options to move, as their homes are worth nothing. We do not need to spend, again, $25 million on a problem that will not be solved—topsoil on top of the sinkhole. We need to take care of these people and spend $3 million to let them get on with their lives. While American taxpayers are spending untold millions to prevent mortgage collapses, I can see no better use for the stimulus plan than to get the residents of Treece into safe homes.

I said once before, I am an honorary sheriff of Dodge City. I have a badge. You can go to Dodge City and you can meet the marshal, you can see Miss Kitty. You can go down to the Long Branch. We are used to taking care of problems ourselves. Kansas has appropriated $500,000 to do this. All we are asking for is $3 million, not the $25 million that I don't think is going to ever really result in any long-term cleanup.

You have to be there to realize just how bad this is, the pools of water and all. People will tell you: Senator, we are going to take you around this way. Don't walk this way.

So I would just ask Sheriff Joe, who is the self-declared sheriff on stimulus money, help me out here. Ride sidesaddle or you can drive the stage. Help me get $3 million. You have already stopped the ridiculous situation of building the road twice after we had destroyed it with stimulus money. That is the good news. But the rest of the story is that the citizens of Treece need to be relocated. We can do this for $3 million.

This remains an awful way to treat any community. I think it is not a wise use of taxpayer money. It does not pass the Kansas commonsense smell test.

I yield the floor.

HEALTH CARE

Mr. BENNET. Madam President, I rise today to discuss the urgent need for health care reform. The people of Colorado, and the American people, have waited for too long for Washington to act.

We should begin with a basic principle: if you have coverage and you like it, you can keep it. We will not take that choice away from you.

But even as we keep what works, we must confront the challenges of soaring health care costs and the lack of access to affordable, quality health care. The status quo is unacceptable. Every day, families in Colorado and across America face rising premiums. Their plans offer fewer benefits. They are denied coverage because of preexisting conditions.

And until we fix the health care system, we will not be able to fix the fiscal mess in which we find ourselves.

Since 1970, the share of health care as a part of the GDP has gone from 7 percent to 17 percent. The United States spends over $2 trillion in health care costs, including over $400 billion on Medicare. President Obama has said the biggest threat to our nation's balance sheet is the skyrocketing cost of health care. He is right.

In Colorado, we have not waited on Washington. We have made real progress in showing how you can provide high quality health care at a lower cost. Last week, the New Yorker magazine published an article titled ''The Cost Conundrum'' that highlights the important work that has been done in Mesa County, CO. Over 30 years ago this community serving 120,000 people came together, doctors, nurses, and the nonprofit health insurance company. They agreed upon a system that paid doctors and nurses for seeing patients and producing better quality care. They realized that problems and costs go down when care is more patient-focused.

In Mesa County, the city of Grand Junction implemented an integrated health care system that provides follow-up care with patients. This follow-up care has helped lower hospital readmissions rates in Grand Junction to just 3 percent. Compare that to the 20 percent rate nationwide, and it is clear that our rural community on the Western Slope of Colorado is onto something groundbreaking.

High readmission rates are a large problem for our seniors. Nearly one in five Medicare patients who leave a hospital will be readmitted within the following month, and more than three-quarters of these readmissions are preventable. Rehospitalization costs Medicare over $17 billion annually.

It is painful for patients and families to be caught up in these cycles of treatment. All too often, care is fragmented; you go from the doctor, to the hospital, to a nursing home, back to the hospital and then back to the doctor again. Patients are given medication instructions as they are leaving the hospital, many times after coming off of strong medications. They do not know whom to call, and they are not sure what to ask their primary care doctor.

The solution, both our Denver and Mesa County health communities have found, is to provide patients leaving the hospital with a ''coach.'' This coach is a trained health professional connecting home and the hospital. This coach teaches patients how to manage their health on their own.

Our Denver health community created a model based on this idea called the Care Transitions Intervention. Their work is the basis for the Medicare Care Transitions Act of 2009, a bill I introduced to implement this model on the national level. This legislation recognizes that patient care should not begin in a doctor's office and end at the hospital doors. Investing in coaching and transitional care now can head off huge costs down the road. It has the advantage of being both preventive and responsive.

Take 67-year-old Bill Schoens, from Littleton, CO, who recently suffered a heart attack. Before he was released from the hospital, registered nurse Becky Cline was assigned as his Transitions Coach. She made sure that he understood the medications that his doctors prescribed and everything else he needed to do to get healthy. Bill even pointed out, ''When you are in the emergency room, you are all drugged up and can barely remember what to do. Confusion starts to set in.''

Becky went through each step Bill needed to follow when he left the hospital. Becky evaluated Bill's ability to follow doctor's orders in his environment and helped him maintain his own Personal Health Record. With her help, when Bill visited the doctor, he did not have to remember everything that happened since he left the hospital; it was all in the book.

Bill said, ''When people are in front of their doctor, their blood pressure goes sky high and they forget what they need to ask.'' He said he found the help and guidance he received from his Transitions Coach ''invaluable and lifesaving.''

We need patient-centered coordinated care, care that views nurses, doctors and family members not as isolated caregivers, but as partners on a team whose ultimate goal is to make sure patients get the guidance and care they need. Hospitals are not the problem, primary care physicians are not the problem, and nurses are not the problem. Our fragmented delivery system of care is the problem.

This bill also makes sure that we are teaching patients to manage their own conditions at home.

Sixty-nine-year-old Frank Yanni of Denver, CO, had surgery for a staph infection of the spinal cord. After leaving the hospital, he noticed that the pain he was experiencing weeks after surgery was getting worse. Having been ''coached,'' he identified the problem and knew to insist on visiting his doctor immediately. A hospital test showed that Mr. Yanni required a second surgery. His coach said that, ''Had he let that go for even another week, he could have ended up in the ICU, septic and horribly sick.''

Our Colorado transition of care model, reflected in our legislation, gives health care systems the choice of whether to create this program. But it allows existing patient-centered transitional care programs like the one in Mesa County, CO, to continue on.

We want communities and providers to think and work together to reduce readmission rates, reduce costs and provide better coordinated care to our patients. Other systems should look at Colorado and the systems in 24 States that have already begun to follow this model.

As we begin to emerge from the economic downturn, we must call upon existing health care professionals from all walks of life—nurses, nurse practitioners, social workers, long-term care, and community health workers—to serve as transitional coaches.

Colorado nurses like Becky Cline have found that focusing on transitional care has leveraged their skills,

empowering them to take a more active role with patients. They are able to work with both patients and family caregivers. For too long, family caregivers have been ''silent partners.'' Some 50 million Americans provide care for a chronically ill, disabled or aged loved one. This bill recognizes their importance, connecting them with a coach who can teach them how to properly coordinate at-home care.

This bill is only a small part of the solution to the complex challenges of our fragmented health care system. The problems of rising costs and limited access affect people from all walks of life.

Skip Guarini of Parker, CO, is a self-employed private consultant and retired U.S. Marine. After years of regular doctors' visits, Skip's dentist discovered a lump on his thyroid during a routine exam that had gone undetected by his physician despite 10 previous exams.

Skip underwent a CT/MRI scan, ultrasound, and biopsy, all of which were inconclusive. A second series of tests 6 months later revealed that the lump had grown, and Skip underwent surgery. During the surgery, doctors found cancer. Skip was then sent to an endocrinologist who ordered more tests. All tests came back negative. A second full body scan revealed no sign of cancer anywhere in Skip's body.

All these exams and screenings cost Skip $122,000.

Since then, Skip has maintained perfect health, but he cannot obtain private insurance because of the thyroid surgery. He now relies on COBRA and is paying a monthly premium of $1,300. This coverage is set to expire in less than 1 year, at which point Skip will have no insurance.

Hollis Berendt is a small business owner in Greeley, CO. She is covered through her husband's employer, which is ''a luxury many other small business owners don't have,'' she said.

After graduating from Colorado State University in 2004, their daughter Abby found a job with a large company in New York City. She was told she could not get health care coverage until she had been working for the company 1 year. At 10 months of employment, she was diagnosed with an ovarian tumor that would require surgery. The expenses were too much for Abby, so her parents had to take out a second mortgage to pay her medical bills.

Hollis shared that ''this experience brought to light, all too clearly, how close we all are to losing everything due to a health issue.''

The current system is hurting our small business people and their employees. Take Bob Montoya of Pueblo, CO, who runs Cedar Ridge Landscape in Pueblo with his brother Ron. They are torn between providing health care coverage for employees and keeping the business afloat.

Last year, the business paid out $36,000 for a health care plan to cover Bob and Ron's families and one other employee. The other 12 employees and their families do not get coverage through their work. Bob said, ''As business owners, we want to do right by the people who work for us, but if all our employees opted into our health care plan and paid their 50 percent, we would be forced out of business.''

He said it is an ''impossible situation'' for him and his employees.

Like too many small business owners, Bob can not find good health care coverage at a cost he can afford.

He said, ''The longer it takes to pass comprehensive health care reform, the more jobs will be lost as small businesses shut their doors due to rising costs.''

These Coloradans speak for countless others across the nation. All they ask for is a health care system that works for them, a health care system that does not crush them with unreasonable costs, and a health care system that does not deny them coverage just because they have pre-existing conditions. I am hopeful.

I am hopeful that we can keep what works in our system and fix what is broken. I am hopeful that this Congress, working with our President, will finally deliver on the promise of health care reform. The people of Colorado deserve it. The American people deserve it.

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

The PRESIDING OFFICER (Mr. KAUFMAN.) The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. NELSON of Florida. Mr. President, I understand we are in morning business. I ask unanimous consent to speak for up to 20 minutes.

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

OFFSHORE DRILLING

Mr. NELSON of Florida. Mr. President, the Senate Energy Committee has just approved an energy bill that adopted a very controversial amendment that would allow oil to be drilled 10 miles off of the coast of Florida.

I wish to refer to this chart. Here is the peninsula of Florida. This is the panhandle of Florida, including Pensacola, Fort Walton Beach, Panama City, and Cape San Blas. Some of our largest military installations in America are here: the Pensacola Naval Air Station, the big complex of the Air Force, Eglin Air Force Base in that area of Fort Walton Beach. Down here in Panama City is Tyndall Air Force Base, where they are training all of the F–22 pilots. As one can see on this map, the rest of the gulf coast of the United States includes Alabama, Mississippi, Louisiana, and then Texas.

This chart illustrates what the Dorgan amendment does to Florida. It shows the western planning area of the gulf, the central planning area, and what is known as the eastern planning area. The chart shows that in legislation we passed in 2006, a compromise was struck whereby the oil industry could drill in an additional 8.3 million acres, in addition to the 33 million acres they have under lease in the central and western gulf—33 million that they have under lease that they had not drilled. We worked out an additional 8.3 million acres in this tan area called lease sale 181. In exchange, the compromise was for the protection of the Gulf of Mexico, everything east of this longitude line known as the military mission line. Why? Because everything east of this line is the largest testing and training area for the U.S. military in the world. It is where we are training our F–22 pilots out of Tyndall Air Force Base, it is where we are training our Navy pilots in Pensacola, and it is where we are testing some of the most sophisticated weapons systems in the world that are under the test and evaluation component of Eglin Air Force Base.

This is the area. It is also where we are training our Navy squadrons at Key West Naval Air Station. They will send in a squadron down here to Key West, and when they lift off from the Boca Chica runway, within 2 minutes they are over protected airspace. So they don't have a lot of travel time. They don't spend a lot of gas getting to their training area, which is out here. So we see that we have this area that is now protected.

I wish to have printed in the RECORD a letter from the Secretary of Defense—and this is actually from the previous Secretary of Defense, Secretary Rumsfeld—in which he says the use of this for oil and gas production would be incompatible with the needs of the U.S. military in this test and training area.

I ask unanimous consent to have this letter printed in the RECORD, if I may.

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

THE SECRETARY OF DEFENSE,
Washington, DC, November 30, 2005.

Hon. JOHN WARNER,
Chairman, Committee on Armed Services, Russell Building, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter of October 7, 2005, concerning the potential effect of Department of Interior-administered oil and gas leasing on military training and readiness in the Eastern Gulf of Mexico. The Department of Defense (DoD) fully supports the national goal of exploration and development of our nation's offshore oil and gas resources. The DoD, the Department of the Interior, and affected states have worked together successfully for many years to ensure unrestricted access to critical military testing and training areas, while also enabling oil and gas exploration in accordance with applicable laws and regulations.

DoD conducts essential military testing and training in many of the 26 Outer Continental Shelf (OCS) planning areas. Prior