

huge amounts of money in our health care system.

We don't have to save 40 percent, such as Safeway did. Maybe we could save 10 percent. Actually, if we don't save anything, and just freeze the rate of growth, we would be so far ahead in money that we would have plenty left over to cover the uninsured. As I said, unfortunately, the Congressional Budget Office doesn't say a model like Safeway's will save money. It is ludicrous, though, to believe that having people quit smoking and rewarding them for proper weight management wouldn't save money. I think we need to change the economic models we have around here.

Not only would that save money, but it would also lead to higher quality lives. Obesity is an epidemic in the United States. Type II diabetes is rampant. Most Type II diabetics can actually reverse, or at least control their diabetes through diet and exercise. We need to encourage healthier behaviors in the United States. Instead of just having a sick care system, let's actually create a true health care system in the United States.

Another thing we need to do, I believe very strongly—and this is a role for the government—we need to provide transparency on cost and quality so individuals can shop. In the bay area, a colonoscopy can cost anywhere from \$800 to \$8,000. Well, if the government were to provide cost and quality measurement information across the United States, people could set up plans and they could see what the various costs are. Let's say that between the \$800 and the \$8,000, they might decide to pay \$1,200. And then if they want the more expensive one, they have to pay the difference. If they want the less expensive one, they can get the difference. That will cause people to comparison shop and they will have the information based on cost and quality of outcomes to be able to make smart medical decisions.

The one thing we don't want to do is put a bureaucrat between the doctor and the patient making those sorts of decisions. There is a precious relationship between a doctor and a patient, and we don't want the government making those kinds of decisions. I don't want to see a government-run plan that says, you know what, we are going to have rationing. That is how so many other countries around the world control their costs. They actually ration care, or there is delayed care. We have better outcomes in the United States on cancer, on cardiovascular disease, and in so many other areas than Canada, Great Britain, and other places that have government-run health care plans.

I think it is critical we get together as Republicans and Democrats—as Americans—and come up with a health care system that is lower in cost and even better in quality than we have today. The bills before some of the committees out there are not going to achieve that.

I have done several telephone town-hall meetings in the last couple of weeks. We have called almost 200 thousand Nevadans now and talked to many of them. They answered questions. We have gotten their feedback. The one thing that seems not quite unanimous, but from the calls we are receiving it is overwhelming, is that is people do not want a government plan. They do not want a government bureaucrat rationing their health care.

Whatever plan we come up with should not include a government-run health care plan. I feel strongly about that. I think as more and more of the American people find out what the effects of a government-run plan will be, we will see a lot more opposition coming from them.

I appreciate the Senator from Illinois allowing me to go first. Let's get together as Americans and do the right thing on health care. Let's join as Republicans, Democrats, and Independents across this country and have a health care system that has lower costs and better quality.

I yield the floor.

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

ORDER OF PROCEDURE—H.R. 3357

Mr. DURBIN. Madam President, on behalf of the majority leader and under the authority of the order of July 29 and after consulting with the Republican leader, I now ask that after the conclusion of my remarks, the Senate proceed to H.R. 3357 under the provisions of the July 29 order.

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

Mr. DURBIN. Madam President, I ask unanimous consent to speak as in morning business.

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

HEALTH CARE REFORM

Mr. DURBIN. Madam President, the Senator from Nevada has just expressed his views on health care, and I would perhaps like to give a little different view on where we are and where we should go. We are wrapping up this end-of-July session. We will be taking a recess for a few weeks. It is one of the few chances during the year for us to be back home, get a little time with our families before school starts. We are all looking forward to it, as everyone does each year. But we have had important work we have done this year, and more important work is to follow.

This year we hope to take up before the end of the year, and pass, health care reform for America. The House of Representatives is moving a bill, a matter that will be considered in September by the House. We are counting on the Finance Committee to work

with us to develop a bill for consideration on the floor of the Senate about the same period of time.

These bills and the concepts they contain are going to be there throughout the month of August for everyone to take a close look at and review. This is not going to be done in haste because it is too important. It is going to be there, and the critics will have a chance to look at it, people will be able to come up with suggestions—constructive suggestions, I hope—that will lead us to the passage of health care reform in this country.

I listened earlier to my colleague and friend from Nevada, Senator ENSIGN, talk about government-run health care. In my hometown of Springfield, IL, a doctor wrote a letter to the editor warning us about government-run health care. I would like to put it in perspective.

There are about 300 million people living in our great Nation. Of those 300 million people, 45 million of them are currently covered by Medicare. Medicare, for seniors and disabled people in America, is a government-run health care plan. For many of these people it is the first health insurance plan they have ever been covered by.

A realtor in southern Illinois came up to me, a woman 63 years old. She said: Senator I want you to meet somebody who has never had health insurance protection one day of her life. I never could afford it. I was a realtor. I didn't have enough money. Knock on wood, lucky for me, I have been pretty healthy. I didn't need it. I was able to pay my medical bills. But, she said, thank God in 2 years I will be under Medicare so the savings I put aside for my retirement are not going to be wiped out by one illness or one surgery. I will have Medicare.

She will join the ranks of 45 million people on a government health insurance plan called Medicare that we have had for 45 years in America and is wildly popular. Not one single critic on the other side of the aisle who stands up and shakes their fist and rails against government health care has said eliminate Medicare. Of course they would not. That is not a position the American people are going to support.

Some people are a little confused though. One of my colleagues went back home over the weekend and somebody said: Senator, listen; whatever you do, don't let the government start meddling in my Medicare plan.

He said: Pardon me, ma'am, but the government runs your Medicare plan.

She didn't understand that. Some people don't, but that is a fact.

So there are 45 million people under Medicare. There are another 65 million Americans, maybe as high as 70 million, who are covered by Medicaid. Medicaid is the health insurance plan for the poorest people in America. We said: If you are poor in America, you are still going to get health care, and we are going to provide it, working with the States. So more than one-

third of the people who live in America today are covered by government health insurance.

I have never heard a person on the other side of the aisle say eliminate Medicaid. They don't. They understand we are a caring, compassionate country, and we are going to provide this health insurance coverage, as we have for decades, as we should.

Here we have one-third of America currently under a government health plan, and on the other side of the aisle people are waving their fists saying: Whatever you do, don't have a government health plan.

It does not work. It is inconsistent. Many people say: I like my health insurance right now. I don't want to change. I don't want to go into Medicare or Medicaid. I like what I have. Would you please leave people alone.

The answer is yes. In fact, we guarantee it. We are going to put in any legislation considered by the House and Senate the protection of you, as an individual, to keep the health insurance you have, if that is what you want. What we are trying to create are voluntary choices and opportunities. These are critically important because, let's face it, the cost of health care is going out of sight. We know it. We sense it.

Some people say: Senator, easy for you to say, you have that famous Senator health care plan.

We have heard all about that one. Let me set the record straight. Members of Congress, if they choose—and I have chosen on behalf of my family—can sign up for the Federal Employees Health Benefits Plan. It is not a special program for Senators or Congressmen. We sign up for the same program that covers Federal employees across the United States, 8 million Federal employees and their families. It is a great program. That is why I signed up for it for my wife and myself.

Open enrollment is once every year. How about that. We get to go shopping once every year for the best health insurance for our families.

What do we choose from? In my case, in Illinois, nine different private health insurance plans. We pick the one best for our families. If we want a lot of coverage, they take more out of our paychecks; less coverage, less out of our paychecks. But it is a voluntary choice, and I think that is what the bottom line should be for Americans.

We are trying to move toward that model, create pools of people similar to Federal employees so they can bargain with the private insurance companies, have good coverage at a reasonable cost. We want to build into this as well health insurance reform. What good is it to have a health insurance plan that says they offer coverage for everything except our sickness? That happens. People who may have turned in a claim last year for an aching back can find this year it is a preexisting condition; it is not covered.

People who, 2 or 3 years ago, may have survived prostate cancer or breast

cancer may find no coverage for cancer illness in the future. That is unacceptable. That is not really health insurance. Health insurance isn't worth much if it is not going to cover your illness.

So we say as part of health care reform they can no longer exclude people for preexisting conditions. They can no longer exclude people who live in certain parts of the country over those who live in other parts of the country. They cannot discriminate based on age or geography except within certain limitations. This gets health insurance to where it ought to be, not a game where the health insurance companies try to pick and choose the healthiest people in America and push everybody else over the cliff.

We want everybody under the tent. We want folks to understand if they buy health insurance in America, it really will protect them.

I was interviewed this morning on WMAZ, a station in my hometown. Jim Leach asked me a question: Senator, if you don't allow insurance companies to discriminate against people with previous conditions, won't all our premiums go up?

The honest answer is, if everybody has health insurance in America, premiums can go down. We are not just paying for our care, we are paying for the care of the uninsured. Uninsured people in America are not going to die on the street, thank God. They are going to show up in an emergency room and they are going to be cared for. When they can't pay their bills, that hospital, that doctor, will pass their medical charges through the system on to those of us who are paying for health insurance.

So if we bring everybody in with health insurance protection, this cost transfer is not going to happen. It is going to reduce the upward push for health insurance premiums in our country.

Second, if we don't have basic rules about health insurance as to what they will cover, hold on tight. We found out in Illinois not too long ago there were actually health insurance companies—I remember this, as a person working in the Illinois General Assembly—there were actually health insurance companies that were selling maternity coverage to new mothers and their children but excluding the newborn baby for the first 30 days of life. Do you know why? Because if you have a premature infant or an infant with a real problem, those first 30 days of medical care can be very expensive. So they just wrote it out of the policy.

We said no way. As a matter of policy in Illinois, if they want to sell health insurance to cover a family or maternity benefits or cover children, they do it from the moment that child is born. We put it in the law.

We can argue that is going to raise the cost of insurance. Maybe it did. But if health insurance is not there when we need it, frankly, it is not worth the

cost. That is why we are doing this health care reform.

There is one other aspect I want to mention, and that is small business. I guess small businesspeople know better than any other group what is happening because these businesses are struggling to survive in a recession. The men and women who own these businesses in good conscience are trying to provide for their employees. Yesterday we had a gentleman from Aberdeen, MD, who came to speak at a press conference. He owns a moving and storage company. His last name is Derbyshire. Mr. Derbyshire inherited this business from his father. He brought his son Garrett with him in the hopes his son would carry it on, I am sure. He always felt a special kinship and connection with his employees. He wants them to do good work and he wants them to be loyal and he wants them to know they are appreciated. So Mr. Derbyshire pays, as an employer, 85 percent of each individual employee's health care premiums—85 percent, and 75 percent of the family's. That is pretty good. I give him an A+ for caring and trying. But he told us he can't keep up with it. Health insurance premiums are going up so fast he doesn't know how long he can do it.

I heard the same thing again. I heard it from the man who owns Starbucks—which, incidentally, offers health insurance to its employees—who told us not that long ago: We want Congress to do this. We think it is the right thing to do, even for part-time employees. But if the costs keep going up we will not be able to continue.

That is the reality small businesses face. When we take a look at what they are facing, last year, only 49 percent of small businesses, three to nine workers, offered health insurance; 78 percent of businesses with 10 to 24 workers offered some type of health insurance. In contrast, 99 percent of businesses with more than 200 employees offer health insurance. It shows if you are operating close to the margin in a small business, and a little added expense pushes you over the edge, one of the first casualties is health insurance protection. It means, incidentally, the employees have no protection. It also means the openers of the business have to go out on the private market.

What happens when they go out on the private market? For small businesses, their choices are limited. The overhead costs, administrative costs are dramatically higher than they are for the larger companies, and many of them cannot afford to do it.

What we are trying to do is offer, through health care reform, a way for every person working, for a business, large and small, to have health insurance. Look at the uninsured people in America and we are going to find that most of them are not the poorest people in our country. They have Medicaid. Of course, they are not the luckiest people in the world like myself and other families who already

have health insurance. They are smack dab in the middle. They are the people working for small businesses, and their children and they are the ones who are uninsured.

If we are going to fill the gaps in America and provide for coverage, that is the way we have to go. What are our goals? Our goals are simply stated. We want to have health care reform which helps the middle class in America. We want to make sure at the end of the day we have stable costs so people know what they can anticipate, so the costs will not run them out of health insurance coverage even if they lose a job. We want to provide a helping hand, for example, to lower income people so they can buy health insurance, giving them a tax break and giving them an incentive. We want to provide incentives and opportunities for businesses so they have the right to shop for the right health insurance coverage. We want to make sure they have stable coverage so these health insurance companies cannot waive the magic wand and all of a sudden they are not covered by health insurance anymore.

Stable costs, stable coverage, and make sure at the end of the day we have quality care available for all Americans.

One element we should be rewarding that the current system does not reward is preventive care.

There are a lot of things we can do to reduce the cost of health care in America and improve the health of individuals and families. We need to create incentives for that to happen. There are ways to do that.

Steve Burd is the CEO of Safeway and of Dominick's. He has a plan for his management employees where they can voluntarily sign up. They go through a health screening, they identify any risk that person might have: being overweight or diabetic or high blood pressure, high cholesterol, things of that nature, smoking. Then they create a little profile and say: What we would like you to do is move toward more fitness, better diet, monitoring your diabetes, monitoring your cholesterol and your blood pressure.

As they show improvement, they earn cash incentives. In other words, they pay them extra money if they get healthier. What has happened to the health insurance costs at Safeway in the last 3 years? It has been flat. It has not increased. Across the board in other companies across America on average it is has gone up 38 percent. So they are on to something.

By incentivizing employees to get healthier, they not only have better lives but better health outcomes and lower costs for their company. Why is that not a national model? Why are we not doing that across the board saying we are going to move toward a healthier country so we have fewer health care costs?

Second, we have to eliminate the incentives for piling on medical bills. Ever had a member of your family go

to the hospital for a day or two or a week, then a month later they send you the bill? Were you amazed at how thick it was? You turn it page after page and say: My goodness, thank goodness I have health insurance—if you do.

But if you do not, you look at the bottom line and say: I do not know how I am going to pay for these things. We reward doctors and hospitals for piling on every single line on the page. Every single line is a profitmaker, instead of saying the real goal is wellness and making certain people get well from diseases and illnesses. So we need to create a new incentive in the way we have health care in America, to take the best and brightest women and men who serve as our medical professionals working at these hospitals and give them the incentive for the best outcome.

Senator KLOBUCHAR from Minnesota was here a few moments ago, and she talked about the Mayo Clinic for which I have the highest regard and highest respect. This is a clinic which gets some of the best results in medicine in America at the lowest cost. How do they do it? What is so miraculous or magic up there in Rochester, MN?

Well, they pay their physicians a salary. The physician does not make an extra buck if he orders an extra test. The physician, instead, looks at that patient and says: I think we need three specialists in this room right now, and let's see if we can work out a plan for wellness. They come together and they work it out. It is not a matter of how many lines there are on a page and final billing. It is a matter of that person going home well, and it works. They have reduced cost, and it happens across America. We have seen it many places such as the Cleveland Clinic, and so many other places have been noted as examples of centers of excellence. That is what I want to see in my State of Illinois. That is what every State and every Senator should be working for.

I will close by saying, let's not fall into the trap of this health care reform debate and let the buzzwords and the words that infuriate people stop us from a meaningful, honest debate. This has to be patient-centered health care not government-centered health care.

We are not talking about rationing. We are talking about a rational health care system that is geared toward wellness and disease prevention. We have to make certain that at the end of the day we allow people to choose their own doctors and their own hospitals and their own health insurance plans and to keep the health insurance plan they have if they want to.

We have to help small business provide the kind of health insurance coverage they want to have for themselves as owners and for their employees as well. At the end of the day, we can improve this system. It is the biggest single issue challenge Congress has faced in at least 40 years, maybe in a much

longer period of time, because it affects every single person in this country.

We can do it. With the President's leadership and his commitment, we can get this right.

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

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

The legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

HIGHWAY TRUST FUND RESTORATION

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of H.R. 3357, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 3357) to restore sums to the Highway Trust Fund, and for other purposes.

AMENDMENT NO. 1907, AS MODIFIED

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. VITTER. Mr. President, I call up my amendment and ask that it be modified with the changes at the desk.

The PRESIDING OFFICER. The clerk will report the amendment, as modified.

The legislative clerk read as follows:

The Senator from Louisiana [Mr. VITTER] proposes an amendment numbered 1907, as modified.

The amendment, as modified, is as follows:

(Purpose: To temporarily protect the solvency of the Highway Trust Fund)

Strike section 1 and insert the following:

SECTION 1. TEMPORARY PROTECTION OF HIGHWAY TRUST FUND SOLVENCY.

Notwithstanding section 5 of the American Recovery and Reinvestment Act of 2009 (Pub. Law 111-5), from the amounts appropriated or made available and remaining unobligated under such Act, the Director of the Office of Management and Budget shall transfer \$7,000,000,000 to the Highway Trust Fund. The Director of the Office of Management and Budget shall report to each congressional committee the amounts so transferred within the jurisdiction of such committee. The amounts so transferred shall remain available without fiscal year limitation.

Mr. VITTER. Mr. President, I urge all colleagues to come together, as the American people surely want us to do, and adopt this amendment. I truly believe this amendment is the responsible way to address the shortfall in the highway trust fund.

This amendment funds the highway trust fund shortfall by using money from the already-passed stimulus bill. That is important because otherwise we are racking up yet more deficit and more debt on top of the mountains of