

"L," that a judge can interpret. It is, to the contrary of Judge Sotomayor's statements, merely a matter of perspective. There is no impartial rule of law.

I don't know how one can reconcile her statement that there is no objectivity, no neutrality in the law, with the motto inscribed above the U.S. Supreme Court building which says "Equal Justice Under the Law." If there is no such thing as objectivity and neutrality, only a matter of perspective, how in the world can we ever hope to obtain that ideal of equal justice under the law? I just don't know how one can reconcile those.

Despite my concerns about some of Judge Sotomayor's decisions, as well as some of her statements about judging, I went into the hearing with an open mind. I believed she deserved the opportunity to explain how she approached some of the most controversial cases on which she has ruled and to put her public statements in context. I hoped she would use the hearings to clear up the confusion many of us had, trying to reconcile the Judge Sotomayor who served for 17 years on the bench with the Judge Sotomayor who made some of these statements and speeches. The hearings were an opportunity for Judge Sotomayor to clear up these things and ultimately, in my view, resulted in a missed opportunity to do so.

Regarding her public statements about judging, I was surprised to hear her say she meant exactly the opposite of what she said; that she had been misunderstood every single time and that she doesn't believe any of these radical statements after all and that her views are aligned with those of Chief Justice John Roberts.

Regarding some of her most controversial decisions, she refused to explain them on the merits. She did not explain her legal reasoning or the constitutional arguments she found persuasive, instead choosing to explain those in terms of process and procedure whenever she could.

She assured us her decisions would be guided by precedent, even when many of her colleagues, both on the court of appeals and the majority of the Supreme Court of the United States, disagreed. At the end of the hearing, I found myself still wondering who is the real Sonia Sotomayor and what kind of judge will she be when she is confirmed to the Supreme Court.

Some have argued if I am uncertain, or if another Senator is uncertain about the answer to that question, that we should go ahead and vote to confirm Judge Sotomayor. I disagree with that. Voting to confirm a judge, this judge, or any judge, despite doubts, would certainly be a politically expedient thing to do, but I do not believe it would be the right thing to do, nor do I believe it would honor the duty we have under the Constitution, providing our advice and consent on a judicial nominee.

We all know the future decisions of the Supreme Court of the United

States will have a tremendous impact on all Americans. The Court, for example, could weaken the second amendment right of Americans to keep and bear arms, and Judge Sotomayor's decisions on that subject reflect, I believe, a restrictive view that is inconsistent with an individual right to keep and bear arms for all Americans.

The Court could fail to protect the fifth amendment private property rights of our people from cities and States that want to condemn their private property for nonpublic uses. Judge Sotomayor has rendered decisions on the Second Circuit Court of Appeals that tend to support the views that she has an opinion of the rights of the government to take private property for private uses, not for public uses, and that concerns me a great deal.

The Court could, in fact, invent new rights that appear nowhere in the Constitution, as they have done in the past, based on foreign law, a subject that Judge Sotomayor has spoken and written on, but she did not settle any concerns many of us had about what role that would play in her decision-making process when she is confirmed.

I believe the stakes are simply too high for me to vote for a nominee who can address all of these issues from a liberal activist perspective. And so I say it is with regret and some sadness that I will vote against the confirmation of Judge Sonia Sotomayor. I will vote with a certain knowledge, however, that she will be confirmed despite my vote.

I wish her well. I congratulate her on her historic achievement. I know she will be an inspiration to many young people within the Hispanic community and beyond. And I hope, I hope, she proves me wrong in my doubts.

The Justice she is replacing, after all, has proved to have a far different impact than the President who nominated that judge believed that judge would have. So perhaps Judge Sonia Sotomayor will surprise all of us.

I yield the floor.

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

Mr. DODD. Mr. President, what is the business before the Senate?

The ACTING PRESIDENT pro tempore. The Senate is in morning business.

HEALTH CARE

Mr. DODD. I thank the Presiding Officer. I am going to take a few minutes, if I can, to talk about health care again. I did on Wednesday evening, and I intended to speak yesterday, but there was an objection raised to having any morning business yesterday while we were considering the Defense authorization bill. So as a result of that, I was unable to come to the floor and talk about the health care issues in our country and the pending legislation in this body and in the other body.

As some may know—I know my colleagues are aware of this—I have been

in the position of being the acting chairman of the Senate HELP Committee. The committee is chaired by our dear friend and colleague Senator TED KENNEDY, who is wrestling with his own health care crisis at this very hour and so has been unable to be with us these last several months as we have begun the process of marking up, that is, considering the legislation dealing with health care. So as the person sitting next to him on that committee, I was asked to assume the responsibility of chairing the committee as we considered the health care legislation.

We have finished our work. We finished it a week ago on Wednesday after numerous hours. I point this out to our colleagues—I know many of them may be aware of this already—we on the HELP Committee spent close to 60 hours in consideration of our bill. I am told it was the longest time that—at least in memory of all here—the committee has spent on the consideration of any single bill.

We had some 23 sessions over 13 days. There were around 800 amendments filed before our committee. We considered just shy of 300 of them. Of that 300, we accepted 161 amendments from our Republican friends on the committee.

Many of these amendments were technical amendments. But they were not all technical amendments. They were worthwhile and positive amendments, and there were a number of very important amendments that were offered by our Republican colleagues that I think strengthened and made the bill a better bill, substantially a bipartisan bill.

At the end of the day, after all of these hours and work, we did not have the votes of our Republican friends on the committee. But their contribution to the product was significant. As I mentioned earlier, Senator GREGG and a number of our Republican colleagues on the committee were concerned about the long-term fiscal impact of the new voluntary insurance program for long-term care. We agreed with that amendment. It was a tremendous help.

Senator ISAKSON of Georgia raised the issue of end-of-life care, drawing on his own family experiences. We were able to accommodate his ideas in that area.

Senators ENZI, GREGG, and ALEXANDER suggested that we increase employers' flexibility to offer workplace wellness programs with incentives for employees. That was a very sound proposal, one that has been recommended to us by others. It was added to the bill. Senator HARKIN did a very good job, along with others, in reaching that accommodation.

Senator HATCH's amendment was dealing with follow-on biologics. The full Hatch proposal was adopted by the committee.

Our friend TOM COBURN from Oklahoma proposed an amendment to empower individuals to make healthy decisions by having the CDC establish a

Web-based prevention tool that would create personalized prevention plans for individuals. That was accepted as well.

We accepted Senator HATCH's proposal to establish a coordinated environmental health tracking network at the Centers for Disease Control and Prevention.

Senator MURKOWSKI offered an amendment which allows insurers to rate based on tobacco use. Specifically, Senator MURKOWSKI's amendment allows insurers to vary premiums from one to one and a half for the use of tobacco.

Several amendments were offered by Senator BURR, and accepted by unanimous consent, to ensure that the community health insurance option is operated on a level playing field with all of the other private insurers, and provided a clarification that Federal and State laws relating to rating pre-existing conditions, fraud and abuse, quality improvements, and many other provisions apply to the community health insurance option as well.

Senator HATCH and Senator COBURN offered amendments that will now ensure that independent insurance agents and brokers will be eligible to be navigators in the gateway.

My point is that in addition to the technical amendments, there were substantive amendments that were adopted as part of the committee effort. I invite our colleagues' attention. We have offered to brief any single member or others who are interested. This bill has now been on the Web site for the public to read there, to add comments and ideas, or to pose questions regarding provisions of the bill.

While we are waiting to see what the outcome in the Finance Committee will be, the second half of the equation, it is worthwhile to note that in the Senate, there are two committees with jurisdiction over health care. The HELP Committee has completed its committee work, and we invite our colleagues' attention and ideas and thoughts on how we might improve or add to the provisions dealing with quality and prevention, dealing with workforce issues, dealing with the fraud and abuse issues that are critically important, as well as coverage questions which are also essential.

Obviously I had hoped that we might stay here in August to deal with this issue or continue the process, but the decision has been made to delay consideration of the health care issues until the fall. I understood how this works, and things have not moved as quickly as we all would have liked.

Some say we need to slow down a little bit, we are going too fast on this issue. I remind my colleagues that it has been 70 years, 7 decades, with many administrations serving our country in that time, as well as many Congresses that have convened to grappled with this issue.

While we have dealt with various aspects of health care, from children's

health and Medicare and Medicaid in that time, every single Congress, every single administration, has failed in reaching the kind of consensus necessary to adopt national health care reform measures.

We have been challenged by the American people now to try and defy those odds, to do what no other Congress and no other administration has ever been able to achieve. I understand we are going at it a little too fast in the minds of some, but for those out there beyond the halls of Congress, that issue of how fast we are going may seem rather perplexing.

I am stating the obvious here. I know my colleagues know this, and I presume many of our fellow citizens do. Every single one of us who is serving in this Chamber, every single Congressman who serves down the hall, every single employee you see here, has very good, comprehensive health insurance coverage. We are blessed, as a part of the Federal employees benefit health package. We never have to worry, Lord forbid, something happens to one of us tonight, or tomorrow, to our children, or our spouses. We are well covered with insurance. And so taking a break in August and sort of rolling along poses no real threat to any of us or the Federal employees who have this health care program.

But for millions of other Americans who do not have the privilege of having the kind of coverage we do, this is an unsettling time, a very unsettling time. In this country of ours, millions of our fellow citizens do not get to sleep with that same sense of security and assurance. If something happens to their family, Lord forbid, they know they are going to wake up with the inability to either take care of the health care problem or maybe at the same time go through a financial crisis that destroys their economic future.

I have said this many times, and it is worth repeating. Of all of the bankruptcies that occur in the United States, 62 percent of them occur because of a health care crisis in that family; 62 percent. Of the 62 percent that go into bankruptcy because of a health care crisis, 75 percent of those people have a health insurance program. They are not uninsured. These are people with health insurance.

So if you are out there today and saying: Well, I have got health insurance, I could not possibly end up in financial ruin, the fact is that the overwhelming majority of people who have gone into bankruptcy because of a health care crisis have been covered with insurance.

Fifty percent of all foreclosures are occurring as a result of a health care crisis in a family. Today, before the sun sets in the United States of America, 14,000 of our fellow citizens will lose their health care coverage. Fourteen thousand people today and every single day in America, that many people will lose their health care coverage.

So while we sit here and say: Look, we are going too fast on this subject.

Slow down. Boy, slow down. That is easy for us to say because none of us ever has to worry about what most Americans have to worry about, and that is, God forbid, they end up with a health care crisis and end up being destroyed economically or sitting with the anger and frustration of knowing that I cannot provide for my child, I cannot provide for my spouse, and they need the kind of medical care they deserve.

This is the United States of America. We rank 37th in the world in medical outcomes, and we spend more money than any other nation, way beyond, way more than any other country in the world on health care. So we pay the most and we rank like a Third World country when it comes to outcomes. I do not think most Americans like to think of our country as being incapable of taking care of our Nation in such a way.

It has occurred to me that some people in this town seem to think this process of health care is about them: Did I get appropriately consulted? Did I get invited to enough meetings? Did I get a headline? What do my consultants think I should say about all of this? What are the right words to use here? Let's hire people to tell us how to describe all of this.

Well, let me ask all of my colleagues: Is anybody here worried that they are going to lose their health care insurance over the August break? Is anybody here unable to afford the care they think they may need for themselves or their family? Has any Member of this body or the other body been staying up late at night recently with a sick child for whom they cannot afford to get treatment?

Has anyone I serve with here spent the last 3 hours bouncing from voicemail to voicemail as you try to find out why the insurance company you pay thousands of dollars to every month suddenly refuses to pay for your spouse's cancer treatments?

Is any Member of Congress, as they go through the August break back in their States and districts or on vacation someplace, stuck at a job that pays too little because they have a pre-existing condition and will not be able to get coverage anywhere else they may get hired?

Has anybody here been driven into bankruptcy or lost a home, as 10,000 people will today? Their homes will get a notice of foreclosure because of medical bills their insurance company would not cover.

Has anyone in this Chamber or anyone in the other Chamber, a small business owner, had to choose between cutting coverage or laying off your employees whom you care about, who have been loyal to you and helped you build your products every day? Has anyone had to talk about laying them off or not providing the health care coverage that you have? I suspect no.

Then why are so many in Washington acting as if this were about us, about

whether you are a Blue Dog or a Red Dog, a Democrat, a Republican, a conservative, a moderate, a liberal, as if that was the most important issue, rather than the people who sent us here to grapple with an issue they wrestle with every single hour of every day. We are in danger of losing this once again, of failing, as has every other Congress and every other administration for 70 years, because we are forgetting that this is about the people who sent us here, asking us to try and come up with answers that would relieve them of the fear and frustration that confronts them every day and grows as a result of our inability or unwillingness to come up with national health care reform.

We in this Chamber have good insurance and we're in no danger of losing it. The same is not true for the American people. That is why it isn't about us. It is about the 47 million people who are uninsured, the 87 million who are underinsured, the 14,000 a day who lose their insurance, and the millions who will lose it if we don't act. It is about the people who pay our salaries and our great health insurance as well, the people who sent us here to fight on their behalf. When we pretend this is about us, when we treat health care reform as if it is some kind of a game, a political contest—who is going to face their Waterloo, who is going to lose, who can go in for the kill and defeat someone, put them into trouble, maybe they will lose an election over this—as it appears in the minds of some, then is it any wonder why the American people get so angry and frustrated when they watch us talk about ourselves, as if we were the only people on the face of the planet?

If any of us had to go through some of the things I suspect every one of us has heard from constituents—and there is nothing unique about what I am about to say; you can go to almost any State at almost any hour and repeat some of the stories I will share this morning, as I have heard in Connecticut—there wouldn't be anybody calling for more delays if they listened carefully. Sometimes we get involved in numbers, as we mention 14,000 and 87 million and 47 million. It sort of glazes over the eyes in a way. Is there anybody involved in these numbers? Are any stories involved? This legislation would be done by now if we paid more attention to some of these individual stories.

In 2005, a young woman in Connecticut named Maria was diagnosed with non-Hodgkin's lymphoma. When she asked her insurance company to cover her treatments, the insurance company found out Maria had once gone to a doctor for what she thought was a pinched nerve. Even though no tests had been done for cancer, the insurance company decided the doctor visit meant Maria's condition was a preexisting condition and denied her claim. Maria died from that illness.

A young man in Connecticut named Frank disclosed on his insurance appli-

cation that he sometimes got headaches. Several months after he got his policy, he went in for a routine eye exam. His eye doctor saw something he didn't like and sent Frank to a neurologist who told Frank he had multiple sclerosis. Frank's insurance company decided Frank should have known his occasional headaches were a sign of multiple sclerosis, and they took away his coverage retroactively. Frank's doctor wrote them a letter saying there was no way anyone could have possibly suspected that an ordinary headache was related to multiple sclerosis. But the insurance company left Frank out to dry. He was stuck with a \$30,000 medical bill he simply couldn't afford. His condition got worse. He left his job and went on public assistance.

This is Kevin Galvin. I have held a series of townhall meetings in my State, four or five of them over the last number of months, to invite people to share their concerns and stories about health care. The first one I held, to give Members an idea, I held outside Hartford at 8:30 in the morning, on a Friday morning. My first reaction to my staff was: Why are we having a townhall meeting at 8:30 in the morning? No one could possibly be there. Mr. President, 750 people showed up at that small community college on the banks of the Connecticut River in Hartford to be heard and to listen and talk about what was going on in their lives.

Kevin has shown up at a lot of my townhall meetings to talk about this issue. I met him at a number of gatherings we have held around the State to listen to people's concerns.

Kevin owns a small business, a maintenance company. He employs seven people in that little firm—some older, some younger—and can't afford to insure them. His younger employees use emergency rooms in their home communities as their regular doctor. If one of them has a child with an ear infection, they will spend all day, as Kevin has told me, in the ER waiting for them to get basic treatment, costing the employee a day's pay and Kevin a day's work from that employee.

By the way, to remind people who say we can't afford any additional costs, think of this: If you have an insurance policy, on average, your family is paying \$1,100 a year on your insurance policy to cover people such as Kevin's employees, the uninsured. That is the average cost per family. That is a tax on every insurance policy to pick up the cost of Kevin's employee, the one who shows up in that emergency room. You don't get free medical care there. They are charging for it. How do they charge? The premium costs go up for everyone else, on average, \$1,100 per family.

Kevin has three employees in their twenties and thirties who have never had a physical, never had a dental cleaning by a hygienist. One of them, age 28 with two children, was out of work for 12 weeks and nearly died from

a staph infection he got from an untreated cavity. Kevin stepped in, paid that man's salary during those weeks, and also all of his medical bills. That is the kind of person this individual is. Even though he doesn't have the kind of business that allows him to pick up the insurance tab for all his employees, Kevin stepped in to make a difference in that family. I know many do that. He is not alone in that regard. But it is awfully difficult to make a business work when you have to turn around and pick up the wages for someone who is not there at work, not to mention the medical bills and expenses.

Another one of Kevin's employees recently left for a job with health insurance, even though the new job gives him far fewer hours and pays one-third less than he got from Kevin. Another employee has been with Kevin's company for 24 years, relying on his wife's job for their health insurance. She got laid off recently. They will be able to get COBRA insurance for a short period, but Kevin's employee has a preexisting condition and his wife is a breast cancer survivor. You tell me whether you think they will get health care coverage, under the present circumstances, with one of them having a preexisting condition and the other being a breast cancer survivor. You don't need to be a Ph.D. in health care issues to know what is going to happen. Under the present circumstances, if we do nothing around here, that guy and his wife get nothing. They will be looking for any kind of help they can get.

They, similar to millions of our fellow citizens, are looking to us, those of us gathered here. I don't know what Kevin's politics are. I don't know whether he is a Democrat or a Republican, a liberal, conservative, moderate, a Blue Dog. I don't think he thinks that way. I think all he thinks about is trying to take care of his employees and his family. I don't think Maria's family—Maria, with non-Hodgkin's lymphoma—wondered what politics they were. I don't think any American does. All they know is, once again, we are sitting around here deciding we will drift off for a few more weeks or months because we can't seem to come together, or we are going to sit there and attack each other politically, as this problem grows by the hour. We don't have to worry about that. I say that respectfully, but nonetheless, it does impact the decisionmaking process.

When you don't have an ounce of concern about your insurance and your ability to take care of yourself and your family, you lose some of the motivation, it seems to me, that we ought to have, when it comes to addressing these issues.

I will be talking about this every day we are in session and every day until we get to the point of coming together and addressing this issue. It is what I tried to do for nearly 60 hours, replacing my dear friend, Senator KENNEDY, on the committee. I thank my 22 other

colleagues who stayed there day after day to work on this. I particularly thank TOM HARKIN of Iowa, who spent hours working on the prevention side of this bill, doing everything he could to come up with ideas to encourage behaviors that would reduce cost and improve the quality of health; BARBARA MIKULSKI, who is going through her own medical issues, having broken her ankle in four different places and undergoing treatment, she did a magnificent job working on quality issues; JEFF BINGAMAN from New Mexico, who did the work on coverage issues and the important issue of how we pay for this to come up with ideas that will reduce cost and make health coverage more affordable. Then, of course, there was PATTY MURRAY, who did a great job working on workforce issues. I see JACK REED of Rhode Island, who is a member of our committee and did a great job on a number of issues affecting the bill. On down the line: KAY HAGAN; JEFF MERKLEY; SHELDON WHITEHOUSE was tremendously helpful; BERNIE SANDERS did a great job; BOB CASEY; SHERROD BROWN of Ohio was terrific as well.

I thank my Republican colleagues—even though they didn't vote for the bill in the end, I have mentioned the ideas they brought to our bill that made it a better bill: MIKE ENZI, JUDD GREGG, LAMAR ALEXANDER, JOHN MCCAIN, LISA MURKOWSKI, PAT ROBERTS, ORRIN HATCH, TOM COBURN, JOHNNY ISAKSON, RICHARD BURR. The idea is, we came together and it worked. We have a product now. We look forward to working with the Finance Committee. But we need to get on to the business of getting this done. We cannot sustain the present situation, and the American people deserve a lot better. They need the same kind of security we have provided for ourselves as Members of Congress. I don't think the American people are going to accept the notion that they should have to live with the fear and frustration that is associated with having the kind of health care system presently in our Nation, knowing we can do better.

I thank my colleagues for the work we have done already and urge them, over this break, if they are not here working, to listen to their constituents, hear their voices, and then come back to this Chamber in early September with a serious determination to do what no other Congress and no other administration has been able to achieve in nearly a century: to come up with a health care plan for the Nation. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Rhode Island.

Mr. REED. Mr. President, I ask unanimous consent to speak up to 30 minutes in morning business.

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

Mr. REED. Mr. President, let me begin by thanking and commending Senator DODD, who was at the helm of

the deliberations on health care reform in the HELP Committee. His patience, his understanding, and his determination were probably the three critical factors that got this bill through the committee and to the floor. He has made a singular contribution to the progress of this debate on health care, which he eloquently described as so central to every family in this country. I know he is performing these duties with the notion that the real champion of health care, Senator TED KENNEDY, is in the wings urging him on and helping him and guiding him. But Senator KENNEDY's presence was palpable. I think our efforts today and in the days ahead will culminate, I hope, as does Senator DODD, in legislation that can be signed by the President, with Senator KENNEDY there and Senator DODD. I can't think of two people who would deserve such a place of honor.

We hear often from the opponents of health insurance reform that the vast majority of Americans have health insurance and are happy with it. That is true. But it is only one side of the coin. Americans are glad they have insurance, but they are worried they might lose it because the cost keeps going up. All Americans worry when they see friends and family members who don't have insurance or who lose their health insurance. They worry when they are faced with completing piles of paperwork having to do with their health insurance policy. And they worry when they get the runaround from their insurance carriers about what is and is not covered. They certainly are not particularly happy when they are either denied coverage or denied reimbursement of a claim because of a pre-existing condition. It is clear that we must improve health care for the Nation.

The opponents of health care reform are talking about a government takeover and bureaucrats, but those are merely scare tactics. The reality today is there are Americans who are uninsured, who show up in hospital emergency rooms with out coverage that wind up in higher premiums for all of us. There are Americans who are being denied insurance, even though they can pay the premium, because of a pre-existing condition. All of that has to be addressed.

Today we face a choice between a broken status quo or a better and less-expensive health care system; between being denied health insurance or a marketplace where competition and choices are vibrant; between a health insurance system that will double in cost or one that will actually control costs; between a health care system that leads to thousands of families losing their insurance every day or a system that covers more of our relatives and neighbors; between a health insurance system that will keep adding to the deficit or a system that helps reduce government costs over the long run.

That is the choice facing the Senate and the American people. The stark re-

ality is that our health care system is broken. The status quo is untenable. In the face of this, the HELP Committee and the President made the right choice to fix it.

In contrast, the Republicans have chosen to simply protect the existing health care system—the one that is denying care to millions of Americans, the one that cannot be sustained financially by families or by government. They would rather talk about Waterloo and a host of other hobgoblins than do the hard work of health reform that we must do. We can succumb to fear or we can roll up our sleeves and pass health care reform. I believe that we cannot wait any longer.

In fact, that is what is ongoing at this moment. Senator BAUCUS is reaching out, as Senator DODD reached out, to develop a plan that will not only pass this Congress but also benefit the American people in the long run.

There are many specific elements in the HELP Committee bill and the bill Chairman BAUCUS will bring from the Finance Committee. But there are five key principles by which we are guided.

One, we will pay for the cost of reforming the health insurance system.

Two, we will start controlling costs today and in the future.

Three, we will preserve and expand insurance choices for the American people.

Four, we will cover as many Americans as we can through commonsense steps that increase health security and stability for families.

And, five, we will reward efficiency and quality care.

Everything we do in health care reform should be guided by these principles because they are the right principles and they are what the American people expect.

Now, let me take a moment to talk more about our health care system and how we got here. At the turn of the 20th century, significant technological and medical advances yielded superior treatments, more effective training of physicians, and higher quality care.

More Americans demanded access to these new and improved services. But for many the cost was too expensive. The problem intensified during the Great Depression and doctors, because of the financial crisis, were ill-equipped and unprepared to help many who needed help. We have made progress since then.

In the 1960s, this Congress—a predecessor Congress—adopted the Medicare Program and the Medicaid Program. We have also seen investments in the construction of hospitals under Federal legislation. We have seen a system grow up somewhat unwittingly through the tax system to subsidize employer-based health care. All this has led to the present situation.

But, even today, the parallels between our current health care system and that of the system at the turn of the Century are frighteningly similar. The cost of care is still too expensive

and doctors are still ill-equipped to treat every patient that walks through their door.

Throughout those years, Presidents and Congresses have recognized the need for comprehensive reform, to make health care affordable and accessible for all Americans and affordable for the Nation as a whole. Harry Truman, Jimmy Carter, Bill Clinton all endeavored to change the health care system. We are still at that great task, and this is a daunting task, but this time we must succeed.

In the face of this task, some have said it is too hard, it cannot be done. Instead, incremental reform would better serve the country. In 2003, under President Bush's urging, the Medicare prescription drug benefit, Medicare Part D was passed. That was done without paying for it. It was done with deficit spending. And it was done supposedly with a \$400 billion pricetag over 10 years that later turned into \$1.2 trillion over 10 years. That was an initiative supported by President Bush and the Republicans.

So we are in a situation now that is different. We have presented a bill that costs half as much, has gone down in price, and that will be paid for. We are determined to pay for it. We are determined to make it contain costs over the long run because the current costs are skyrocketing out of control.

We have also seen the need, because of the current economic crisis, to accelerate our reform efforts. In my State of Rhode Island, 12.4 percent of the population is unemployed. That is adding to the rolls of those who are uninsured. They are losing their coverage if they are being dismissed from their work or their employer is scrapping coverage just to save the company and keep some people employed.

We have seen the premiums for those who still have access to coverage increase dramatically. In Rhode Island, family premiums have increased 97 percent since 2000. Over 20 percent of middle-income Rhode Island families spend more than 10 percent of their income on health care. We know these numbers are going to get worse, not better, if we do nothing. They are going to get to the point where families cannot afford it, where State governments cannot afford it, where the Federal Government cannot afford it. We have to recognize that, that sitting back, doing nothing, proposing the old remedies will do nothing for the American people.

My Republican colleagues believe that giving everyone a tax credit, \$5,000, will get everyone in America covered. But that is less than the cost of an insurance policy. Moreover, they are not proposing to reform the insurance system. If we do not do this, we will continue down the path toward a social and economic crisis.

So we have acted. And we must continue to act. President Obama is determined to make this effort succeed. I recall the debate in 1993 and 1994 and we are much further ahead than we were

in 1993 and 1994. We all talked about health care reform in 1993—a major issue in the election—but by the time we got down to passing legislation, it was the summer of 1994 and we ran out of time. We cannot run out of time now. The President is right to insist we keep moving as fast as we can until we reach the objective.

The President said it very well Wednesday evening:

If somebody told you that there is a plan out there that is guaranteed to double your health-care costs over the next 10 years, that's guaranteed to result in more Americans losing their health care, and that is by far the biggest contributor to our federal deficit, I think most people would be opposed to that. That's what we have right now. If we don't change, we can't expect a different result.

"If we don't change, we can't expect a different result."

So we must move forward with health care reform and we must do it deliberately and we must do it in a timely way. As one who sat on the HELP Committee under the leadership of Chairman KENNEDY and Acting Chairman DODD, we took great effort to work through these issues. We spent hours and hours consulting with every single stakeholder: patients, providers, doctors, nurses, hospitals, employers, small business owners, large business owners, Governors, economists, and our Republican colleagues. We had 13 committee hearings. We had 14 bipartisan roundtable discussions. And we spent hours—20 hours—with our Republican colleagues in an informal walk-through of the bill, getting their impressions and feedback. We entertained hundreds of amendments—160 amendments to be exact. Major contributions were made, as Senator DODD indicated, by our Republican colleagues, along with my Democratic colleagues. Then the committee passed this legislation.

This work must continue with that same intensity. I know Senator BAUCUS in the Finance Committee is doing that. I hope we return in September fully engaged and ready to move on this issue.

I wish to make a few points about the legislation that is emerging from both the HELP Committee and I anticipate from the Finance Committee. First of all, we have included in our bill items—and the Finance Committee will do the same—that will ensure that this is fully paid for, unlike the Medicare Part D plan enacted by the Bush administration.

CBO has informed us, in their hearing before the Budget Committee, that they are not convinced we are going to be able to dramatically reduce costs going forward. Now, we are all bound by them. This is the yardstick we use. But I wish to make a point about the CBO projections. By their rules, CBO cannot consider some things that we feel will be instrumental in not only improving the health of Americans but bringing down the costs. They cannot and will not predict the effect of a healthier and livelier America.

The Trust for America's Health, for example, found that investing \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use, would save the Nation at least \$16 billion annually within 5 years. Out of this \$16 billion in savings, it is estimated Medicare could save more than \$5 billion, Medicaid could save more than \$1.9 billion, and private insurance companies could save more than \$9 billion.

Those savings are not factored into the CBO's projections for several reasons: One, they are hard to predict, and they do not want to take that risk; but, second, they will only record savings that accrue directly back to the Federal Government. The millions that are being saved by private insurance companies through prevention—that is a savings they will enjoy, the country will enjoy, the families will enjoy, but it will not be scored by CBO.

We have also taken some significant steps to ensure that we crack down on fraud and abuse in the public and the private insurance sectors. The National Health Care Anti-Fraud Association estimates that 3 percent of all health spending each year—more than \$70 billion—is lost to fraud perpetrated against public and private health plans. Federal antifraud efforts in the Medicare Program have been demonstrated to return \$17 for every \$1 invested in these activities, and we have expanded these activities in this legislation.

We also expect cost savings through the use of health information technology. In the American Recovery and Reinvestment Act, we provided \$19.2 billion to hospitals, doctors, and clinics for this purpose. According to the RAND Corporation, we could save up to \$77 billion each year in medical costs through health information technology. Once again, this type of savings is not included in the CBO calculations.

But in addition to the savings we anticipate, we are still going to pay for the cost that the CBO has calculated. The Finance Committee is committed to do that. And it should be noted, significantly, that President Obama has already received commitments from health care industries to share in the cost of payment and contribute to this plan. The American Hospital Association has pledged \$155 billion in anticipated cost reductions. The drug companies have promised \$80 billion. These groups, along with insurance companies and doctors, have also pledged to slow the rise in health care costs over the next 10 years by 1.5 percent. This is much different than in 1993 and 1994. These concessions will not cover the whole cost, but that is where the Finance Committee will augment with their proposals.

The President has engaged not only the Congress but also the major stakeholders in the health care system. Indeed, one of the things I find remarkable is that some people are running

around talking about that this is a nationalization of health care, it is a socialization of health care, it is going to be government bureaucrats. Well, if that is the case, why is the private insurance industry not only cooperating but pledging to participate in cost reductions? They must feel their security and safety financially and economically are not being jeopardized.

So we are going to pay for this. We are also going to expand coverage in a way where not only you can get it, but you can keep the coverage. The same thing goes with respect to keeping your doctor.

One of the guiding principles the President announced initially was: If you like your health care, you can keep it. We have stayed true to that principle in terms of the construct that has emerged from the HELP Committee.

We have also tried to provide assistance to those people who need health insurance that is affordable. They will have the choice of a health plan that meets their needs and their budget. Again, many of the proposals my colleagues on the other side have made throughout the years, including tax credits are not sufficient to pay the premiums, and as such are ineffectual. We are going to make sure you not only have insurance but that you can afford that insurance.

So we have listened to a whole range of proposals. We have listened to those who are proponents of the single-payer system. We have listened to those who stress a strong community option. I think we have clearly staked our reform on a more competitive market that will have a public option to spur competition but will not in any way displace the primacy of private health care insurance.

We are moving forward with this legislation. We have created a system where citizens can come and select the choice of private insurance or a community option, a publicly-organized option. We have also insisted upon insurance reform so that preexisting conditions, limits on policy payments—all of those things would be a thing of the past.

We believe this legislation will provide greater stability for Americans, not only financially but for peace of mind, the notion that when I go to the doctor, I won't have to worry, will the insurance company accept this claim; when I go to the doctor and I make the claim, will I then be told that what happened to me 20 years ago was a pre-existing condition and my visit will not be covered; the peace of mind that if I have employer-based health care and I lose it, then I will be able to access a plan for me and my family. I think these are important aspects of this legislation, as important as some of the financial aspects.

We also want to make sure we increase the efficiency, the efficacy of the health care system. We have adopted quality measures. We have learned

from experience that we can make changes—some of them are very simple—that will increase the efficiency and the effectiveness of health care. One simple approach is a checklist of safety measures in ICU that has been adopted in my State of Rhode Island. Studies have found that the checklist cuts infection rates 66 percent within 3 months and within 18 months of implementation saved about \$75 million and 1,500 lives. Those types of innovations, those types of reforms are designed now to be dispersed throughout the system.

We also have to prevent readmission to hospitals, and we have adopted legislation in the bill that will help do that by clearly planning for the discharge of a patient. We are building up the workforce which is necessary. We have emphasized significantly the issue of wellness and prevention. Our bill will provide coverage for all recommended preventive services, remove barriers to access, such as copayment and deductibles for preventive services, and encourage employers to offer wellness programs.

As has been said before, we want to transform the system not only organizationally and financially, but we want to transform it from a system that treats sickness to one that promotes wellness. This legislation will go a long way to do that. And in doing that, it will affect the cost for all of us.

I think we also have to recognize that everyone has to be a part of this effort. If we were to require insurers to take everyone but not require everyone to purchase insurance, we would have the classic problem where the healthy would not buy insurance, the sickest who need insurance would buy it, and the system wouldn't work. It would be too costly for those who need coverage and those who don't have coverage would get sick, and drive the costs up higher and higher. So our legislation requires the responsibility of every American to participate. We will help those who are of modest income to meet this obligation.

We also are still working through many significant issues. I think the time we now have will be used wisely. There are many different aspects of this legislation that we recognize can be improved, and we hope they will be by the Finance Committee deliberations and by our floor deliberations.

My colleagues are proposing ideas. For example, Senator ROCKEFELLER has suggested that we use the procedure for the Medicare Payment Advisory Commission—these are experts on health care—to provide not simply recommendations but binding policies subject to a vote by Congress on the types of treatments that would be offered, the medical issues that have to be addressed. I think this would give us an interesting way to deal with the issue of effectiveness of treatment as well as cost of treatment, and I think this is something we must consider as we go forward, again, dealing with this issue of cost which is so central.

I raised this issue with Chairman Bernanke, the Chairman of the Federal Reserve. He, in his rather professorial way, certainly recognized the need for reform, but he also stressed that reform from an economic standpoint has to have cost containment, cost controls, and I think this idea Senator ROCKEFELLER has proposed is something that has to be seriously looked at.

We have reached a point now that we need reform. We can't afford to wait. This is the second time in my relatively brief career in the Congress that we have faced the issue of national health care reform. In 1993 and 1994, we faltered. It has gotten worse since then, not better, and it will get much worse if we don't succeed this time.

So I would encourage all of my colleagues to work together. What I sense is that Americans want, need, and deserve access to comprehensive, affordable, quality, efficient health care. That is what my constituents are asking for.

We have a plan for overall reform as well as to bring down spending. The current path is unsustainable. Those who advocate a less costly, better health insurance system have an obligation to offer something more than a tax credit proposal here or there or give all of the responsibility to the private sector. We need a real plan. A plan that will give all Americans the security and stability that they need in their health insurance plan. We cannot afford another missed opportunity. I urge all of my colleagues to come together on this most vital of issues and pass health care reform this year.

I yield the floor.

The PRESIDING OFFICER (Mr. KAUFMAN). The Senator from Missouri is recognized.

Mr. BOND. I thank the Chair.

(The remarks of Mr. BOND pertaining to the submission of S. Res. 224 are located in today's RECORD under "Submitted Resolutions.")

Mr. BOND. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

CLIMATE CHANGE

Mr. BARRASSO. Mr. President, I come to speak today because I have tremendous concerns about the potential effects of the Waxman-Markey climate change bill, concerns about the destruction of jobs and concerns about the cost to our economy.

The Waxman-Markey bill may create some green jobs. If it does, great. We need green jobs in my State. We need green jobs all across the country. In