals Ted fought for during the 40 years he championed access to quality, affordable health care for all Americans.

He is not here to urge us not to let this chance slip through our fingers.

And she says:

So I humbly ask his colleagues to finish the work of his life, the work of generations, to allow the vote to go forward and to pass health-care reform now. As Ted always said, when it's finally done, the people will wonder what took so long.

I thank Vicki, not only for writing that wonderful editorial but for actually being in the Chamber when we took that first vote to break down this filibuster.

I say to my colleagues, I am so proud that today we are moving closer to fulfilling the promise of health care for all Americans, including the 40 million Californians I am so privileged to represent. I thank my colleagues for all the work they put into this bill. I spent a lot of time on it myself, and this moment is very poignant. I hope we pass it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KERRY. Madam President, let me begin by commanding the Senator from California for an outstanding presentation regarding this legislation. I was listening to her in my office before I came over to the Chamber. I lis-

tened to her over here. She laid out in a very careful, deliberate, and thoughtful way the realities about this legislation before us. I thank her for a terrific presentation.

I wish to pick up a little bit where she has left off. But let me inquire so I understand where we are. How much time is remaining on the majority side?

The PRESIDING OFFICER. The majority side has 34½ minutes remaining.

Mr. KERRY. I thank the Chair.

Let me begin by saying I also listened to our colleagues on the other side of the aisle, particularly the Senator from South Dakota, just a little while ago. I was really struck by the chart they put up showing Medicare going up and up and up, and then they talk to Americans, basically scaring them, trying to say: If you pass this bill, it is not going to do anything to reduce the crisis in Medicare down the road.

The reality is, that is all they present, is the scary picture of a future which they are not even describing accurately. They have had a year and a half—a year and a half—that we have been working on this legislation, since it was announced in the Finance Committee, on which I serve, and we held a day-long—I think a 2-day long conference over at the Library of Congress and within the committee where we began the work, laying the groundwork and foundation for a new Presidency and for the work that has gone on this year. Many of their Members took part in that. So there is no secret here as to where we are.

This is a debate that has gone on in the United States of America since Harry Truman was President of the United States and before. We all know that President Teddy Roosevelt, a Republican, put before the country the notion that every American should be able to have their sickness dealt with.

Nobody has ever contemplated that you ought to go bankrupt in order to have health care. But, as we know, we have more bankruptcies in America—health care bankruptcies—every year than any other nation on the planet. I think we are the only nation that really knows health care bankruptcy. The stories we have heard—countless stories.

Earlier this morning—I guess to get my times correct—when we were here at 1 in the morning, we heard the majority leader talk about those very poignant, moving situations of individuals in Nevada. We heard the Senator from California. There are stories from every Senator, from every State. Yet it is only this dividing line, right here down the center of this Chamber—it is only the Senators on this side of that dividing line who seem to be prepared to try to address this issue. The fact is, the managers' amendment, which is now the pending business before the Senate, brings us even closer to being able to address many of the major concerns we have.

Senator after Senator has come to the floor and described the way in which this bill does not do everything we want it to do. I have been a passionate supporter, as was Ted Kennedy and a lot of our colleagues, of a public component of this plan. Why? Because I believe that is the best way to create the kind of competitive pressure that will restrain a group of insurance companies that have shown no predilection to restraining themselves over these past years.

If you are for the status quo, then you will vote no, the way our colleagues have voted. But the American people are not satisfied with the status quo. People in America understand that health care costs are breaking the backs of families. They are breaking the backs of businesses. They are a huge albatross around the neck of American competitiveness.

Many of our companies have a harder time competing because there is a health care premium tax, if you will, for the uneven distribution of being sick in America. Obviously, if you are sick in America, you get care at some point in time. It may well be that point in time is when you are on your deathbed or when you are so sick that you finally go into the hospital, into an emergency room, and the emergency room becomes your first contact with the medical system or it becomes your primary care facility. We have almost 50 million Americans for whom that is true—50 million Americans who don't have health care. So they do not get an early screening, they do not get an early determination of what may be wrong with them. They do not get what somebody who has a health care plan gets, which may be a mammogram or a Pap smear or a PSA test for prostate cancer, or any number of evaluations, perhaps early detection of diabetes.

We spend almost \$100 billion in the United States for unnecessary dialysis and/or amputations that take place because people weren't able to go to a doctor earlier and learn that they had a type of diabetes that might have been able to be treated in a far less expensive and dramatic and personally costly way.

The word "history" gets thrown around in the Senate probably more than it ought to. We often refer to something as being historic, where sometimes it is a reach. There is no question that we are on the threshold of an unbelievably historic moment in the Senate. This is history we are living here now.

When I think of what we tried to do in 1993 and 1994, when President Clinton was in office and we tried to pass health care—we got beaten back by false advertisements—Harry and Louise—scare tactics, and I might add a plan that didn't quite pull the pieces together as effectively as we have. We have learned a lot of lessons since then. We have had many fits and starts, with children's health care, portability, and trying to deal with certain gender dis-

crimination or other discrimination within the systems. We have gotten little pieces done. But all the time, the basics of the system have been without the reform necessary to bring down costs and make health care more accessible to more Americans.

So I have no doubt we are reaching a moment of historic importance here. This is a moment where we are going to finally provide access to almost all Americans. Thirty-one million Americans are going to gain health care coverage through this legislation when we pass it, and that will bring us up to 94 percent.

To give an example, in Massachusetts, where we passed health care reform a couple of years ago, we mandated that everybody be covered and we created a penalty for companies that don't offer the insurance, but we have a pool that helps provide coverage to people who can't afford it. We now have 97.6 percent of all our citizens covered in the State of Massachusetts. The fact is the premiums in the individual market, which is where it is most expensive for Americans to go out and buy health insurance, went down by 40 percent. The premiums went down by 40 percent in Massachusetts for a quality of care that people love. The premiums in the rest of the country went up 14 percent. That is a 54-percent spread in the cost of premiums between those who got health care reform and those who did not.

That is precisely what we are going to be able to provide Americans—beginning to provide Americans with this. One of the reasons we can't provide it as effectively as in Massachusetts is because there are certain things we do in Massachusetts that the other side, or some folks, have prevented us from being able to do here.

Let me sort of lay it out here. There are a couple of things that bother me about this. We keep hearing from our colleagues—and I heard this from the Senator from South Dakota—that we are not going to be able to save money in the legislation we are going to pass. In fact, nothing could be farther from the truth. All of us know, as a matter of common sense, that many of the measures in this legislation are going to reduce the cost of health care, and one of the reasons is that the CBO analysis is generally limited to the Federal budget. It doesn't attempt to account for savings in the health care system that come from policies that are implemented through reforms.

For example: The CBO found only \$19 billion in government savings from transitioning toward post-acute bundled payments in Medicare. But recent research in the New England Journal of Medicine suggests that bundled payments—bundled payment, for somebody listening who doesn't understand, is when you take all the payments that come to a hospital or to the providers who provide the care, and the payments are all put together for the various services that you get and they

have to decide how to provide you those services in a cost-effective way based on the whole universe of money that has been put on the table. It is different from what we do today, where we don't bundle it and say: Take care of this patient, and all of your various parts have to fit into a whole. Today, we pay each of the separate parts without relationship to what their connection is to the total care of a patient. It is unbelievably wasteful, ineffective, sometimes redundant, it is noncommunicative, and that is one of the reasons why in America we don't get the same outcomes for less money that people get in Europe or in some other countries.

But we have learned from the New England Journal of Medicine, which is a highly respected medical journal, that the bundled payments for chronic diseases and for elective surgeries could reduce health care spending by as much as 5.4 percent from 2010 to 2019. Yet we don't credit for that savings. They do not talk about it. But common sense tells us, because we have seen it where they have done these bundled payments, that you are going to reduce the costs.

In addition, even if such savings only applied to half of the spending in the health care sector, the result would be more than \$900 billion of savings over the next 10 years. If bundled payments get expanded beyond the post-acute care, and even half of the potential savings from bundled payments were realized in the Medicare Program during the upcoming decade, these savings would translate to an additional .2 percent of savings per year or reduction in program expenditures, and that would be more than \$190 billion between 2010 and 2019.

I have talked about \$1 trillion—\$1 trillion—of savings that does not even get formally presented to the American people as part of this process because of bureaucratic technical rules about what the budget applies to. Everybody on the other side of this aisle knows, as a matter of common sense, if you look at the experience, the way it has already been proven in the marketplace, and if you apply your thinking to this, we are going to reduce the cost of health care.

Similarly, large reductions in Federal health care expenditures are plausible from the combination of other delivery system reforms. A lot of Americans aren't aware of this, but here is what we have. Accountable care organizations. We don't have that today. Suddenly, we are going to have an accountability in the care organizations delivering service. That is going to provide savings.

We have incentives to reduce hospital-acquired infections. One of the biggest single fears people have today in America when they go to the hospital is that they are actually going to get an infection in the hospital, and the chances of coming up with a staph infection or some other kind of infection are very real and very high. There

are actually different practices between different hospital operations. I happen to know this on a personal basis because my wife recently had an operation in one hospital system and they had a certain procedure to try to deal with the MRSA infection, and a certain washing and disinfection process you went through, and I know other hospitals where they do not do the same thing.

In addition, we are going to have health information technology reform adoption. There is going to be administrative simplification that would standardize and streamline insurance paperwork. I mean, if you go to the ATM machine and pull out some money, it is about a penny or half a penny per transaction. If you go to the hospital, where they do not have technology managing the records and people are doing it, it is about \$20 to \$25 per transaction to pull the records. In the age of computerization and information technology, it doesn't make sense, and all of us know that. But we also know that because we are putting money on the table and incentives in place to help do that, we are going to be able to get additional savings; all of the savings that are on top of the \$1 trillion of savings I have already talked about, and none of which gets measured when our colleagues come to the floor to say what a terrible bill this is.

CBO has also grossly underestimated savings in the past. I am not picking on CBO. They have had an incredibly hard job, and they have done an incredible job. They have been completely overworked on any number of efforts, where we have been asking for models and analyses. But it is automatic in a process that you are going to lose some things.

According to the Generic Pharmaceutical Association:

In 1984, it was predicted that the Hatch-Waxman Act would save our country \$1 billion in the first decade. Now, generic medicines save more than that every three days.

Every 3 days we do what was predicted to happen in savings every 10 years. In the mid 1990s, the Congressional Budget Office released an analysis showing that in 1994—the tenth anniversary of the Hatch-Waxman Act—annual savings of generics had reached approximately \$8 billion to \$10 billion. The new data released showed that by 1999—15 years after Hatch-Waxman became law—generics were generating \$49 billion in annual savings. In the last decade alone, generics have saved consumers, businesses, State and Federal governments \$734 billion.

I haven't even talked about the wellness provisions or the prevention provisions that are in here. When we start getting all of America more tuned in to the things we can do to prevent diseases by taking actions in our lives, our lifestyles, in our diet, and any other number of things, we can bring the cost of health care down in America.

We keep hearing about the secrecy and how this legislation has been hidden from folks for a long period of time. Again, that is not true. There is nothing in this legislation that we haven't been working on or talking about or wrestling with in committee, out of committee, in hearings, in the public debate for over a year now. If the minority had taken a little less time to have press conferences and spending their time doing news conferences denouncing what they hadn't analyzed, they would have a better sense they might have been able to read the managers' amendment on the Internet for over a month—excuse me, the managers' amendment was on the Internet on Saturday, and many of us looked at it, because many of us have worked on provisions and we wanted to make sure they were in there. It wasn't hard to read it to see what was and wasn't included in it. In addition, the underlying bill has been posted on the Web for over 1 month.

But the fact is the minority has made a fundamental political calculation here. They do not want to work with us. In all the time we were in the Finance Committee trying to mark it up, we never had people come to us—as I often have here in the 25 years I have been here when you are legislating seriously—and say, hey, if you include this or if you work this a little or if you tweak this, I think I could support this bill. There is just a fundamental political divide, a fundamental philosophical divide. We are looking at a party whose opposition to health care for Americans is not new. My colleague from California talked about it a few minutes ago. In 1935, they tried to kill Social Security and succeeded in preventing health care from being included in the bill at that time. They argued in 1935 the same thing they argue now.

Madam President, may I ask how much time we have?

The PRESIDING OFFICER. The Senator has consumed 20 minutes.

Mr. KERRY. How much time do I have?

The PRESIDING OFFICER. The majority has 15 minutes remaining.

Mr. KERRY. And is that predesignated? Is the 15 minutes remaining predesignated, Madam President?

The PRESIDING OFFICER. Not by order.

Mr. KERRY. Madam President, in fairness, I was not aware; I thought I had the full amount of time, but I do not. I want the Senator from Connecticut to be able to share his thoughts also. Let me just say, and I will wrap it up here, that the insurance industry, which they sought to protect, survived the passage of the Social Security Act. In 1965, we passed Medicare. Medicaid came afterward. They opposed it. They opposed Medicare, one of the most important programs in the United States of America, that lifted countless numbers of seniors out of

poverty. They said no. The insurance industry survived Medicare and Medicaid. They are doing very well.

According to CBO, the gross cost of the managers' amendment is, over the next 10 years, \$871 billion—less than the \$1 trillion we started with in our committee. But it buys a lot. I will talk at some time, perhaps tomorrow or afterward, about what this bill provides in addition. But I think it is critical for people to follow the truth, to look for the facts, and to measure the reality of the positive ways in which this legislation will provide additional help to seniors, will reduce premiums for many Americans, will help people afford coverage who do not have it today, will spread risks throughout the system more effectively, will improve care and delivery within the hospitals, will prevent people from being denied insurance if they have a preexisting condition, will prevent them from being kicked off insurance they paid for and thought they had when they get sick and they suddenly get that letter that says: Sorry, you are not covered anymore, and families go bankrupt—that is over. That alone is an enormous step forward for this country.

CBO has underestimated savings before.

According to the Generic Pharmaceutical Association . . . “In 1984, it was predicted that the Hatch-Waxman Act would save our country \$1 billion in the first decade. Now, generic medicines save more than that every three days.”

In the mid 1990s, the Congressional Budget Office released an analysis showing that in 1994, the 10th anniversary of the enactment of Hatch-Waxman, annual savings from generics had reached approximately \$8 billion to \$10 billion.

The new data released showed that by 1999—15 years after Hatch-Waxman became law—generics were generating \$49 billion in annual savings.

In the last decade alone, generics have saved consumers, businesses, and State and Federal Governments \$734 billion.

According to a December 14 report by the President's Council of Economic Advisors: CBO's analysis is generally limited to the Federal budget, and does not attempt to account for savings in the health care system more broadly from policies implemented through reform. For example, the CBO found only \$19 billion in Federal Government savings from transitioning toward post-acute bundled payments in Medicare. However, recent research published in the *New England Journal of Medicine* suggests that bundled payments for chronic diseases and elective surgeries could reduce health care spending by as much as 5.4 percent from 2010 to 2019. Even if such savings applied to only half of spending in the health care sector, the result would be more than \$900 billion of savings over the decade. If bundled payments were expanded beyond post-acute care and even half of

the potential savings from bundled payments were realized in the Medicare program during the upcoming decade, these savings would translate to an additional 0.2 percent per year reduction in program expenditures, or more than \$190 billion between 2010 and 2019.

Similarly large reductions in Federal health care expenditures are plausible from the combination of other delivery system reforms, including: Accountable care organizations, incentives to reduce hospital-acquired infections, health information technology adoption, and administrative simplification that would standardize and streamline insurance paperwork. This will help cut down on the \$23–\$31 billion time cost to medical practices of interacting with health plans and their administrators.

Another potentially significant cost saver within the Senate bill is the Independent Medicare Advisory Board—IMAB. The IMAB would recommend changes to the Medicare program that would both improve the quality of care and also reduce the growth rate of program spending. The CBO score of the Senate bill estimates that the IMAB would reduce Medicare spending by \$23 billion from 2010 to 2019, with the savings likely to continue in the subsequent decade. The IMAB has the potential to increase the savings from many of the delivery system reforms described above, which may not be fully captured by the CBO estimates for the reasons previously mentioned.

Taken together, the combination of Medicare- and Medicaid-related provisions in the Senate's Patient Protection and Affordable Care Act are estimated to reduce the annual growth rate of Federal spending on both programs by 1.0 percentage point in the upcoming decade and by an even greater amount in the subsequent decade. These savings would increase national savings and improve the long-run performance of the U.S. economy.

The PRESIDING OFFICER. The Senator from Connecticut is recognized.

Mr. LIEBERMAN. Madam President, I rise to declare and explain my support for the Patient Protection and Affordable Care Act. First, I commend Senator REID and all those who worked so long and hard, including my friend and colleague from Connecticut, Senator DODD, for all they have achieved in this legislation. The truth is, no piece of legislation, as significant and complicated as this is, could possibly be totally satisfying to every one of us. In the end, each one of us has to ask ourselves: Do the positives in this legislation substantially outweigh the negatives? Are the things we like in the bill greater than the things that worry us? For me, the answer to both these questions is yes, because this bill makes real progress on the three important goals I have had, and I think most people have had, for health care reform.

First, most of us have wanted to stop the continuous increases in the cost of health care that burden every individual, family, business, our Government, and our economy. Second, we have wanted to regulate insurance companies to provide better protections for consumers and patients. Third, we have wanted to find a way to make it easier for millions of Americans who cannot afford health insurance today to be able to buy it tomorrow. I believe this bill makes real progress in achieving each of these three goals. Most importantly, it does so in a fiscally responsible way.

The Patient Protection and Affordable Care Act not only does not add to our national debt, through new health care delivery reforms it will help reduce the debt by \$130 billion over the first 10 years, according to the independent Congressional Budget Office. That figure could multiply many times over during the second 10 years, thanks, in part, to the managers' amendment that incorporated stronger cost-containment proposals that several of us, across party lines, made to Senator REID.

In addition, it is very significant that, according to the Actuary at the Center for Medicare & Medicaid Services, this bill will extend the solvency of the Medicare trust fund for an additional 9 years. This act will also take substantial steps toward creating a health care delivery system that pays for the quality of the care patients receive rather than the quantity of care. I am proud to have worked with Members of both sides of the aisle to include amendments that would do that.

For instance, Senator COLLINS and I introduced an amendment, parts of which were included in the managers' package, that will enhance transparency for consumers so they can make more informed decisions in choosing their health care providers and insurers. In fact, our amendment will create Physician Compare, a new Web site where physician quality measures that exist now but are not known by the rest of us will be posted for everyone to see and to use in the choice of physicians. This will also create incentives, we believe, for doctors to provide high-quality, more efficient care.

I also cosponsored an amendment introduced by Senator WARNER and some other freshman Senators that will contain costs even more. This amendment creates prevention programs to help us understand how to effectively manage chronic diseases such as diabetes, and it requires prescription drug plans under Medicare Part D to offer medication therapy management services to beneficiaries so they can better adhere to their prescription treatments. All that is progress on the first goal that I and most others had, which is to reduce the cost of health care without compromising—in fact, improving—its quality.

The second goal. If this bill passes, insurance companies, as Senator

KERRY said, will not only not be able to deny coverage if an individual has a preexisting condition, they will not be allowed to rescind coverage if you become sick, which is the outrageous reality today. Thanks to changes made by the managers' amendment, insurance companies will also be required to spend more of the premiums they collect on medical expenses for patients rather than on administrative costs and profits. That is real progress on the second goal I mentioned.

As for the third goal, the fact is attested to by the CMS Actuary and CBO, 31 million more Americans will be able to have health insurance as a result of this legislation. We say that so often I think we forget the power of it—31 million people who do not have health insurance today will have it after this bill passes. That is a giant step forward for our society. It is not only the right thing to do, but it will also eliminate the so-called hidden tax that each of us who has health insurance today pays in higher premiums when someone who has no health insurance gets sick and goes to the hospital to be treated. That is real progress on the third fundamental goal of health care reform that I mentioned.

Is there anything in the bill that worries me? Of course, there is. I would say, most of all, I worry that we, and future Congresses, will not have the discipline to keep many of the promises we have made in this bill to control costs by transforming the way health care is delivered because some of these reforms are controversial and they are going to be opposed by some health care providers and health care beneficiaries. Without the kind of discipline I have just mentioned, this bill will add to our national debt or increase taxes. Neither of those results is acceptable. If we stick to the contents of the bill, this bill will cut health care costs and it will reduce our national debt.

In my opinion, our exploding national debt is the biggest domestic threat to our country's future. That is why I have said this bill must reduce that debt, not increase it. Accumulated debt is currently over \$12 trillion, with our budget office estimating an additional \$9 trillion added in the next 10 years. That is unprecedented in our history. We are running up to the time when we can see a moment possible that we never thought would be possible, when our capacity as a nation to borrow will be imperiled, when we will have to raise interest rates so high it will constrict our economy and send us back into a recession, worse than the one we are coming out of now.

We cannot bring the fiscal books of our Government back into balance by only making the health care system more cost efficient, but we will never control our national debt without doing so. Medicare is in a particularly perilous condition today. Without reform, the Medicare trust fund will be broke in 8 years—broke. With tens of

millions of baby boomers reaching the age of eligibility, we simply must protect Medicare so it remains a viable program for both current and future generations.

This leads me to my firm opposition to the creation of a new government-run insurance program and to lowering the age of eligibility for Medicare to 55 years. That opposition was rooted in my very serious concerns about our long-term national debt and the fragile fiscal condition of Medicare. For any new government-run insurance program, including the Medicare extension-expansion idea, the moment premiums do not cover costs the Federal Government—that is Federal taxpayers, the American people—would have to pay the difference. That could easily put our Federal Government and the taxpayers on the hook for billions and billions of dollars in future liabilities and further jeopardize the solvency of Medicare.

Because of the insurance market reforms in this bill and other measures—the creation of a new system of tax credits and subsidies for people making up to 400 percent of poverty—the creation of a new government-run health care, the so-called public option or the expansion of Medicare to people under 65 is not necessary. Neither proposal would extend coverage to one person who will not be benefited by the new provisions of this bill, neither the public option nor the expansion of Medicare. Yet both proposals would, in my opinion, lead to higher premiums for the 180 million people who have insurance today and are struggling to afford the health insurance they have now because of cost shifting.

According to studies by the CBO, a new government-run insurance program, a public option, would actually likely charge higher premiums than competing private plans on the exchange, and expanding Medicare to cover people 55 years or older would lead to additional cost shifting.

I know the removal of the public option from the bill in the Senate disappointed and angered many Members of the Senate and the House, while I know it pleased and reassured others. I wish to say to those who were not happy about the removal of the public option from this bill that I believe President Obama never said a public option was essential to the reform goals he set out to achieve and that most of us have. When the President spoke earlier this year to the Joint Session of Congress, he said a public option is “an additional step we can take.” An additional step, he said, but not an essential one. Then, he added, “The public option is only a means to that end.” He concluded that we should remain “open to other ideas that accomplish our ultimate goal.”

I am confident this bill accomplishes the goal the President and most of us set out to achieve without the creation of a brand-new government-run insurance company or the further weak-

ening of Medicare. This bill, as it appears it will emerge from the Senate, is delicately balanced. I understand the normal inclination in a conference committee with our colleagues in the House is to split the difference. But splitting the difference on this bill runs a real risk of breaking the fragile 60-vote Senate consensus we have now and preventing us from adopting health care reform in this Congress.

That would be a very sad ending. Rather than splitting our differences, I hope the conferees will adopt our agreements so we can enact health care reform this year. The rules of the Senate require 60 votes to end debate on a conference report.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. LIEBERMAN. I ask unanimous consent for an additional moment, maybe 2 moments, to complete my remarks.

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

Mr. LIEBERMAN. Each Member of the Senate will have to decide once again when this bill emerges from the conference whether he or she wants to be one of the 60 votes necessary to take up and pass the conference report. In this case my own sense of the Senate is the same as that expressed in the last few days by Senators CONRAD, NELSON, and others. If significant changes are made to the Senate bill in conference, it will be difficult to hold the 60 votes we now have. I have two priorities that will matter a lot to me. The first is to continue and maintain the health care reforms that will improve the cost-effectiveness of our health care system and help reduce the national debt. Second, I hope there will be no attempt to reinsert a so-called public option in any form in the conference report. That would mean I will not be able to support the report.

I want to support it. I believe I am not alone in that opinion among the 60 who supported the bill last night. Our exploding national debt is the biggest threat to our Nation’s future. That means we must begin to make politically difficult decisions to reduce our debt. That means saying no to some groups and some ideas, including some we would otherwise support, because we simply cannot afford them.

A final hope about the conference report. Perhaps some will say it is naive. I hope the conferees will find a way to produce a report that can be supported by some Republican Members of the Senate and House. It is a sad commentary on this moment in our political history that so major a reform will be adopted with no bipartisan support. Hopefully the conference will find a way, difficult as I know it might be, to conclude this long legislative journey with a bill that is not only worth supporting, as I believe the Senate bill now surely is, but also engages the support of Members of both parties.

I yield the floor.

Mr. ENZI. I ask unanimous consent that our time be extended in the same amount as their time was extended.

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

Mr. ENZI. I yield myself 15 minutes.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, the majority has voted to cut off further amendments to this bill. Senator REID has used a procedural tool that prevents Republicans from offering amendments. Several of my Democratic colleagues have come to the floor to argue that Republicans don’t have any ideas on how to improve the bill. Nothing could be further from the truth. Republicans have filed over 200 separate amendments. Yet the majority is refusing to allow us to vote on any. On a bill that will affect the health care of every American and one sixth of the Nation’s economy, the majority has not allowed us to have more than 10 votes to try to improve the bill.

This bill needs to be fixed. We know this bill currently will cut Medicare, raise taxes, and increase insurance premiums. If we had the chance to offer amendments, I believe we could make changes to fix the problems. I filed nine amendments, but I have not been allowed to offer any. I believe any reform should reflect the following core principles: reducing health care costs so that all Americans get the quality, affordable care they need, ending discrimination based on preexisting conditions, ensuring everyone has access to at least catastrophic care, preserving the right of patients to choose the doctors and health insurance plans that meet their needs, eliminating junk lawsuits and reforming our medical liability system, reducing health care costs for all Americans, improving patient safety, encouraging incentives for healthy behaviors by allowing insurers to charge low premiums to people who eat healthy, exercise regularly, and abstain from tobacco use, protecting Medicare for seniors by ensuring that any savings found in Medicare, a program that is going broke, are used to strengthen that program, not to create new entitlements, and helping all Americans afford health care coverage by fixing the flawed Tax Code so that all Americans can get tax benefits for purchasing health insurance.

Unfortunately, the bill fails to do these things. I know most Members agree on those principles for reform. The hard part is making the principles come to life by translating them into bill language. I did that a few years ago when I introduced 10 steps to transform health care. Once the bill was introduced, I went on a tour of Wyoming in March of 2008 and hosted town meetings to talk about health care to my constituents. Some of the ideas I included in my 10 steps plan I also filed as amendments to the Reid bill. We need to end discrimination based on preexisting conditions. No one that has at least catastrophic coverage should

be denied coverage for a preexisting condition. Everyone should have catastrophic coverage, but no one should be forced to buy anything. If someone does not at least have catastrophic coverage, then they should have to pay more if they want coverage in the future.

Everyone should get the choices for health care that Senators get. Senators get to choose between competing private plans. So should all Americans. Senators get the same choices as any other Federal employee. No more, no less. The janitor in the building, the mailman, the forest ranger, we all get the same choices. All choices are from private insurance. The Federal Government does not have its own plan. Like other employers, the Federal Government does pay part of our health care, but not all of it. Our choices allow us to pick a plan with a higher premium at a lower deductible or a plan with a lower premium and a higher deductible. Everyone should have these same choices, but they would have to work for a company willing to make a contribution to be personally willing to make that contribution and pay the remaining premium and deductible.

No matter how the health care reform bill comes out, there will not be free insurance. Everyone will pay something. The amount we pay should have a relationship to the choices we make. Insurance costs will only come down if we are encouraged to make the best choices.

Speaking of choices, there is no reason shopping for health insurance should be any more complicated than purchasing an airline ticket. Everyone should be able to fire up their computer and look up health insurance options as they look up airline flights. Each State should set up a Web site or an exchange where consumers can find the listing of all the health insurance plans sold in their State. The public should be able to pick their health insurance using the information on the Web site. Each health plan would list what is covered, the premium, the deductible, and the copay, not what Washington says they have to put on there. Every insurance company should be allowed to list their plan on any exchange, and the State could certify whether the plans meet the minimum requirements and whether subsidies could be used for those plans. There could also be ratings for how well the company provides for its insured customers, but people could buy from any company, having been warned.

Everyone could use the transparencies of the exchange to find the insurance that best suits them. Transparency would also bring the costs down. Another thing that will bring down cost is changing the system from one that provides sick care to one that provides health care. One way to do this is to focus more on preventing preventable diseases. We know that incentives to encourage changes in behavior can result in lower costs for patients

and employers. We know this because 70 percent of all health care costs are driven by behaviors. If you provide incentives to change those behaviors, you have a potential decrease in cost of 70 percent of all of the health care costs for an organization.

Companies such as Safeway have designed plans that focus on personal responsibility and provide targeted incentives that lead to behavior changes that can reduce the risk of developing four of the most costly chronic conditions. Safeway's model, focused on four chronic conditions, can be attributed to 75 percent of all health care costs: Cardiovascular disease, which is 80 percent preventable; cancer, some types are 60 percent preventable; type 2 diabetes, which is 80 percent preventable; and obesity. As a result, Safeway has seen their health care costs remain flat over the past 4 years, while other employers experience annual cost increases as high as 6.3 percent. This is a huge accomplishment for Safeway and its employees, and the employee satisfaction is fantastic. Senator HARKIN and I had an amendment that would do that. It was inserted into the HELP Committee bill and then pulled out without talking to us before it was printed in September. Never heard of that being done to Senators before.

Health care reform legislation should include the necessary provisions to ensure that companies can continue to provide successful prevention programs that lead to better health and lower costs but also allow those programs to be replicated across public and private health programs. We should encourage these programs and allow people to reap the benefits of better health outcomes and lower health costs. Additionally, people who smoke should have to pay more. People who don't smoke should pay less. People should be encouraged to quit smoking, start exercising, and eat healthy. To put it simply, allow folks who follow healthy practices to pay less for their health insurance.

People should be able to buy insurance across State lines. Companies should be able to sell insurance anywhere in the United States. Policies should be listed on the State exchanges with a disclaimer stating the policy is an out-of-State policy. The exchanges would also say whether the policy meets minimum credible standards according to Washington and the State. Insurance commissioners in both the insurance company's State and consumer's State, each get their usual amount for the sale—originators, because they can be consulted, and purchaser State, as they have to handle complaints.

We need to help small businesses. I have been working on health care reform for some time. Small business owners are seeing their insurance premiums go up and up every year. They need real help. What they don't need is for the Federal Government to make their insurance even more expensive.

CBO says the Reid bill will drive up insurance costs for small businesses. I have proposed a bill that CBO scored as saving small businesses money by lowering their health insurance premiums by up to 6 percent.

Small business health plans allow businesses to join together through their trade association across State lines even nationwide so they can form big enough purchasing pools to effectively negotiate with the insurance companies and providers. Ohio has enough people they were able to do this within their State. It is effective. It brought down the cost of health care. They were able to save 23 percent just on administrative costs. They were sure if I could get my bill through, they would save even more by going across State borders. That is one that has been in the lab. It has been proven to work. Not in the bill.

Small Business Health Plans, which was S. 1955, drafted by myself and Senator NELSON of Nebraska, former Governor and insurance commissioner, was voted out of the committee in March 2006. On May 2006, cloture on the bill was not allowed in the Senate by a vote of 55 to 43. I know how tough health care reform is to pass. I had a majority of the votes but not enough to begin debate. At the same time, Senator SNOWE was poised to do a single amendment that would have solved the objection for 80 percent of those who voted against it. Without cloture, that amendment could not be offered. The Snowe amendment would have solved the question of what health plan mandates would be required. The desire for mandate clarification was the objection that had the disease groups working against the bill. The insurance companies worked against the bill and successfully defeated other versions called associated health plans for over a decade. I was able to neutralize much of the insurance lobby.

By creating Small Business Health Plans, we can put small business owners in the driver's seat instead of the Federal Government or insurance companies. Through their associations, small business owners will have the kind of clout in the marketplace needed to negotiate high-value and high-quality health insurance for their members on a regional or even national basis.

Additionally, throughout the health care debate, we have heard Democrats say we need a public option in order to keep insurers honest and to have more choices for Americans. However, the only place where we don't currently have competition is for the millions of Americans who are currently trapped in the Medicaid Program. Democrats believe it is OK to lock 54 million poor American people into Medicaid and have them languish in a system that is broken and they are unwilling fix. Their solution is to keep adding more Americans to this broken system. A 2007 Wall Street Journal article stated that Medicaid beneficiaries have poorer

health than their peers with private insurance. A study published in the *Journal of the American College of Cardiology* found that Medicaid patients were almost 50 percent more likely to die after coronary artery bypass surgery than patients with private coverage. Merritt Hawkins found that in 15 major metropolitan areas and in seven particular cities, including Washington, DC, Medicaid acceptance was below 50 percent.

A 2002 MedPAC report stated that 40 percent of physicians—let me repeat that: 40 percent of physicians—will not treat Medicaid patients because of their concerns about reimbursement and the time and added cost of completing the billing paperwork. Even the Office of the Actuary at the Centers for Medicare and Medicaid Services has stated that providers will accept more patients with private insurance than government-run health care due to the more attractive private physician payment rates. If you cannot see a doctor, you do not have insurance, no matter what the special name.

As we increase dramatically the number of people eligible, we should find a way to offer them regular insurance so they do not have the stigma of being on Medicaid. They should be able to choose between the usual Medicaid and a private policy with a subsidy.

Unfortunately, the Reid bill expands Medicaid, and the reason is because it is cheap. According to the Congressional Budget Office, it costs 20 percent more to cover a person in the exchange, funded by Federal dollars, than through Medicaid, which is shared between Federal and State governments.

One of my amendments would change all of this. Senators and their staffs all have the ability to choose between competing private plans, and I believe we should give that same kind of choice to low-income Americans. Instead of trapping people in a broken Medicaid Program, my amendment would provide individuals who would otherwise be enrolled in Medicaid through the expansion in this bill the right to choose to be covered by Medicaid or a qualified private health plan offered through their State exchange. Every American should be able to choose to enroll in private insurance, and my amendment would provide real choice access to a network of physicians and fix this problem. It would also assure them they would have coverage for an entire year, not just while their income fluctuates.

On the topic of expanding government programs, I would also like to mention that if you save money in Medicare, it should only be used to help Medicare because it is already going broke. The current bill takes money from Medicare and uses it for other government programs. This bill takes \$466 billion from Medicare and uses it to start new entitlements that have nothing to do with Medicare. Yet they start a new commission to figure out where to make additional Medicare

cuts in order to keep the system going—doesn't that seem counterproductive—after limiting where the cuts can come from because of hidden deals to get support for the bill.

Whatever we do has to reduce costs for all individuals and be deficit neutral. It has to truly be paid for. Why does it have to be paid for? Because America is going broke. We have maxed out the credit cards, and now we are driving down the value of our money. We have to use honest cost, not gimmicks such as the doc fix delay or collecting revenues before the benefits kick in and showing years of revenue for a shorter time benefit.

What ways can the government pay for anything? Unfortunately, they can cut benefits, cut payments to doctors and other providers, increase taxes, or cut waste, fraud, and abuse—which government seldom does and even more seldom does effectively—or, more honestly, allow a checkoff for donations to other people's insurance—perhaps even a tax-free donation—so people who want a bigger role in seeing that everybody has insurance could directly participate. People who argue that it is imperative we extend health benefits to everyone should put their money where their mouth is. People should have an opportunity on their income taxes to make an instantly deductible gift to the health care of others. If the deductible size of the gift is a refund, then they would not have to include a check.

On the subject of taxes, taxes have to be fair to everyone. Right now, big companies can write off the health care they provide their employees, so those employees are getting health care with zero income tax. Individuals who buy insurance pay income tax on all the money they use to buy insurance. That is not fair.

I have covered just a few of the ideas I have. I have several more ideas I have been talking about time and time again, none of which show up in the bill. These meet the promises that were made. The bill does not meet the promises that were made.

Health care is too complicated and encompassing to be done by a single bill. I have never worked on a bill that affects 100 percent of America. Adequately done, rather than assigning details to agencies, a comprehensive bill has to contain details. Assigning the tough parts to the Secretary of Health and Human Services makes it easier to legislate, but you don't know what the final outcome will be. Done in smaller incremental steps, the bill would be more understandable. More importantly, with the huge, more comprehensive bill, the more people who each don't like a particular part will defeat the whole bill over a few parts.

We need to start over. We need to pursue a step by step, bipartisan, approach. We need to match up a Republican idea with a Democrat idea. We need to leave out a Republican idea and leave out a Democrat idea. Pursing

this type of strategy, what I call the 80-percent rule, would likely mean broad support from both sides. This would mean that the rigid ideologies of both sides would oppose such a bill, but I am confident that majority of the American people would support a bill like this.

We need health care reform, but it has to be done the right way. The best way to reform our health care system is to do it step by step. We need to start by focusing on the issues where we already have broad, bipartisan agreement.

I know how to pass bipartisan legislation. Since I came to the Senate 13 years ago, I have worked with both Democrats and Republicans to reform our Nation's health care system. Over my years in the Senate, there have been several times when I have worked across the aisle to get health care bills signed into law.

When I joined the Senate, the Health, Education, Labor, and Pensions Committee was one of the more contentious committees. I believe that people can agree on 80 percent of the issues 80 percent of the time and, if they leave the other 20 percent out, they can get a lot done. With that in mind, Senator Kennedy and I worked to make it one of the most productive and bipartisan committees, with a substantial number of bipartisan bills signed into law each year.

Whether it is the reauthorization of the National Institutes of Health or the renewal of the Ryan White and PEPFAR programs for people with HIV/AIDS here and abroad, I am committed to working across the aisle on issues of importance. Working together, we got patient safety, mental health parity, and genetic non-discrimination legislation over the finish line. These proposals had been pending for years. We were also able to have a strong bipartisan bill to overhaul the drug safety functions at the FDA. By working together, instead of against each other, we can achieve passage of many more pieces of critical legislation.

Everyone agrees we need real changes that will allow every American to purchase high-quality, affordable health insurance. Not a single one of my Senate colleagues on either side of the aisle supports the status quo. The argument that Republicans support the status quo is simply false. We understand that the current system fails too many Americans. We want to support reforms that will provide real insurance options to all Americans and help lower the cost of that insurance.

But I have said from the start of this year, and frankly throughout my 13 years in the Senate, true reform should be developed on a bipartisan basis, so that the legislation will incorporate the best ideas from both sides and will have the broad support of the America. That should be a prerequisite for any proposal that will affect the nearly 20 percent of our Nation's economy and the health care of every American.

We have only had 10 votes on Republican amendments. It is not because Republicans agree the status quo is acceptable or because we think the health care system works fantastically; quite the opposite. Republican Members have filed 223 amendments to this bill. Unfortunately the majority leader has blocked us from offering our amendments.

This bill is too important to get wrong. We need the opportunity to improve this bill, and I would urge my colleagues in the Democrat leadership to allow us the opportunity to do so.

Madam President, I ask unanimous consent that an editorial by David Broder, “One Is the Loneliest Number for President Obama,” be printed in the RECORD. It mentions some of the editorials and key points of editorials that I put in my speech last night.

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

ONE IS THE LONELIEST NUMBER FOR
PRESIDENT OBAMA
(By David Broder)

In the last year or so of George W. Bush's second term, commentators used to talk a lot about the conspicuous scarcity of other Republicans willing to stand up and defend him. I never thought we'd see Barack Obama face the same problem before his first year was over.

But as Obama's approval scores (50 percent in the latest Washington Post-ABC News poll) sink, it is getting harder and harder to find a full-throated supporter of the president.

You need go no further from here than the op-ed page of Thursday's Washington Post to see what I mean. Time was, and not all that long ago, when the Post was thought of as the “liberal paper” in Washington, a reliable advocate for the kind of policies pursued by Democratic presidents.

Well, in the lead article on the op-ed page, a well-known member of the president's party said that Obama's prize piece of domestic legislation, the health care reform bill, has been so compromised that as it stands, “this bill would do more harm than good to the future of America.”

“If I were a senator,” wrote Howard Dean, former governor of Vermont and the chairman of the Democratic National Committee during Obama's run for the White House, “I would not vote for the current health-care bill.”

Dean, who had been signaling his apostasy for some time, was far from alone in clobbering Obama, just as the president and Senate leaders were struggling to line up the 60 votes needed to pass the ever-changing legislation.

Across the Post's prized real estate, conservative columnist George F. Will gloated that the more Obama argued for the bill, the less the public supported it. And from across the aisle, Matthew Dowd, a former Democrat who served as chief strategist for the younger President Bush, offered congressional Democrats the free advice that they would be better off themselves if the Republicans managed to block Obama's bill.

It was left to my friend, E.J. Dionne, Jr., one of Obama's most passionate journalistic advocates, to tell the Democrats that they ought to mind their manners—and their words. The increasing flak between moderate and liberal Democrats “is a recipe for political catastrophe,” Dionne warned, his tone suggesting that he thinks the Democrats are too far gone to heed him.

But this wasn't the worst I saw that day. The worst came in a news report of the year-end news conference by House Speaker Nancy Pelosi. Asked how she would deal with next year's looming tests of congressional Democratic support for Obama's decision to send 30,000 more U.S. troops into the Afghanistan struggle, she said, “the president's going to have to make his case” himself. Reminding reporters that she had told lawmakers in June, when funding was approved for 17,000 additional troops, that it would be the last time she would ever lobby her members to back such a step, she made it absolutely clear she felt no obligation of party loyalty to support Obama on the most important national security decision he has made.

The liberal legislator from San Francisco could not have been plainer if she had added, “You're on your own, buster.”

With this as an example from the No. 1 Democrat on Capitol Hill, one has to wonder why liberal Democrats are so furious about senators such as Joe Lieberman and Ben Nelson negotiating their own deals with the White House on the health care bill.

I think Obama deserves more help than he is getting from his fellow Democrats in Congress, given the boost he provided them in the last election, the difficulty of the problems he inherited, and the stiff-arm he has received from the Republicans.

But the reality is that, the closer the midterm election comes, when they will be on the ballot and he will not, the more members of Congress—and not just Pelosi—will judge what is best for themselves and the less they'll be swayed by Obama.

He may feel lonely now, but he ain't seen nothing yet.

Mr. ENZI. Madam President, I also ask unanimous consent that an editorial by George Will from the Washington Post titled “The Indispensable Dispenser Opens Up” be printed in the RECORD. It shows how Medicare is left up in the air after the Reid bill.

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

THE INDISPENSABLE DISPENSER OPENS UP
(By George Will)

Ryan Bingham has a unique way of describing his life.

“Last year,” he says, “I spent 322 days on the road, which means that I had to spend 43 miserable days at home.” Home is an Omaha rental unit less furnished than a hotel room. He likes it that way.

Today he is where he feels at home, in an airport—glass walls and glistening steel, synthetic sincerity and antiseptic hospitality. Today he is showing Natalie, a ferocious young colleague, how an expert road warrior deals with lines at security screening:

Avoid, he says, getting behind travelers with infants (“I've never seen a stroller collapse in less than 20 minutes”). Or behind elderly people (“Their bodies are littered with hidden metal and they never seem to appreciate how little time they have left on earth”). Do get behind Asians: “They're light packers, treasure efficiency, and have a thing for slip-on shoes.”

Natalie: “That's racist.”

Bingham: “I stereotype. It's faster.”

Played with seemingly effortless perfection by the preternaturally smooth George Clooney, Bingham is the cool porcelain heart of the movie “Up in the Air.” It is a romantic comedy, although Bingham begins immune to romance. And the comedy is about pain—about administering it somewhat humanely to people who are losing their jobs.

Bingham is a “termination engineer.” He fires people for companies that want to outsource the awkward, and occasionally dangerous, unpleasantness of downsizing. His pitter-patter for the fired—“Anybody who ever built an empire, or changed the world, sat where you are now”—rarely consoles. But with his surgeon's detachment, he is more humane than Natalie, who says this:

“This is the first step of a process that will end with you in a new job that fulfills you. I'd appreciate it if you didn't spread the news just yet. Panic doesn't help anybody.”

A confident young cost-cutter from Cornell, her brainstorm is to fire people by videoconferencing. She tells one desolated man:

“Perhaps you're underestimating the positive effect your career transition may have on your children. Tests have shown that children under moderate trauma have a tendency to apply themselves academically as a method of coping.”

Bingham considers his low emotional metabolism an achievement, and in motivational speeches he urges his audiences to cultivate it: “Your relationships are the heaviest components of your life. The slower we move, the faster we die. We are not swans. We're sharks.”

The movie begins and ends with everyday people talking to the camera, making remarkably sensitive statements about the trauma of being declared dispensable. Some, however, recall that the consequences included being reminded that things they retained, such as their human connections, are truly indispensable.

The opening soundtrack is a weird version of Woody Guthrie's “This Land Is Your Land.” This hymn to Depression-era radicalism is catnip for people eager to tackle a political manifesto from any movie that has a contemporary social setting.

But although “Up in the Air” might look like a meditation on the Great Recession, it is based on a novel published in 2001, during the mildest recession since the Depression, and written before that.

You must remember: In 2006, the last full year before this downturn, when the economy grew 2.7 percent and the unemployment rate was just 4.6 percent, 3.3 million people lost their jobs to the normal churning of a dynamic economy. This “creative destruction” has human costs, but no longer is optional.

America has an aging population, and has chosen to have a welfare state that siphons increasing amounts of wealth from the economy to give to the elderly. Having willed this end, America must will the means to it—sometimes severe economic efficiency to generate revenues to finance the entitlement culture. So “Up in the Air” is sobering entertainment for a nation contemplating a giant addition to the entitlement menu.

“Up in the Air” is two mature themes subtly braided and nuanced for grown-ups. One is the sometimes shattering sense of failure, desperation and worthlessness that overwhelms middle-aged people who lose their livelihoods. The other is that such shocks can be reminders that there is more to life than livelihoods.

But not for Bingham. He is, in his fashion, content. In E.M. Forster's novel “Howards End,” Margaret famously exhorted, “Only connect!” Bingham would rather not.

Mr. ENZI. Madam President, I yield the floor and reserve the remainder of our time.

The PRESIDING OFFICER (Mrs. SHAHEEN). The Senator from South Carolina.

Mr. DEMINT. Madam President, we have heard a lot about the

unsustainable mountain of government debt, bureaucracy, and spending the Democratic majority intends to create in rushing their health care proposal through this Chamber. We have also heard a lot about how much of this they inherited. We need to remember that this Congress—both Houses of Congress—has been controlled by the Democratic Party for 3 years now. The President does not write legislation or spend money; the Congress does. The only thing the Democratic majority has inherited is its own irresponsible spending.

Saturday's release of the final Democratic bill only increases America's concern with this Congress, its shadow negotiations, and our growing debt.

Early this morning, all 60 Democrats voted to force all the taxpayers of this country to pay for bailouts and special favors for several States. Rather than actually taking the time to put forth real health care reform proposals that would increase Americans' ability to buy and own health care plans they could really afford, this plan forces over 15 million Americans onto yet another bankrupt entitlement program, Medicaid.

While Medicaid is a State and Federal shared program, the Democratic majority saw fit for the Federal Government to pay 100 percent of the Medicaid Program in the State of Nebraska under this legislation at the expense of taxpayers in the other 49 States, who will now be forced not only to deal with the loss of their freedoms under this huge government takeover but to pay for special favors in other States.

This State bailout is not the only downside of the majority's health care proposal; there is a laundry list we could go through. Just a few include that the working American taxpayers and their employers will be taxed \$500 billion over the next 10 years, and the Congressional Budget Office has confirmed that nothing in this bill decreases the premiums for Main Street Americans.

Seniors will see their Medicare benefits changed as a result of the \$500 billion in Medicare cuts included in this bill, not to mention that this bill turns a blind eye to the physician payment system that is woefully underfunded and vitally necessary to maintain the Medicare Program and physician access for seniors. It does not matter how good the insurance is we give our seniors if they cannot find a doctor who will see them.

Another alarming part of this bill is it will, for the first time in decades, force every American taxpayer to pay for abortion services.

Frankly, after reading this bill, it seems the only Americans who are not going to be affected by the bill are Members of Congress, pharmaceutical companies, and insurance companies.

Madam President, for all the mind-boggling numbers and devastating facts we have heard about the majority's government takeover of health

care, this debate is about much more than health care. It is about how we find ourselves in a situation where we are debating the best way to give the government control over another big part of our lives and our economy.

In the children's story of "Hansel and Gretel," the children drop a trail of breadcrumbs as they walk through the forest so they will be able to find their way out of the woods. But when the birds eat the breadcrumbs, the children find they are lost in the dark and frightening woods.

Well, lost in the woods is exactly where we find ourselves as a country right now. We know we are in trouble, but there is no clearly marked path to get us back to where we were, and it is plenty frightening.

In the past year alone, this Federal Government has taken over two of our largest automakers, our largest insurance companies, the largest mortgage company, and hundreds of banks. It has bailed out Wall Street and attempted to stimulate the economy by taking \$1 trillion out of the private sector and spending it on wasteful government programs. It has thrown taxpayer money at people to encourage them to buy new cars and houses. And it is looking at imposing massive new job-killing taxes on businesses in the name of reducing global warming—all in the middle of a snowstorm.

One of the problems we have now in this country is, instead of asking if we should solve it, we are asking, how should we solve it? It is now considered a sign of admirable restraint to occasionally ask here in this Senate and in this Congress, how much should we spend? And somehow we started thinking that anything less than \$1 trillion is a good deal. There is not a pothole in America that most Members of the Congress do not believe should be filled with an earmark from the Federal Government. There is not a bridge to nowhere, a flat tire, a skinned knee—there is nothing off limits for this Congress today.

This matters not just because of our unsustainable debt and the huge amount of money we waste; it matters because every time we give a job to the government, we take away some control people have over their own lives, and we take away a little bit more of their freedom. In return for letting government try its hand at solving a problem, we as citizens cede our ability to try for ourselves to find a better way.

It is awkward to admit it, but my colleagues in Congress have led this country into the woods, despite our oath of office. We swore to protect and defend the Constitution of the United States and to bear true and faithful allegiance to it. The Constitution prescribes a very limited role for the Federal Government. There is not a word in our oath or in the Constitution about most of what we do. As we have wandered off the path of liberty, there are few crumbs left of the Constitution

in the Halls of Congress to lead us out of the woods.

There is not a word in the Constitution about the government deciding what medical test private health insurers should pay for, nothing about the government deciding how much executives on Wall Street should earn or what kind of lightbulbs or cars we should buy. There is nothing about the thousands of parochial earmarks that fund local bridges to nowhere, golf courses, bike paths, sewer plants, and teapot museums. There is nothing about these or many other things in the Constitution because they have nothing to do with the proper role of the Federal Government in a free society. But these are exactly the kinds of things our government spends its time and money on, and we do not even question anymore why that is.

Instead, it has gotten to the point where if we oppose the government doing anything, we are accused of being opposed to getting it done. That is patently absurd. If you really want to get something done and get it done right, the government is absolutely the last place we should turn.

The tea parties, townhalls, and rallies affirm that the American people are rethinking the appropriate role of the government in a free society. Hopefully, their discontent will be demonstrated in the 2010 elections. Only the American people can hold our elected Federal representatives accountable for fulfilling their oath of office. In the health care debate, this means deciding exactly what role the government should play to help people in the private sector find solutions, instead of creating a monstrous new bureaucracy that puts the government in charge of every decision.

But this debate is about much more than health care. It is a battle for the heart and soul of America. It is a struggle between freedom and socialism, between free markets and a centrally planned economy, and between "we the people" and an entrenched class of elite politicians.

The current debate over health care reform is a symptom of a bigger problem in Washington. But it can be the catalyst for a wider debate about the proper role of government in our lives. The same debate can lead us to a moment when Americans finally take a stand to return government to its proper place—and we can all start finding our way out of the woods.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Madam President, I am going to be joined by a number of my colleagues, so I ask unanimous consent that we be able to have a colloquy during the remainder of our time.

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

Mr. BURR. Madam President, I think many Members have to ask: Why are we here? We are here because at 1 a.m. this morning, there was a cloture vote

on the consideration of the Reid managers' amendment. I think it is important that we discuss what that means. It means there are going to be no more amendments, no opportunity for any Senator from any State to propose a change to the bill. At some point, we will have an up-or-down vote on exactly what Senator REID has presented to us.

But here is what we do know. We are going to steal \$466 billion from Medicare. We are going to take that \$466 billion away from hospitals, from hospice, from nursing homes, from home care, and, yes, a popular target up here—the insurance product many Americans have chosen, 20 percent of the seniors, Medicare Advantage. We are going to eliminate that option. So this is one case where if you like your health care, you are going to lose it.

The bill that we are considering and that will be voted on later this week raises \$519 billion in new taxes and fees—\$519 billion in new taxes. I might add for my colleagues, we are taxing tanning salons at 10 percent. What in the hell does that have to do with health care? Well, the reason it is in there is because we dropped taxing Botox. Hollywood saw this was not advantageous to have Botox taxed, so when they dropped that, they had to find something else: poor tanning salons, small businesses in every community across this country. We are going to actually tax the majority of Americans the President said he would never tax: those under \$200,000, the ones who can't afford to go to the beach every weekend; the ones who don't have a beach house. They are going to pay a 10-percent tax when they go to get a little bit of a tan. Well, when they do that, how far off are we from fining parents because we don't put a high enough SPF on our children, or are we going to start charging when we go to the beach because we get exposure to the Sun? That is what happens when the government becomes a more dominant role in health care.

I might add: No doctor fix, something many of us have highlighted. In the bill, there was a 1-year fix. Doctors are going to be faced with a 21-percent cut in their reimbursements after this next 2 months. There was a 1-year fix to it. It didn't do away with the problem. It didn't fix the whole problem. But now there is no 1-year fix. We have said in 60 days doctors will be on their own.

Yes, there were some special deals—the cornhusker kickback, the windfall for Nebraska. I have to admit that I was proud of my colleague, Senator JOHANNS, who came to the floor and said: Let me assure you, the people in Nebraska have never asked for something different than everybody else. They are willing to pay their share of the way there. They haven't asked for it to be free for them and cost everybody else.

Yes, it will cost my constituents in North Carolina, and it will cost the constituents in Nevada—well, it won't

in Nevada. I think maybe there is even a deal that affects them to some degree.

Is it fair? No, it is not fair. The fact that it wasn't fair was called: "That is compromise."

That is not compromise. We are here under an obligation to make this fair to all of the American people. But in this case, it is not.

Yes, there are 31 million Americans who are going to have health insurance, 15 million of whom are delegated into Medicaid, the most dysfunctional delivery system that exists in the American health care system.

Yes, there is, for many States, an unfunded mandate to those States because after 5 years, for most States, except for those who got these special deals, the States are going to be responsible for some portion, an average of 10 percent of the cost of Medicaid.

Let me tell you what my Governor, Governor Bev Perdue of North Carolina, said earlier:

The absolute dealbreaker for me as governor is a Federal plan that shifts costs to the States.

Well, we are shifting costs to the States, and she is nowhere to be found now. But the people in North Carolina, the taxpayers of North Carolina are going to continue to be charged for this expansion of Medicaid when that is the most inefficient place for us to have put these 15 million Americans who were promised health care.

While we do all this, according to the Chief Actuary of the Centers for Medicare and Medicaid Services, CMS, 20 percent of our hospitals and nursing homes are going to go bankrupt. They are going to go out of business because as the Chief Actuary said:

They would be unprofitable within the next 10 years as a result of these cuts.

Hospitals, nursing homes, at a time that our senior population is getting ready to explode as the baby boomers hit it, we are cutting \$466 billion from Medicare, and we are starving the infrastructure of hospitals and nursing homes and hospice and home care.

What is going to happen to the providers? The Chief Actuary, again, said if we pass this plan, the result is providers will be unwilling to see Medicare and Medicaid patients.

Today, 40 percent of providers don't see Medicaid patients. Does that mean it is going to be 50 percent or 60 percent or 70 percent? We are ballooning a system that today is having a hard time finding providers. To most of us that doesn't make sense, but that is what the Senate is going to do.

I might also add that the attempt was to expand coverage; and, yes, sure, in numbers, we are expanding coverage. But, if passed, the Congressional Budget Office says 8 million to 9 million individuals who currently have employer-based health care will lose that health care. Eight million to nine million who currently have their health care will lose their health care with the passage of this bill. The net-net is

not real pretty, and when you look at the \$2.3 trillion that health care costs, you have to ask yourself, where is the beef? Where is the value in this?

As hospitals close, as nursing homes close, as providers don't see Medicare and Medicaid, ask yourself, have we really done something good? Chances are, you will find out if we do nothing, if we do nothing, we will actually save money in the health care system.

The last fact: The Chief Actuary of Medicare said: If you pass this bill, the cost of health care will be $\frac{1}{4}$ trillion more than if we did nothing.

The President talked about bending the cost curve down. We are bending that cost curve up in this bill. We are bankrupting hospitals and nursing homes. We are chasing providers from seeing Medicare and Medicaid patients.

There are not too many things we can point to that are great about this bill. That is every reason we should start over.

I know my colleagues are here to join in and to offer some perspectives, and I would ask them to chime in.

Mr. ENSIGN. Madam President, let me just summarize a few problems I see in the bill, and maybe even offer a few suggestions about what I think we can do in a bipartisan fashion—kind of this step-by-step approach many of us have been talking about—instead of this massive government takeover of our health care system.

This is a—I have lost track—I think somewhere around a 2,700-page bill with incredibly complex legal language. In the 400-page amendment offered the other day, when I was sitting there listening to the reading of it, I can't tell my colleagues how many times I was listening to this and I thought: When the regulations are written to that particular small part of the amendment, it could be incredibly complex with all kinds of unintended consequences. I thought about the burdens on small business and the record keeping that small businesses are going to have in this bill.

I think what is going to also happen with small business, there is going to be a great incentive—if you are a small business owner, the complexities are so much and you can get yourself in so much trouble, you know what, I am just going to pay the fine. I will write a check to each one of my employees, but I am getting out of the health care business. I am going to let them go out and find their own health care, whether through the government exchanges or whatever it is, but I am getting out. That is one of those unintended consequences that a lot of people haven't focused on.

We talked a lot about this \$500 billion-plus cut in Medicare. My colleague from North Carolina mentioned that. Some of the biggest places—I had two grandmothers who were in hospice. Hospice care is the most compassionate care we have today, and we are going to cut hospice care. That actually puts dignity back into dying. That is just

unconscionable. The Congressional Budget Office says these cuts actually will be cuts in service because you can't just take money out of the system unless you make them more efficient. These cuts don't make the system more efficient, they just take money out of the system, whether it is out of hospice or nursing homes or the home care, but also out of Medicare cuts.

We know there is \$120 billion in cuts to Medicare Advantage. The Congressional Budget Office said by 2016, 64 percent of the extra benefits, whether those are prescription drugs or dental coverage or vision coverage, the seniors covered under Medicare Advantage are going to be cut 64 percent because of this legislation.

We also know there is around \$500 billion in new taxes, and this is a complete violation of the President's promise during the campaign when he said not one dime in new taxes will be raised on those individuals making less than \$200,000 or families making less than \$250,000. Yet in this bill, of the \$500 billion, 84 percent is paid by those people the President said wouldn't have their taxes raised by one dime.

We also know, because the Senator from North Carolina talked about it, this massive Medicaid expansion—I think it was the Democratic Governor from Tennessee who said it was the mother of all unfunded mandates. Well, we have to look at this one way. If the sweetheart deal that was made by the Senator from Nebraska—and, by the way, I agree with you. Senator JOHANNS, who came to the floor, it takes a lot of courage to say it isn't about just helping my State; it is about thinking about the whole country as well. He isn't asking for something—which most Senators do around here, ask for something just special for the State that the rest of the States have to pay for—but he stood up with courage, and I think he deserves a lot of credit for that.

But if all the other States now come back and say: We want the Federal Government to pay for our States and Medicaid, this bill is going to do one thing. It is either going to be a massive unfunded mandate on our States or this bill is going to massively balloon the Federal debt.

Mr. COBURN. Madam President, I have a question for both the Senator from North Carolina and the Senator from Nevada. Can the State of Nevada or the State of North Carolina or the State of Nebraska or the State of Oklahoma be healthy if our country doesn't flourish? So no matter what we do for our own States, if, in fact, we are not thinking about the country as a whole, the best right thing for the country as a whole, none of our States can flourish.

Mr. ENSIGN. I think the Senator from Oklahoma has made a wonderful point. Right now, my State is suffering terribly, not because of anything individually, such as we didn't get our fair

share of something; my State is suffering because the whole economy is in the doldrums and because we are such a tourist economy, construction oriented, the housing industry, all of those things, and because the general economy went down, my State is suffering.

So the Senator is exactly right. We should be looking at what is best for the entire country. As John F. Kennedy said: A rising tide raises all boats. Well, if the whole country is doing better, whether it is on health care or whatever it is, instead of looking for something individual for our States, you are exactly right. I think our individual States will do better if the whole country does well.

Mr. COBURN. Madam President, I ask unanimous consent to have printed in the RECORD an article that appeared today. It is a quotation from the founder from the Daily Kos Web site. I will give it to the clerk in a moment. I wish to read a quote from it:

I don't think this is a reform bill. I mean, I think it is very clear this is not insurance or health care reform. What it is is allowing more people, 30 million people, to buy into an existing broken system. It is very important to keep in mind that health insurance is not the same as health care. If you go up to Massachusetts, they have a mandate as well. Last year, in Massachusetts, 21 percent of the people who are insured could not get health care because they could not afford it.

That is somebody who is very well respected on the majority side, and it is something we have been saying, and they are saying the same thing. The fact is, what we are going to do is put 15 million people into Medicaid that we know has worse outcomes, we know is an unfunded mandate on the States, and we know 40 percent of the doctors refuse to see them. So you are not going to get to choose the doctor you want to see. You are going to have State mandates in terms of what is available to you and what is not. So we have violated two of the key promises with which to reform health care.

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

MOULITSAS: WE'LL GET KILLED IN 2010

Markos Moulitsas, founder of the Daily Kos and an influential leader of the Web-based political left, said Sunday that Democrats are facing huge defeats in the 2010 elections because the Obama administration has alienated the Democratic Party's liberal political base with its escalating involvement in Afghanistan, and its failure to push for universal healthcare.

Speaking on NBC's "Meet the Press," Moulitsas offered a bleak scenario for House and Senate races next year.

Excerpts:

Mr. GREGORY: Markos Moulitsas, I want to start with you. You heard David Axelrod say this in keeping with the president's principles; it is in keeping, the compromise on health care, with the way the president campaigned on this. And this is the bill, essentially, the reform that Americans deserve. What do you say?

Mr. MARKOS MOULITSAS: Yeah, I don't think this is a reform bill. I mean, I think it's very clear, this is not insurance or

healthcare reform. What it is, it's allowing more people, 30 million people, to buy into the existing broken system. It's very important to keep in mind that healthcare insurance is not the same as health care. Insurance, not the same as care, if you go up to Massachusetts, they have a mandate as well, and last year 21 percent of people in Massachusetts could not get health care because they could not afford it. Even though they had insurance, the premiums—not the premiums, the deductibles, copays and out-of-pocket expenses were too high. So really, this isn't reform. It's expanding the system, it's almost rewarding the existing system. Now, what is important about this is that it actually puts the federal government, plus America on the place to say health care is a right, it's not a privilege to just those who are—who can afford it or who are lucky enough to have a good job that has good benefits. But as far as reform goes, I think this is a long battle that we have ahead of us.

Mr. MOULITSAS: Well, you can't talk about health care and Afghanistan being distractions. They're the reasons that Obama won the White House and Democrats won control of Congress, including big, massive support from independents. Independents know what they were voting for when they voted for Obama and the Democrats. I think the problem with Obama's numbers and, and Congress' numbers is that people voted for a Congress and a president that was going to take on entrenched interests. Now, Republicans had jumped off the Obama bandwagon from day one. They were never on board. Independents have sort of been unhappy because I think independents really want results, and we haven't seen a lot of results. We've seen a log of bickering, and most of it has been internally within the Democratic Party, and I think that's why they're turning off. And a lot of Democrats are becoming disenchanted.

Mr. GREGORY: . . . What does the president need to address to keep his own party in line? Should there be personnel changes in the White House? What do you think the left is going to demand?

Mr. MOULITSAS: Well, 2006 is going to be a base year. It's going to be a base election.

MR. GREGORY: 2010, you mean.

Mr. COBURN. Madam President, I wish to also quote from what I think is a brilliant letter by a Dr. Robert Geist from St. Paul, MN, that was written as a letter to the editor in the Wall Street Journal today. The title of his letter to the editor is, "The First Cost Controller Will Be Your Own Doctor." It is something I have been talking about since we started this. The last thing we want to do in health care in America is to make it where the doctor is not a 100-percent advocate for the patient's best interest.

He quotes very directly the transfer. He said a previous article written:

. . . doesn't emphasize a potential stealth cost-control aspect proposed in the bill. It will start pilot programs that would transfer the gatekeeper role to doctors at the bedside, a role currently held by "payers" (HMOs and government-agency insurers, including Medicare and Medicaid).

The transfer will be via capitation fee payments, making clinics "responsible" for the cost of care of "insured lives" for one year. . . . The illusion of many pundits and policy makers is that mini provider gatekeepers can control costs after the very powerful payer gatekeepers—

That is, Medicare, Medicaid, and the large insurance companies—

have failed for decades. The problem for patients is the dilemma of all managed-care gatekeepers: cost, quality, access; pick any two. It is not pleasant to think that one's gatekeeper doctor will have to decide whether to order surgery for your painful [worn out] hip or only to increase the dose of—

Anti-inflammatories because they are worried about costs.

That is the key point. We are going to now separate physicians in this country for doing what is best for the patient to meet the demands of the government.

Mr. ENSIGN. If the Senator will yield.

Mr. COBURN. I will be happy to yield.

Mr. ENSIGN. As a practicing physician, isn't this what the Senator saw in his practice with HMOs?

Mr. COBURN. That is exactly why I am not a member of any HMOs.

Mr. ENSIGN. Because we have kind of an insurance center system today, to a large degree, and now we are going to make that worse. Instead of going more toward a patient center, we are going to go from an insurance center to a government center to where these government bureaucrats now start being in control of eventually what kind of care you are going to get, what is paid for, and all that. We need to put the doctor and the patient back at the center of our health care system.

Mr. COBURN. Let me finish this for a minute, if I might. Here is the summarizing paragraph:

The economic reality is that no rationing of care supply will ever control costs, when the problem is demand inflation driven by popular insurance tax subsidies too sacred to repeal. Consider that when federal fiscal "necessity" overwhelms empty slogans,—

Our empty slogans—scores of new bureaucracies created in [this bill] would be able to implement Draconian rationing in collusion with subservient insurance and "provider" corporations. The high costs, as well as the rationing powers included in the more than 2,000 pages of the ObamaCare Senate legislation are very real.

Which is the point I have been making all along. I am going to spend 30 minutes tomorrow talking about the rationing aspects of what we are about to do as we pass this bill.

Mr. BURR. If I can comment to my good friend, who started on a quest with me several years ago to try to put together a health care reform bill, I might say it was the first one introduced in the Congress in May of this year on comprehensive health care reform—not that it is better than anybody else's, but I can honestly say today it was true reform. I think that is what Dr. COBURN is trying to say.

In this bill, it lacks reform. What do I mean by that? Their reform is to set up an advisory panel that if we exceed the costs we have designated for health care, they are going to cut the scope of coverage or the reimbursement. So either the array of coverage for a senior or for an American is "skinned down" or we cut the reimbursement to the doctor or the hospital, and they call that reform.

What Dr. COBURN and I found out, as many other Members have, is if you look at the successful companies across this country that have held down their health care costs through doing real reform—paying for prevention and wellness in work, changing the lifestyles of the employees—we saw companies that, for 4 years, had a 45-percent increase in their health care. Where is any of that in this bill? Out of 2,700-plus pages, there is no attempt to do that. There is no attempt to try to affect the lifestyles through supporting chronic disease management, prevention, and wellness, but we set up a lot of independent advisory boards.

As a matter of fact, they were so scared that in the managers' amendment, it is no longer called the Medicare independent advisory board. It is called the independent advisory board. So the word "Medicare" was dropped, not to signify that they are going to cut Medicare, but that is exactly what CBO and CMS have said. These will kick in. The question is, Are they sustainable or will Congress legislatively override their authority to cut the spending?

Mr. ENSIGN. If my friend will yield, there is one part—actually one of the best parts in this bill—but there are so many other bad parts of this bill and the Senator from North Carolina mentioned them, and we have talked about a lot of them. The one place they actually have improved our health care system is the part that allows people to have larger discounts for healthier behaviors. Safeway was the model for this. They have done the most work on this in the last 4 years. Today, they can discount up to 20 percent of their health care premiums for people who engage in healthier behaviors—for not smoking, for being the proper body weight compared to their height, doing things such as that. If they are a non-smoker, they get a lower premium, and if they even quit smoking, Safeway pays for the cessation products. To be fair, that is in the bill. Senator CARPER and I got that in the Finance Committee. We were able to get that amendment drafted.

The problem is, that is a tiny part of this bill. That should be a major focus of the bill. We should be able to buy insurance across State lines. Many of us have supported that—small business health plans, where small businesses can join together and take advantage of purchasing power. We all, on this side, almost everybody on this side of the aisle agrees with medical liability reform. The Congressional Budget Office said that would save \$100 billion.

The bottom line is, what we have been focused on—and I appreciate the efforts Senator BURR and Senator COBURN made in their bill last year—is trying to address the No. 1 problem we have in health care in the United States, which is costs. This bill does not address costs.

As a matter of fact, you said it in your opening remarks. Total health

care costs actually, according to President Obama's CMS, go up \$234 billion if nothing is done. If nothing is done, we actually save money on total health care spending. But with this bill, it actually goes up by \$234 billion.

Mr. COBURN. What we also know from the Congressional Budget Office is that between 9 and 10 million people who today have insurance through their employer will actually lose it. They are going to lose their insurance. That may be good or bad for them. But if you look at the incentives, the subsidy for people who do not get insurance through their employer, if you make \$42,000 a year, today with your health insurance through your employer you get a benefit of about \$5,749 from the tax system. But under this bill, you will be eligible for \$12,500 worth of subsidy.

What do you think an employer is going to do? They are going to look at their employees and they are going to say: I have to pay this penalty if I don't offer this, but it is a significantly smaller amount than what I am paying today. Therefore, I am going to make a decision to no longer offer health insurance, give my employees a small raise because the government is going to come in with \$12,500 worth of subsidies to put them in a "private" plan inside the parameters of what is in the exchange. How many people do you think it is going to shift?

What we are going to get is adverse selection. So the individual—let's say I am working and I am making \$42,000 a year and my employer decides to do that and let's say I am 35 years old and I know available to me is \$12,500. Even though my earnings may go up, I am still 2½ times better off.

I also know I will have to pay \$3,000 or \$4,000 of my own money to get that benefit. I will not cover myself because I know I can cover my little incidentals. If I get sick, they have to cover me in the exchange.

So we are going to see adverse selection in the insurance market, people who are between 40 and 64 who are sick are going to pay far more for their health insurance and people who are sick who are younger than 40 are going to pay far more for their health insurance and everybody who is healthy under 40 is going to say: This is an economic bonanza for me. I am not going to buy insurance.

Mr. ENSIGN. I see our friend from South Carolina has joined us. He has spoken eloquently about some of the sweetheart deals that have been made in this plan to "buy" votes. Could the Senator from South Carolina address those?

Mr. GRAHAM. I don't know if you could call it a sweetheart deal more than it is just repugnant. The campaign in 2008 was about change we could believe in. I do believe one of the reasons President Obama won is because he convinced young people in this country that if he got to be President, this country was going to change

for the better; we were going to do things differently, and that resonated with people.

Quite frankly, when we were in charge, as Republicans, we let people down. We let things get out of control on our watch. Some of our people wound up going to jail. The Iraq war was not popular. So you had this new, young, exciting, articulate figure come along and promise a new way of doing business. That is what hurts so much about this bill. The special deals the Senator just mentioned remind us all why Congress is in such low standing.

The 60th vote—how did they get it? Did they negotiate the 60th vote on C-SPAN in a transparent manner promised in the campaign that we would have negotiations on C-SPAN so that you, the American people, could watch what was being given and what was being taken and there will be no more backroom deals?

Here is what happened. They took one Senator who was the key guy and they put him in a room. We had no access to that room and no Democrat did either. After it is all said and done, here is what resulted from those negotiations that were not on C-SPAN.

Nebraska is going to be the only State in the Union, ladies and gentlemen, that new Medicaid enrollees will be covered by the Federal Government. Every other State in the Union, when you sign up a new person on Medicaid, because you are expanding the number of people eligible for Medicaid, your State is going to have to make a matching contribution.

In my State of South Carolina, with 12 percent unemployment, there is going to be one-half million more people eligible for Medicaid under this bill than exists today. It will cost my State of South Carolina \$1 billion. But if you live in Nebraska, it doesn't cost you a damn dime because that is what it took to get a vote.

If that is change we can believe in, count me out. If that is OK with the American people, I can tell you our best days are behind us. The insurance companies in Nebraska got a deal that no other insurance company in the Nation got. Physician-owned hospitals in Nebraska got a deal that nobody else got. Louisiana got \$300 million to help with their Medicaid problems that nobody else got.

If you want your country to be run in a more businesslike fashion, then you need to speak up. You have a chance between now and sometime in January, when this goes back to the House, to let your voice be heard.

To my good friend from Nevada, the special deals in this bill are not special. They are the same old crap we have been putting up with for decades up here and that people thought was going to come to an end. It is going to hurt your children's ability to have half of what you have because they cannot make it because you are about to pass on a bill to them they cannot pay.

What I hope will happen, I say to my good friend, the Senator from Nevada, is that the people will take their government back. If you think this deal from Nebraska is unacceptable, speak up and speak out and let the House Members know you want it changed.

Mr. BURR. I thank our colleague from South Carolina. I know we are about to run out of time, but I wanted to go back to the Chief Actuary at Medicare because I think the way they analyzed the bill is absolutely essential for the American people to understand what is in it.

The Chief Actuary, the President's Actuary, said:

The Reid bill funds \$930 billion in new spending by relying on Medicare payment cuts which are unlikely to be sustainable on a permanent basis.

It gets to what Dr. COBURN said. By design, maybe this could work, but there is not a will because there is not reform. We have spent a lot of money, and at the end of the day, it looks as if the only thing we have done is tried to address waste, fraud, and abuse. For \$2.3 trillion, it seems as if you could bring more bacon to the table. It seems as if there would be a little more meat.

It seems as if there would be some substance there we could look at and say: Look at the improvements our health care system makes.

I know Dr. COBURN has said many times: If we do this wrong, what we do is we chase innovation out of this country, out of our system, the breakthroughs that go from maintenance to cure, the research on a bench that finds us new ways to address diabetes where amputation and blindness are not in somebody's future. If we go backward, if we chase that innovation out, we lock ourselves into not only the most costly health care but health care that achieves the least amount of quality for future generations.

Mr. ENSIGN. I wish to ask Senator COBURN to address, in the last couple of minutes here—because he has spoken so eloquently about debt and the Congressional Budget Office saying this helps the deficit by some \$100 billion—how the taxes go into effect right away and that the spending doesn't go into effect, and how that kind of smoke and mirrors happens all the time around here; how they try to hide various expenses, and what this is going to do to our debt.

Mr. COBURN. Well, the disappointing thing—and I have worked on this for 5 years, since I have been here—is we are not honest with the American people about how we account for things, and this bill is another example of that. Let me give you the quantifications.

If you read the CBO report on this bill, they talk about it is highly unlikely we will ever actually make the Medicare cuts, because they have never seen it done, and every time we have said it in the past, we haven't done it, like the sustainable growth rate formula in the Balanced Budget Act of 1997. So if you match up revenues and

expenses, what you see is a \$1 trillion tax increase, a \$1 trillion cut in Medicare, and an increasing cost to the economy.

But because there is not the sustainable growth rate—the doctor fix in the bill—that is \$247 billion not accounted for, and that is if you keep physician wages frozen over the next 10 years. That is \$247 billion, probably closer to \$300 billion. So that is \$300 billion. The fact is we know the taxes that are going to be collected, people are going to pull down the cost, which is one of their hopes, and they are going to pay for it out of their pocket.

So we are going to see that insurance plans not reach the Cadillac level, and we are counting on revenues from that in terms of billions and billions and billions of dollars. But what they will do is change the deductibles—and that is a hidden tax. Because if your deductible goes up to keep your insurance from going too high, your tax goes up in actual expenditures. So your ability to invest and create additional jobs—in other words, it cascades. The honest accounting for this is that there is no way this saves any money. It will cost money.

The final point I will make is they won't put forward the cuts in Medicare that they are claiming in this bill. Because they know if they truly do put forth the cuts, and patients feel it, they won't be back here. So it won't happen.

I will go back to what Senator BURR started this out with. If you are going to start tomorrow and fix health care, what would you do? You would attack costs. Why are things so costly? One is because there is no transparency in markets. There is no real connectedness to your pocket. No. 3, there is no incentive for prevention of chronic disease or the management of it. In other words, we don't pay people to have less expensive outcomes. We won't incentivize better care in that way. We won't incentivize prevention.

We have done a lot of this on Medicare—and I will talk about it tomorrow—but they have three different agencies within this bill that are going to ration care. They are going to make the decisions for you, and not just on Medicare and Medicaid. Everybody needs to understand that. It doesn't just apply to Medicare and Medicaid, it applies to your choice of your private insurance. The government is going to ration your care.

We know that is true because they wouldn't allow an amendment to prohibit rationing. They all voted against the amendments in committees when we offered amendments to limit rationing. So we know the intention is to ration care. If that is how we are going to control costs, then Bernie Sanders is right—go to a single-payer, government-run system. Bernie Sanders' system is far better than this one—far better than this one—if that is what we

are going to do. If we are going to ration care, let everybody know it up-front. Let's be absolutely honest about it.

If you are 75 years of age and need a hip replacement but the quality of your life is not all that great, we are going to say you can't have it. That is what we are going to do, because that is exactly what they do in England. They have the National Institute of Comparative Effectiveness which makes an evaluation of what your worth is. And no matter what your history, no matter what your family situation, no matter your income, you can't have it.

Canada is getting around that, because they have said you get the right to buy what you want. Their Supreme Court ruled on that 2½ years ago. So we are seeing a two-tiered system developing in Canada, which ultimately will happen in this country—worse than what we have today.

Mr. ENSIGN. If the Senator will yield, though, if America does this with our health care system, where will the Canadians come for their health care when they need it? When they get it rationed up there, they usually come to the United States.

Mr. COBURN. They will go to Thailand or India.

Mr. ENSIGN. But where will Americans go?

Mr. COBURN. I thank the Senator for holding this colloquy, and I will make one final point before I stop.

I don't doubt the motivation of our colleagues on the other side of the aisle. They want us to fix this problem—the problem in health care. But the problem is cost. If you don't fix cost, and you expand the same broken system, you haven't fixed anything. You have added to the cost.

Mr. BURR. I thank the good doctor, and I thank the Presiding Officer, and I yield the floor.

The PRESIDING OFFICER (Mr. MERKLEY). The Senator from New Jersey is recognized.

Mr. MENENDEZ. Mr. President, I rise to speak to the great debate we are having on historic health care reform, and I am reminded of the words of a great Republican, President Abraham Lincoln. He said:

We cannot escape history. The fiery trial through which we pass will light us down in honor or dishonor of the latest generation. The occasion is piled high with difficulty and we must rise with the occasion.

That is what Abraham Lincoln said. It is time to rise to the occasion because our friends on the other side of the aisle have chosen to sit on their hands and do nothing. They have no plan. They have chosen to delay and obfuscate.

If you look back in history, during the great debates on Social Security in 1935 and Medicare in 1965, our friends across the aisle were on the wrong side of history. But in the end, there was a minority that chose to stand up for historic social legislation and vote

their conscience. They were not driven by the far rightwing of their party or by radio talk show hosts who demand ideological purity and see any attempt to support health care reform as an abandonment of principle.

Each of us is rarely called to act on such significant legislation, and when we are, it is our solemn duty to put aside our ideology—turn off Rush Limbaugh—and leave politics in the cloakroom. Our vote on this groundbreaking legislation—comparable to Social Security and Medicare—will be one of the most significant votes in American history. It should not be driven by the hope of failure that the other side prays for, rather by the will to succeed for the American people. This Congress will be remembered for this vote for generations to come, and our friends across the aisle will once again be on the wrong side of history.

We have heard the same tired arguments over and over. We heard those arguments in 1935 against Social Security. We heard them again in 1965 against Medicare—the same arguments we hear today. History has a way of repeating itself. If past is prologue, historic health care reform legislation will be signed into law despite the naysayers, the fearmongers, the panhandlers to those who see any attempt at compromise as defeat.

To our friends on the other side, this is no longer about legislating, it is simply about obstructing. It is no longer about doing what is right for the American people but about stopping us from doing anything. It is not about finding common ground but drawing lines in the sand.

My friends on the other side have set up an army of straw men, as they did on Social Security and Medicare, manipulating the facts to create the illusion of refuting the false claims they created in an attempt to score political points.

They stand up the socialist straw man, call the bill a government takeover of health care, and make Americans fear it. Well, we say: Let's make sure the Bernie Madoffs of the world, and people like him, are not selling health insurance.

They wave the flag, stand up the un-American straw man, saying the bill is against old-fashioned American values and denounce it. We say: Don't you dare question our patriotism. Do not dare question our commitment to doing what is right for the American people.

They stand up the death panel straw man, claiming the legislation would kill grandma, and denounce it as inhumane. We say: Stop the outrageous misinformation and tell the truth to the American people.

They stand up the taxing straw man, and say health care reform will increase taxes. We say: We are making health care entities, such as insurance companies, pay their fair share.

They set up the spending straw man, and say the bill will indebt the next

generation, despite Congressional Budget Office estimates to the contrary. We say: You can't pick and choose when to believe the Congressional Budget Office and stand by their numbers only when it is convenient to your cause.

For instance, my friend Senator GREGG, the ranking member on the Budget Committee, touts CBO numbers even on his specific bill, when they benefit his arguments, for example, on malpractice provisions. But now my friends on the other side conveniently dismiss the Congressional Budget Office numbers showing our health care plan reduces the deficit. So you can't have it both ways.

They bring along their partisan straw man, accusing us of drafting a bill or having votes in the middle of the night. We say: How quickly you forget the 4 months that we waited for Republicans in the bipartisan Gang of 6, three Democratic Members, three Republican Members, working, supposedly, to achieve a bipartisan effort in health care reform. Four months. Four months we waited for them to work with us in a constructive way, and then they all walked away. So don't come back now and say you had no input in the process when you chose that course.

And, by the way, these votes that take place at the time they take place are because the Republicans insist on stopping the process and delaying it and drawing it out. So under the procedures, once we start the process to finish that delay, it ends up at certain hours—30 hours each time from the moment we file a motion to say that is enough of the delay, let us move forward. Whenever those 30 hours end, that is when we have to have the vote. But they could consent to have that vote in the fullness of the day and light. But no, they want to have the vote as late as possible, hoping that 60 Members who want to see progress on this reform don't come to this Chamber and, therefore, cannot stop the filibuster. They want failure, and then they clamor about the time these votes take place.

Straw man after straw man. They have done nothing but block this legislation, as they have throughout the year on other legislation. They will do anything, say anything to delay, deny, and defeat health care reform.

They are on the wrong side of history now, as they were in 1935 and 1965. But the difference between 1935 and Social Security and 1965 and Medicare and today is that when the debates ended in 1935 and 1965, when the legislation was weighed on its merits, there were those few Republicans who voted their conscience, those who did not march in lockstep to the demands of rightwing talk show hosts or in fear of tea party anarchists.

In 1935 and 1965, there were a few on the other side, a few who voted for Social Security and Medicare because they knew it was right for America.

But in 2009 it appears there will be no votes for health care reform—not one, not a single vote from the other side of the aisle.

The ideological differences were as intense then as they are now but pure obstinate ideology did not prevail then as it will in this Chamber when we vote. Before Social Security was debated, President Roosevelt laid out the changes in society and the reasons why we needed Social Security legislation before the Congress. He said then:

Security was attained in the early days through the interdependence of members of families upon each other and of the families within a small community upon each other.

The complexities of great communities and of organized industry make less real the simple means of security. Therefore, we are compelled to employ the active interests of the nation as a whole, through government, in order to encourage a greater security for each individual who composes it.

That is what he said about Social Security. That is why we needed Social Security and why we realize today that without Social Security more than half of our seniors in this country would be living in poverty—more than half—if the voices then in opposition had succeeded.

Then the debate began. There is no mention of death panels but there were those Republicans who raised similar straw men to the voices we hear today. A member of the New York delegation, a Republican, Daniel Reed said:

The lash of the dictator will be felt, and 25 million Americans will for the first time submit themselves to a fingerprint test.

Another said:

The bill . . . invites the entrance into the political field of a power so vast, so powerful as to threaten the integrity of our institutions and pull the pillars of the temple down upon the heads of our descendants.

John Taber, another member of the New York delegation, a Republican, raised the antibusiness straw man, saying:

Never in the history of the world has any measure been brought here so insidiously designed as to prevent business recovery, to enslave workers.

In this Chamber, in the Senate, Senator Daniel Hastings of Delaware, a Republican, raised the death-of-a-nation straw man, saying that Social Security would “end the progress of a great country.”

In this debate we have seen the same army of straw men standing against us. They have claimed that health care reform is a government takeover that will threaten the integrity of our institutions, when in fact we create an exchange of private insurance companies that people will be able to pursue.

They say it will “pull down the pillars of the temple on our descendants,” and leave them in debt, that it will drive private health insurers out of business and put a bureaucrat between doctors and patients.

We already have bureaucrats between doctors and patients. They are health insurance company bureaucrats be-

tween doctors and patients. The difference is when the debate ended on Social Security in 1935, when the shouts of socialism and un-Americanism had faded, a few, a minority on the other side, had the political courage to cross the line and vote yes.

But there will not be a single vote from the Republicans in favor of this bill, not a single vote. Our colleagues on the other side want nothing more than to stop this bill, period, pure and simple. It is their intention to stand en bloc for insurance companies and against any health reform that would protect American families from losing everything if they get sick. Their plan is just to say no; and once again they will squarely be on the wrong side of history.

When President Kennedy and later Lyndon Johnson fought for Medicare, those on the other side raised the same army of straw men they raised 30 years earlier. They played the same game they are playing again now. Senator Curtis of Nebraska at that time voiced opposition in this Chamber saying, “Medicare is not needed.” He was a Republican Senator of the time, Mr. Curtis of Nebraska, who said:

[Medicare] is not needed. It is socialism. It moves the country in a direction which is not good for anyone, whether they be young or old. It charts a course from which there will be no turning back. It is not only socialism, it is brazen socialism.

In the other body, Congressman Hall of Missouri called it “an ill-conceived adventure in government medicine.”

Those were the Republican voices of the past on Medicare. What senior in this country today—which one of our parents or grandparents—believes those words of the past as they relate to their health care today? More straw men, more fear, more naysaying—all of it wrong then, all of it wrong now.

They said bureaucrats would come between doctors and patients. They are wrong. That is why it is interesting to see that today the American Medical Association, the Nation’s doctors—the people who take care of you when you are ill, the ones who follow your progress when you have, maybe, a debilitating disease or a lifetime health challenge, your doctor, the voice of your doctor, not any Members of the Senate, the voice of your doctor in support of this historic reform—said:

This is a time of great opportunity for the American health care system. We have the chance to substantially expand health insurance coverage, implement insurance market reforms that promote greater choice, affordability and security, improve [this is the doctors speaking] the quality of the care and help Americans live longer, healthier, happier and more productive lives. To that end [the doctors of the nation say] we urge all Senators to support passage of the Patient Protection and Affordable Care Act as amended.

This is the Nation’s doctors. This is your doctor who is telling the Members of the Senate: Vote for it. They do not believe the line that bureaucrats are going to come between doctors and pa-

tients. They are wrong, those who are saying that.

They called Medicare unpatriotic and un-American. They were wrong again. They said it would mean the rationing of health care. They were wrong. They made the same argument they have been making for 74 years, and they are still wrong.

In 1965, the champion of my conservative friends, Ronald Reagan, issued a 19-minute-long LP, for those of us who still remember that, a long-playing vinyl recording at the time. It is past—gone. They are like antiques now. But it was entitled “Ronald Reagan Speaks Out Against Socialized Medicine.”

It featured an impassioned 2,000-word speech intended to get people to write to their Congressman against the idea of Medicare that was beginning to make its way through the Congress. That was 1965. It was referred to as Operation Coffee Cup, something of a precursor to today’s tea parties. In his record message, Ronald Reagan said:

One of the traditional methods of imposing socialism on people has been by way of medicine . . .

Does it sound familiar, in the year 2009, in the debates we have heard here on the floor? When he became President, one of the pillars of his health policy was cutting benefits, in particular through increased cost sharing for Medicare and Medicaid recipients. He was wrong then, just as our conservative friends are wrong now.

In the face of yet another landmark piece of legislation, is it possible there is not one of my friends on the other side who does not in their heart believe we need to pass this legislation for the good of the American people, regardless of ideology? Is there not one of my friends on the other side who will vote yes to help Americans who have lost their jobs and their health care and stand to lose everything if they or a member of their family becomes ill?

My friends, saying no to accessible, affordable health care for the American people is too big a price to pay for ideological purity. When I think of what this legislation will do, I cannot believe there will not be one vote on the other side to provide competition and affordable choices for every American, as this bill does; not one vote for greater accountability for health insurance companies; not a vote for more choice and competition for consumers, for programs that will rein in health costs and make policies more affordable.

Is this bill perfect? No. But it is a great and historic foundation of reform. Yet there will not be one vote on the other side to improve access to quality care for children, as this bill provides for, and the most vulnerable among us, which the bill does. Not a single vote for tougher accountability policies, for health insurance companies that are included in this legislation? Not one vote to require insurers to spend more of the premium revenues on health care rather than on administrative costs, executive compensation,

and boosting the bottom line? Not a vote to hold health insurers accountable for excessive rate increases? Not a single vote on the other side to immediately ban insurance companies from denying children—we hear a lot about the sanctity of life—coverage for a pre-existing condition? Not one vote for expanding eligibility for tax credits for small businesses and starting the health insurance tax credit next year? That is why it is interesting to note that among the many supporters of this, the Business Roundtable, they are quoted as saying:

The proposed legislation is a step towards our shared goal of providing high quality, affordable health care for all Americans.

It is why the Small Business Majority says the managers' amendment, Senator REID's amendment, "includes new provisions essential for small business protection and survival." That is the voice of business.

Not one vote for a bill that promotes competition for insurers and choice for workers? Or to test alternatives to civil tort legislation that emphasize patient safety, disclosure of health care errors, and resolutions of disputes? Not one vote.

Not one vote for people in my home State of New Jersey and every State who will see direct and immediate benefits from this legislation? Not a vote for every uninsured Jerseyan who has a preexisting condition and has been unable to find affordable health insurance in the marketplace? The health of our families is not a commodity. It is not a privilege for the wealthy. It is something everyone should be able to be protected from without going broke.

Under this legislation, 1.3 million seniors in my home State will be eligible for free preventive care for recommended services. Seniors will also be eligible for free annual wellness visits to their doctors, and will be provided with a personalized prevention plan so they can stay healthy.

When this legislation is signed, we will have lived up to our promise to fill the doughnut hole, that gap in coverage under Medicare Part D, to provide affordable prescription drugs to over 227,000 seniors in New Jersey and millions across the country so they will no longer have to choose between paying their bills and taking the medication.

When this legislation is signed, over 850,000 New Jerseyans will qualify for tax credits to help them pay for health insurance, easing the burdens, premiums, deductibles, and copayments. It will make tax credits for up to 50 percent of health care premiums available to over 100,000 small businesses in New Jersey. It will also put an end to the hidden tax that is passed along to everyone in my State through increased premiums and costs to pay for the over \$1 billion spent on uncompensated care in New Jersey.

This legislation includes a health insurance exchange that would provide portability, security, and choice for 1.3

million New Jersey residents who presently do not have any health insurance whatsoever. It will increase the number of doctors, nurses, and dentists for the 150,000 New Jerseyans, 2 percent of the population who live in areas where they do not have access to primary care because of a shortage of health care providers in their communities, yet there will not be one single vote for this legislation on the other side, not a single vote for any of these health reforms to help hard-working families in my State and in States across the country.

This is the politics of no, pure and simple. I suppose it is nice to say no to health care reform when you have the full protection of health care yourself. But it is wrong to say you are unwilling to afford the same protections to others. It is nice to say no to health care reform when you and your family will not be denied coverage because of the privileged position you hold but wrong to let even one mother, one father hear that their child has been denied the medical treatment they desperately need.

I say to my friends, how dare you stand in unison on the other side of the aisle and deny to others that which you so fully enjoy yourselves. How can you deny to others that which you so fully enjoy yourselves. It is inconceivable to me that when all is said and done, when our differences have been aired and debate has ended, that not one of my colleagues on the other side will see the historic nature of this legislation. We can be proud of this legislation. I know when the dust settles and the provisions of the bill become clear, America will be proud of it as well.

This landmark reform legislation includes State-based insurance exchanges, creating a fair, open, competitive marketplace for affordable coverage. It includes an amendment I proposed for long overdue consumer protections for emergency services. When you are getting sent to a hospital, you are not thinking about calling your company and saying: Is this the right hospital? Am I going to be covered without regard to prior authorization?

It requires insurance plans to provide behavioral health treatments, such as those for children who are autistic, as part of the minimum benefits standard. It encourages investments in new therapy to prevent, diagnose, and treat acute and chronic disease with a tax credit for innovative biotechnology research. It ensures that minor children qualify as exchange-eligible and provides for the availability of child-only health insurance coverage in the exchanges. It stops insurance companies from denying coverage for preexisting conditions, health status, or gender, and it ends the medical benefits shell game that insurers have played with people's lives.

The bottom line is this legislation helps New Jersey and America. It is fair, balanced, and fixes a badly broken system. It is truly a historic piece of

legislation and will be remembered as such. Yet every one of my colleagues on the other side will vote no. They will stand against all of it, all I have talked about, firmly, once again, on the wrong side of history.

Let me conclude by saying, as I have said before, and I will say again, history calls on us to stand up on rare occasions for what is fair and just and right for the American people. This is one of those occasions. This is a time to look into your heart, a time to see beyond your own political interests, your own hard ideology, and look at the lives of millions of Americans. Think about the millions of families on Main Street, in every community, where a child wakes up in the middle of the night to a parent who cannot afford to get them the basic care they need. Ask yourself: What is the right thing to do?

This is a time to do what is right for America. It requires more than parliamentary maneuvers to slow the process. It requires more than shrill voices raised under the banner of free market values at the expense of fundamental human values. It requires doing what is right for the millions of American families who have lost their jobs and their health care, those who have suffered from the economic policies of the last 8 years and now find themselves hurting. This is a time to remember them, a time to remember every mother who cries herself to sleep at night because she lost her job, lost her health care for herself and her infant and could lose everything she struggled for in her life, if she gets sick.

I say again to my friends, how dare you deny to her the protections that you so fully enjoy yourself. How dare you turn this into a parliamentary game of delay, deny, and defeat. Those who have continuously said no to any attempt at health care reform and yes to the needs of the insurance industry believe that the business of government is business. But for all of us who know the business of government, what it really is, it is about people. It is about those who send us here. It is their lives, their hopes, their dreams for a better life for themselves and their families. This is an opportunity to stand up for them. This is an opportunity to take care of their health care. This is an opportunity to show whose side you are on.

Are you on the side of those families or are you on the side of the special interests that would have you vote no, or the ideological interests that would have you vote no against these families? This is historic legislation. I am afraid our friends on the other side will once again, as they did in Social Security and Medicare, find themselves on the wrong side of history.

I intend to be on the right side of history and to vote yes on this legislation.

I yield the floor.

Mr. JOHNSON. Mr. President, I wish today to recognize the progress made

on health care reform, as well as stress the fact that we must press forward. Americans face out-of-control health care costs, great inequalities in access to care, eroding benefits, and the ever-increasing threat of losing their health insurance. While it has not been an easy task to reach a consensus, we find ourselves very close to fixing our health care system and extending access to health insurance to over 31 million Americans.

I have heard from countless South Dakotans whose stories illustrate the urgent need for reform. Just as the diseases and health care emergencies they face cannot be postponed, it is imperative we forge ahead and deliver reforms that will improve their health and security.

I would like to share the story of Susan from Rapid City, SD, a 57-year-old woman who has nearly depleted her savings and plans to sell her home in order to pay her bills and medical expenses. Her husband passed away several years ago and she now survives on his modest pension. After exhausting COBRA health insurance, she bought the only private health insurance policy she could afford. She was forced to accept several riders for her pre-existing conditions, arthritis and hay fever, so her insurance “won’t cover the problems that will soon need attention.” She also has to pay out-of-pocket for most her preventative screenings and primary care because she has not reached her \$5,000 deductible. She writes, “I feel I am paying \$250 a month for unreliable health insurance.” Until she reaches Medicare age or can qualify for Medicaid, her only option is to sell down her assets to pay the bills.

Like millions of Americans, Susan is vulnerable in the non-group health insurance market, where coverage is often expensive, inadequate and certainly not guaranteed. “Without the security of group coverage,” she notes, “I am very vulnerable and am one illness away from a catastrophe.” Several provisions in the Patient Protection and Affordable Care Act will help Americans like Susan gain access to quality, affordable health insurance.

Under the Senate reform bill, all health insurers will be prohibited from using preexisting conditions to deny health care and it will be illegal for them to drop coverage when illness strikes. Health insurance exchanges will create an accessible marketplace for Americans to shop for the best plan to meet their needs. Health insurers will offer national plans to all Americans under the supervision of the Office of Personnel Management, the same entity that oversees health plans for Members of Congress. Tax credits will be available to make insurance more affordable for those who need assistance, and the choice of doctor will be protected. These health insurance market reforms demand greater accountability from insurance companies while creating more choice and competition for consumers.

Despite a commitment by some to kill reform and defend the status quo, I am confident the strong consensus on the urgent need for reform will prevail. The cost of inaction is too great.

Mr. LEVIN. Mr. President, the health insurance provider annual fee in the so-called merged Senate health care reform bill did not distinguish between nonprofits and for-profit insurance companies in this country, although our current tax law properly does make the distinction.

I urged that the managers’ package modify the fee to continue to recognize the distinction.

Imposing the annual fee on true nonprofits, particularly those with high pay-out rates to beneficiaries, would have pushed many of those true nonprofits into deep financial difficulties and would have caused significant hardships on the families who rely on their services.

Some nonprofit insurers have not maximized the amount they pay out in medical expenses to beneficiaries. That is why I urged the managers to include in the managers’ package a provision exempting from the tax only those nonprofits with very high payout rates. Those good performers are committed to their policyholders rather than to profits for stockholders, which is the goal of the for-profits. Those good performing nonprofits are unable, as a result, to absorb the fees.

The managers’ amendment specifies two ways for nonprofits to be exempt from the fee.

The first way for a nonprofit insurer to be exempt from the fee: one, it can not refuse to insure anyone in the State and is the State’s insurer of last resort; two, its premium prices are regulated by its State insurance regulator; and three, it must pay out in medical expenses 100 percent or more of its premium revenues in the individual market.

The second way for a nonprofit to be exempt: the nonprofit insurer must pay out a very high percentage of its premium dollars—at least 90 percent—in medical expenses in each of the three major market segments: individual market, small group market, and the large group market; and it also must have an even higher overall payout rate of at least 92 percent. A nonprofit that compresses its margins that far beyond its peers for the benefit of its policyholders also warrants the exemption.

These exemptions continue the distinction that our tax law has recognized—that true nonprofit insurance providers should not be treated the same as their for-profit counterparts.

Mr. LEAHY. Mr. President, after months of arduous work, the Senate will finally take the first significant step toward bringing needed reforms to health care in this Nation. Opponents of reform have wasted much of the public’s time by provoking arguments over their distortions about what health reform means. Opponents have

tried to demonize the plan, and have claimed it will never work. We have overcome weeks of delay tactics employed by the minority—inexplicably, the most recent delay due to a filibuster against a bill to provide funding for our troops. These are the tactics of obstruction, and further demonstrate Republicans’ efforts to maintain the status quo.

Is this the exact bill that any one of us would have written? Probably not. I remain disappointed that the managers’ amendment before us today strips the bill of a public insurance option to compete with private plans and does not include a provision I have sponsored to repeal the antitrust exemption for health insurers and medical malpractice insurers. I believe both of these provisions would go far in providing fair competition into the health insurance market.

But in looking at this bill as a whole, I believe it stands by the core principles I sought at the beginning of this debate. It gives Americans affordable access to health care coverage, it reduces costs for families, businesses and government, and it protects consumers’ ability to choose doctors, hospitals and insurance plans.

The managers’ amendment introduced by the majority leader incorporates many important changes to the underlying legislation that will improve the bill. It includes several provisions that I have long supported and promoted.

Vermont has always been a national leader in expanding access to health insurance. In coordinating care, offering comprehensive coverage to children, and developing a system of electronic health records, Vermont has been at the forefront of reform. It is no surprise that for the third year in a row Vermont has been ranked the healthiest State in the Nation.

Unfortunately, a provision included in the underlying bill to expand Medicaid coverage nationwide threatened to penalize Vermont by excluding the State from increased Federal funding, solely because Vermont acted early to do the right thing. We can all share the goal of increasing access to essential medical services by expanding Medicaid coverage nationwide, but we should not penalize States such as Vermont, which demonstrated the initiative to expand its Medicaid Program early.

Senator REID’s amendment, however, remedies the anomaly in the underlying bill, and will allow Vermont to access additional Federal funding when the Medicaid expansion goes into effect. I thank Senators REID and BAUCUS for working with me to ensure that Vermont’s efforts to expand coverage to low income individuals is not set back by inequities in the underlying legislation.

The managers’ amendment also incorporates a vital antifraud amendment Senator KAUFMAN and I, as well as Senators SPECTER, KOHL, SCHUMER,

and KLOBCHAR, introduced, derived from the Health Care Fraud Enforcement Act which we introduced earlier this fall.

This antifraud initiative builds on the impressive steps the administration has already taken to step up health care fraud prevention and enforcement, and on the real progress represented by the antifraud provisions adopted by the Finance and HELP Committees and incorporated into the leader's health care reform bill. I was glad to contribute to those efforts, and I am glad we are now going even further.

The Kaufman-Leahy provision will provide prosecutors with needed tools for the effective investigation, prosecution, and punishment of health care fraud. By making modest but important changes to the law, it ensures that those who drain our health care system of billions of dollars each year, driving up costs and risking patient lives, will go to jail, and that their fraudulent gains will be returned to American taxpayers and health care beneficiaries.

For more than three decades, I have fought in Congress to combat fraud and protect taxpayer dollars. This spring, I introduced with Senator GRASSLEY and Senator KAUFMAN the Fraud Enforcement and Recovery Act, the most significant antifraud legislation in more than a decade. When that legislation was enacted, it provided law enforcement with new tools to detect and prosecute financial and mortgage fraud. Now, as health care reform moves through the Senate, I am glad we are taking steps to do all we can to tackle the fraud that has contributed greatly to the skyrocketing cost of health care.

The scale of health care fraud in America today is staggering. According to even the most conservative estimates, at least 3 percent of the funds spent on health care are lost to fraud—more than \$60 billion a year. In the Medicare Program alone, the General Accountability Office estimates that more than \$10 billion was lost to fraud just last year. While Medicare and Medicaid fraud is significant, it is important to remember that health care fraud does not occur solely in the public sector. Private health insurers also see billions of dollars lost to fraud. That fraud is often harder for the government to track. Private companies have less incentive to report it, and in some cases, are responsible for the fraudulent practices themselves. Reining in private sector fraud must be a part of any comprehensive health care reform.

The Kaufman-Leahy provision makes a number of straightforward, important improvements to existing statutes to strengthen prosecutors' ability to combat health care fraud. The bill would increase the Federal sentencing guidelines for health care fraud offenses. Despite the enormous losses in many health care fraud cases, offenders often receive shorter sentences than

other white-collar criminals. This lower risk is one reason criminals are drawn to health care fraud. By increasing the Federal sentencing guidelines for health care fraud offenses, we send a clear message that those who steal from the Nation's health care system will face swift prosecution and substantial punishment.

The provision provides for a number of statutory changes to strengthen fraud enforcement. For example, it would expand the definition of a "Federal health care fraud offense" to include violations of the antikickback statute and several other key health care-related criminal statutes, which will allow for more vigorous enforcement of those offenses, including making their proceeds subject to criminal forfeiture. It also clarifies the intent requirement of another key health care fraud statute in order to facilitate effective, fair, and vigorous enforcement.

The managers' amendment also includes our provision amending the antikickback statute to ensure that all claims resulting from illegal kickbacks are considered false claims for the purpose of civil action under the False Claims Act, even when the claims are not submitted directly by the wrongdoers themselves. All too often, health care providers secure business by paying illegal kickbacks, which needlessly increases health care risks and costs. This change will help ensure that the government is able to recoup from wrongdoers the losses resulting from these kickbacks.

The Kaufman-Leahy measure gives the Department of Justice limited subpoena authority for civil rights investigations conducted pursuant to the Civil Rights for Institutionalized Persons Act. This provision allows the government to more effectively investigate conditions in publicly operated institutions, such as nursing homes, mental health institutions, and residential schools for children with disabilities, where there have been allegations of civil rights violations.

These changes will strengthen our ability to crack down on fraud and will ultimately result in significant savings that will make health care more efficient and more affordable.

I am also pleased Senator REID's amendment includes a key reform to the False Claims Act that Senator SANDERS, Senator GRASSLEY, and I have proposed. By fixing the False Claims Act's public disclosure provision, we can ensure that we fairly and appropriately empower whistleblowers to come forward to expose fraud, which is a crucial way to save the government money and ensure the health and well-being of Americans.

We all agree that reducing the cost of health care for American citizens is a critical goal of health care reform. We in Congress must do our part by ensuring that, when we pass a health care reform bill, it includes all the tools and resources needed to crack down on the scourge of health care fraud. This pro-

tection is an important part of that effort.

I am also very encouraged that the amendment before us includes a measure I proposed with Senator BROWN to expand Federal Tort Claims Act medical malpractice coverage for free medical clinics. This expanded coverage will help free clinics across the Nation continue to provide and improve a critical safety net for many Americans.

In 1996, Congress enacted legislation to cover volunteer medical professionals in free clinics with medical malpractice liability insurance through the Federal Tort Claims Act. This coverage protects volunteer medical staff against liability by substituting the Federal Government for an individual defendant. But without any explanation in the legislative history, the coverage enacted in 1996 failed to provide coverage for others who are essential to the operation of free clinics, such as nonmedical staff, contractors, board members, and the clinic itself. As a result, free clinics must use scarce funding to purchase insurance on the private market to fill this gap. This lack of comprehensive coverage for free clinics is inconsistent with the coverage provided to community health centers, which benefit from coverage for all employees. This provision will remedy this discrepancy.

This measure will have no impact on the legal rights of a patient injured by a medical error; any victim of medical malpractice will still be able to pursue a remedy for an injury under the Federal Tort Claims Act. Instead, this amendment will free up scarce resources that are currently being used to purchase liability insurance on the private market. Informal estimates indicate that this amendment could save free clinics across the country \$15 to \$20 million a year. These are funds that will be redirected to providing essential medical services to low-income and other Americans in need. For example, as a result of this amendment, the Viola Startzman Free Clinic in Wooster, OH, will save \$17,000 a year. The Americas Clinic in Stamford, CT, will save \$31,000 each year. Our hard-working free clinics in Vermont will save \$12,000 each year and will be able to put those savings toward helping Vermonters in need of health care services. For free clinics operating through volunteerism and private donations and in a difficult economy, these are substantial sums that if devoted to the care of Americans in need will have a significant positive impact.

And the savings realized through this amendment will cost the taxpayers little if anything. Free clinics do not perform high-risk procedures such as obstetrics or surgeries, and thus are subject to a lesser risk of liability. Since 2004, when funds were first appropriated and set aside to cover any claims against free clinic doctors, no claims have been filed. The bottom line is that this amendment represents significant value to Americans in need of

health care services at little cost to the government and the taxpayer.

I thank Senator BROWN for his support as a cosponsor, and I thank the majority leader, Senator HARKIN, and Senator BAUCUS for working with me to make this amendment part of the historic legislation before the Senate.

Over the course of the past month, I have listened to many of my friends on the other side of the aisle. It is not surprising that frequently they have argued for one of their pet proposals—medical malpractice reform. For as long as I have served in this Chamber, I have fought against court-stripping measures that limit American's access to their justice system. I have also fought to protect the sovereignty of States to make rules for their own justice systems. Medical malpractice claims are based on State law and for the most part take place in State courts. I find it curious that some of the same Senators who pledge loyalty to federalism and the sovereignty of the States under the tenth amendment are some of the same Senators who are so aggressively pushing for a Federal “one-size-fits-all solution” for the justice systems in our 50 States.

The managers' amendment includes a provision addressing malpractice liability that has been introduced on a bipartisan basis several times over the past few years. I support this provision because it respects the States' primary role in adjudicating the claims of patients injured or killed by medical errors. I also support this provision because it resists the notion that “one-size-fits-all” when it comes to litigation issues and it includes the necessary safeguards for patients. I note for the RECORD that several States' efforts to reform medical malpractice liability have been struck down as unconstitutional. For example, Alabama, Florida, Georgia, Illinois, Kansas, New Hampshire, Ohio, Oregon, South Dakota, Washington, and Wisconsin have all enacted caps on damages associated with medical malpractice claims. And all of those State laws were struck down as unconstitutional for good reason. I am heartened that no such amendment was seriously considered in this Chamber because such arcane measures hurt our children, our senior citizens, and stay-at-home moms. The Wall Street Journal has reported on this clear fact when it pointed out that these caps deprive these groups of access to justice. If we create Federal caps on their ability to recover from serious injuries we are telling them that they are worth less because they are retired or they choose to stay home and raise a family or are young children. This is not fair. I know that no doctor wants to harm a patient, but the solution is not to take away the rights of patients who are seriously injured.

The provision in the managers' amendment does not encourage draconian damages caps and does not dictate what reforms States must consider.

Importantly, however, it does include specific patient protections that must be in place before a State can receive a grant for liability reform measures. To the extent that States can pass measures that improve patient safety as well as expedite damages recovery for victims, those reforms will truly improve our health care system.

I am disappointed, however, that the Health Insurance Antitrust Enforcement Act, which I introduced in September, was not part of the managers' amendment, and will not be part of the Senate's health reform legislation. That legislation would repeal the antitrust exemption for health insurers and medical malpractice insurers, and is an integral part of injecting competition into the health insurance market.

While there are differing views on the best way to inject competition into the health insurance market, we can all agree that health and medical malpractice insurers should not be allowed to engage in blatantly anticompetitive practices, such as colluding to set prices and allocating markets. My repeal would ensure that basic rules of fair competition will apply to insurers, and is nonpartisan.

My amendment was cosponsored by 23 Senators, and has support from a cross-section of consumer rights organization. I look forward to working to include this repeal when the Senate and House conference to reconcile their versions of the legislation.

The managers' amendment will improve the underlying bill, and I hope my fellow Senators will support its passage so we can move toward final passage of the bill. Each day that passes without reform, 30 more Vermonters lose their health insurance. We know our current health system is unsustainable. That threatens not only our health security, but also our economic security. Doing nothing has been seen as an option before, but it simply is not an option now.

I hope now we can work together to pass a bill that will give millions more Americans access to quality, affordable health care. We should reject the tactics of delay and the efforts to obstruct, and remember that the Senate should be the conscience of the Nation. With the Christmas season upon us, our constituents are looking to us to do the right thing. We should adopt this amendment, advance this legislation, and work to send it to the President without undue delay.

Mr. GRASSLEY. Mr. President, one longstanding priority of mine has been to improve Medicare payments for hospitals known as tweener. They tend to have too many beds, so they can't qualify as critical access hospitals, but they do not have sufficient volume to operate viably under Medicare's prospective payment systems. There are a number of these tweener hospitals in Iowa.

Working closely with the Iowa Hospital Association and individual Iowa hospitals over the years, I introduced,

last Congress, the Rural Hospital Assistance Act of 2008, S. 3300, which would improve the low-volume adjustment for hospitals under Medicare's hospital inpatient prospective payment system. This improvement would enable tweener hospitals to benefit from this adjustment.

In fact, the low volume adjustment provision in the Finance Committee's health reform bill, S. 1796, and the Reid substitute to H.R. 3590 is the language that I crafted. This language was crafted with the intention of benefiting all Iowa tweener hospitals. I was assured by the Iowa Hospital Association that this language would do so, and they supported it.

Unfortunately, after the Finance Committee markup of S. 1796, I learned from the Iowa Hospital Association that the language they originally supported would not benefit all Iowa tweener hospitals. I was informed that several Iowa tweener hospitals had Medicare discharges in excess of the maximum in the provision, which was 1,500.

In an attempt to make sure that all Iowa tweener hospitals benefit from this provision, I filed an amendment that would increase the maximum number of Medicare discharges from 1,500 to 1,600. This amendment was also offset. My staff was successful in working with the majority staff to include my amendment in the manager's amendment to the Reid substitute.

Mr. INHOFE. Mr. President, on Monday morning at 1 a.m., I voted no on the cloture motion to the latest Reid managers' package, which was only made available Saturday, because I am adamantly opposed to this \$2.5 trillion government-run health care system with its $\frac{1}{2}$ trillion increase in taxes on Americans and nearly $\frac{1}{2}$ trillion in cuts to Medicare to help pay for it. I am opposed to public financing of abortion this bill allows. I am opposed to a façade of health care reform that in no way seriously addresses tort reform and will only increase premiums and the cost of health care for all Americans. I am opposed to the special deals for only certain States in this bill to buy off votes. I am opposed to the special deals for only certain States in this bill to buy off votes. I am opposed to the increased burden of at least \$26 billion on States including Oklahoma mandated under this bill. I am opposed to no serious effort at all to include any amendments from Republicans. Republican amendments to block tax increases, block cuts to Medicare, impose tort reforms, try to impose some kind of discipline on the government take-over of health care in this country, among other amendments and motions have failed by nearly party-line votes. I am opposed to this bill, and most importantly, the American people are opposed to this bill. They know this bill is a complete disaster. The next few votes leading up to the final vote on this package are all procedural votes, and I will be opposed to them

all. But all 60 Democrats will vote for them. Democrats do what they are told. The votes include accepting this new Reid managers' package, cloture on the original Reid substitute, accepting the original Reid substitute, cloture on the underlying bill, and finally the final passage of his colossal mistake. Since I am opposed to each one of these votes, I will not remain in Washington to vote against these procedural maneuvers since that will have the same effect as voting no, and will return to vote against final passage of this bill.

MORNING BUSINESS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

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

THE IMPORTANCE OF RENEWING THE BIODIESEL TAX CREDIT

Mr. MCCONNELL. Mr. President, on December 31, 2009, the current biodiesel tax credit will expire. This tax credit increases domestic demand and provides an incentive for U.S. producers to increase investment and output. It is essential in producing biodiesel and allowing it to compete with petroleum diesel. Without the tax credit, petroleum marketers will be unwilling to purchase the more expensive biodiesel, and demand will be heavily reduced.

As all of my colleagues know, the biodiesel tax credit provides a \$1-per-gallon credit for biodiesel made from soybean oil or yellow grease and animal fats. The original version of this tax credit was passed in 2004 and has been extended twice, most recently in October 2008.

As a result, the U.S. biodiesel industry has grown significantly over the past several years, providing not just jobs but also the green jobs this administration and many of my friends on the other side of the aisle have so adamantly supported. However, the combination of volatile commodity prices and weak motor fuel demand caused by the current recession has severely affected the biodiesel industry for the worse and therefore increases our urgency to extend the credit today.

In Kentucky, public school districts, universities, National and State parks, local governments, and the Transportation Cabinet are using biodiesel blends. These institutions and many Kentucky employers, including manufacturers in Kentucky, will be hurt beginning on January 1 if we allow this tax credit to expire. One executive of a biofuel manufacturing facility wrote to me to say:

The \$1-per-gallon tax incentive is truly the difference between the survival and collapse of this important industry. Without this tax incentive, thousands of jobs will be lost with plants closing down almost immediately

after January 1. And the nation will lose a vital link in its effort to reduce our dependence on foreign oil.

As we continue our important business, I implore my colleagues on the other side of the aisle to work to get the extenders finished this year and to include the renewal of the biodiesel tax credit.

LIU XIAOBO

Mr. LEAHY. Mr. President, I want to speak briefly about the indictment and trial by Chinese authorities of Mr. Liu Xiaobo for "incitement of state subversion." The evidence cited in support of the charges were Mr. Liu's essays and association with Charter 08, a framework for democracy, human rights and the rule of law that was made public a year ago this month.

That document was signed by Mr. Liu and some 300 other intellectuals and activists. Thousands more people have since added their names, most of them from inside China. I am told that Charter 08 is widely regarded as the most significant democratic reform movement in China in a decade.

The charges against Mr. Liu are very disappointing. They illustrate how little has improved in China regarding tolerance for freedom of expression. I am informed that the Chinese Government has decided to bring Mr. Liu to trial, that international observers are permitted under Chinese law, and this is consistent with international legal standards on the openness and transparency of legal proceedings. I mention this because I am aware that former Governor of Pennsylvania and U.S. Attorney General Richard Thornburgh has expressed a strong interest in attending the trial as an observer, to show support for Mr. Liu and to convey the concern that he and others around the world have for the larger implications of this case.

The arrest of Mr. Liu demonstrates a continuing, disturbing trend in China. As Governor Thornburgh has written:

in recent years, China's leaders seemed to be tolerating changes in the legal system. The number of private lawyers and law firms has grown exponentially. Lawyers and citizens energetically began pursuing rights in court. A "wei quan," or "rights defense" movement, grew up around lawyers and activists seeking to use the laws on the books, and the institutions allowed by law, to assert and defend human rights without challenging the underpinnings of China's communist system. Such efforts were tolerated at first, and there were even modest signs of greater professionalism in the communist judicial system.

Unfortunately, initial signs of progress have given way to serious setbacks. Many lawyers who take on politically-sensitive cases have been subject to a kind of back-door disbarment, finding it impossible to renew their licenses. Some lawyers have been the target of surveillance, confined to house arrest, the victims of physical attacks, raids and confiscation of their property. Law firms and other groups pursuing law in the public interest have been shut down.

Moreover, there has been an alarming increase in the use of "subversion" or state se-

curity charges leveled against activists. These cases have become a substitute for the old "counter-revolutionary" crimes. Others convicted on such grounds include Hu Jia, the AIDS activist who also criticized abuses surrounding the staging of the Summer 2008 Olympic Games and Huang Qi, who posted public information on his website about the government's response to the Sichuan earthquake.

Liu's prosecution requires a serious response from the United States. Cooperating with China on other issues like the environment or North Korea does not mean we must silence ourselves when it comes to the rights and freedoms of China's citizens. Indeed, we are unlikely to get meaningful cooperation on any issue when we appear weak in defense of our principles, which as President Obama has said many times—most recently in his speech accepting the Nobel Peace Prize—are universal principles.

I agree, and hope the Chinese authorities reconsider this case, release Mr. Liu, and dismiss the charges against him. There are so many issues on which we want to expand our cooperation with China, but the persecution of courageous Chinese citizens who are guilty of nothing more than exercising rights guaranteed by the Universal Declaration of Human Rights hinders that cooperation and China's own development.

If the charges are not dismissed, and Mr. Liu is brought to trial, his trial should be attended by outside observers including top officials of the U.S. Embassy and Governor Thornburgh. I hope the Department of State and our diplomats in Beijing will assist Governor Thornburgh, including in obtaining a visa and access to the trial. It is important that the Chinese Government, and the Chinese people, know how strongly we deplore what is being done to Mr. Liu, and what it says about the need for China to meet its own commitments to respect internationally recognized human rights.

NATIVE AMERICAN APOLOGY RESOLUTION

Mr. AKAKA. Mr. President, today, I want to speak about a matter of significance to our Nation. As part of the Defense appropriations bill, Congress has enacted an apology to our Native Peoples for the historical wrongs that our Nation has committed against them. I am proud to have served as a cosponsor of the stand-alone apology resolution, S.J. Res 14, and commend Senators BROWNBACK, DORGAN, and INOUYE for ensuring this needed apology will be made.

From the beginning, Native peoples welcomed early colonists at Plymouth Rock and in Virginia, and in my home State of Hawaii, the Kingdom of Hawaii extended the aloha spirit to our visitors. During the American Revolution, the United States entered into military alliances with Indian nations to secure assistance in winning our independence. As a nation, we pledged to respect the rights of Indian nations to self-government, self-determination and territorial integrity.