

Americans do not want a single-payer system. The leadership of both parties, House and Senate, understands this fact. The American public does not want a wholesale government takeover of one-sixth of our economy. We do not want waiting lists such as in Canada. We do not want rationing such as in the United Kingdom.

Realizing where public opinion is on this pivotal issue, the advocates of these congressional Democratic plans have gone to great lengths to assure people they do not want a single-payer option either. These reassurances have come from as high as the White House itself. Just last week in North Carolina, President Obama said:

Nobody is talking about some government takeover of health care. . . . These folks need to stop scaring everybody.

I wish that were true. But with due respect to our Chief Executive, there is a reason people are frightened. They are paying attention, and they see that sponsors of this legislation are, in fact, advocating a government takeover.

I found it interesting that just 1 day after the President's remarks, I turned on the news to see one of the most senior Democratic chairmen in the House of Representatives seem to contradict the President. Here is the exact quote from this leading Member of the House on the consequences of a public option. He said:

I think if we get a good public option, it could lead to a single payer and that is the best way to reach single payer.

I wonder what the Federal Trade Commission would say about that type of advertisement. To me, it says: Let's lure people into going along with a public plan when we know it will eventually lead to a single payer down the road. I don't want to take that risk.

Another leading House advocate of the public option had this to say about a path to a single-payer system:

This is a fight about strategy about getting there—

Meaning the single-payer option—and I believe we will.

I think most folks would call this a classic legislative bait and switch.

I recently ran across a blog from Dr. Michael Swickard of New Mexico, cautioning about this very tactic. Here is what Dr. Swickard said:

Given the track record of our government in bait and switch, all of the promises of national health care are just that—promises to be broken. Maybe there will be a few years before the full impact of the bait and switch is felt by citizens. But given the past actions of our government when implementing programs, our future is clear.

I hope we can avoid that future for our country, but the writer's point is this: It may take a while, but the pattern is there. The future he fears includes a single-payer takeover that very few Americans would vote for today.

I say to my colleagues, there is much to be said about the ill effects of the health care proposals being put forward by the House and Senate committees.

But among the most troublesome aspects of this so-called reform is the enactment of a public plan which will inevitably lead to a single-payer system Americans don't want and don't need.

Don't take my word for it on the cost, on the loss of choice, and on the effect on small business job creators. Just read the words of the nonpartisan Congressional Budget Office. On the issue of massive, unsustainable cost shifting to State governments, don't take my word for it. Listen to the experienced Democratic Governors pleading with us not to go down this road. And when it comes to whether the goal of this whole exercise is to move us to a European single-payer plan, it is no longer necessary to heed the warnings of the political conservatives. When you listen closely, the leading advocates of the House and Senate legislation, in their unguarded moments, are willing to admit that a single-payer government takeover is their ultimate dream. I hope we do not go down that road.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. DODD. I yield to my colleague from Vermont.

AMENDMENTS NOS. 2276 AND 2271 TO AMENDMENT NO. 1908

Mr. SANDERS. Madam President, I seek unanimous consent to set aside the pending amendment so that I may call up my amendments Nos. 2276 and 2271.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report.

The legislative clerk read as follows:

The Senator from Vermont [Mr. SANDERS] proposes amendments numbered 2276 and 2271, en bloc, to amendment No. 1908.

The amendments are as follows:

AMENDMENT NO. 2276

(Purpose: To modify the amount made available for the Farm Service Agency)

On page 24, line 12, strike "\$1,253,777,000" and insert "\$1,603,777,000".

AMENDMENT NO. 2271

(Purpose: To provide funds for the school community garden pilot program, with an offset)

On page 52, lines 22 and (23), strike "\$16,799,584,000, to remain available through September 30, 2011," and insert "\$16,802,084,000, to remain available through September 30, 2011, of which \$2,500,000 shall be used to carry out the school community garden pilot program established under section 18(g)(3) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1769(g)(3)) and shall be derived by transfer of the amount made available under the heading 'ANIMAL AND PLANT HEALTH INSPECTION SERVICE' of title I for the National Animal Identification program".

Mr. INOUE. Madam President, the Senate is considering the fiscal year 2010 appropriations bill for the Department of Agriculture, rural development, the Food and Drug Administration, and related agencies. I thank our two managers, Senators KOHL and BROWNBAC, for their hard work on this measure.

The bill was reported by the Appropriations Committee more than 3 weeks ago on a bipartisan basis with all members voting in support of the measure.

As my colleagues are aware, as the new chairman of the Appropriations Committee this year one of my goals was to increase transparency and accountability in the appropriations process. In many respects I have followed the lead of former Chairman Senator BYRD in this regard. To this end, the Agriculture bill and report have been available on the Internet and in printed form for several weeks. All Members have had ample time to review the material in this bill.

As the Senate considers this measure it will find a bill that will meet our Nation's critical requirements to support agriculture and related programs which are vital to our economy and, frankly, our Nation's livelihood.

Our Nation has been blessed with a wealth of natural resources which allows us to be the world's leader in agriculture. This bill offered by Senators KOHL and BROWNBAC will help to ensure that we maintain that position.

There is a total funding of \$123.9 billion included in this bill, of which \$23.05 billion is for discretionary programs, the same as the 302(b) allocation. While this represents an 11-percent increase in funding when compared with fiscal year 2009, not including supplemental spending, my colleagues should recognize that for too long funding for our Agriculture and Rural Development Subcommittee has been severely constrained.

Even with this level of funding, the subcommittee has had to find savings in farm programs to live within this allocation.

I very much thank our two managers for their work in preparing this bill. The Committee on Appropriations has offered its unanimous support. I believe the full Senate should do the same.

MORNING BUSINESS

Mr. DODD. Madam President, I ask unanimous consent that there now be a period for the transaction of morning business, with Senators permitted to speak for up to 10 minutes each.

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

HEALTH CARE REFORM

Mr. DODD. Madam President, I thank my colleagues this evening. I am going to momentarily turn to my colleagues from Iowa, Ohio, Vermont, and Rhode Island—all of whom participated with us nearly 3 weeks ago in the markup of our bill, the Affordable Health Choices Act, which took up an inordinate amount of time, longer than I think any markup certainly in the history of our committee, maybe the longest in the history of this body. We actually spent about 56 hours, 23 sessions, and 13 days on this bill. We considered just shy of 300 amendments, of

which 161 amendments were offered by our colleagues from the minority and contributed significantly and substantively to the outcome of that bill. They did not support the bill in the end, unfortunately, but any definition of “bipartisan” would have to include whether or not their ideas were incorporated in any significant degree in this bill, and they were. I am appreciative of their efforts.

I am particularly grateful to Senators HARKIN, MURRAY, WHITEHOUSE, and BROWN for their contributions, along with others on the committee: Senator SANDERS, who is here; Senator MIKULSKI played such an important role; Senator CASEY, Senator MERKLEY, Senator BINGAMAN, Senator REED, Senator HAGAN—all of whom contributed to the outcome of that legislation.

We thought it might be worthwhile this evening to talk about exactly what is in this bill. We will be adjourning in a few days. We will be gone for a month. Unfortunately, during that month, nothing will happen on this bill. But I think it is an important month to educate our constituents and people across this country as to what is in this bill, what we are trying to accomplish with our reform efforts.

Senator HARKIN led the effort on prevention in our committee. The Senator was asked by our chairman, TED KENNEDY—who, as we all know, is struggling with his own illness, a brain tumor. We pray and hope he will be back to work with us and to chair his committee. But the distinguished Senator from Iowa, along with Senators MIKULSKI, BINGAMAN, and MURRAY, worked on various ideas. Prevention was the matter in which Senator HARKIN became an expert. He developed very sound ideas in our legislation to promote the improvement of prevention ideas as part of our health care reform efforts. Senator MIKULSKI worked on quality. Senator BINGAMAN worked on coverage. Senator MURRAY worked on workforce issues, which are all so critically important. Senator HARKIN brought to the committee his more than three decades’ long commitment to prevention and wellness. He is no newcomer to this issue. In a minute, I am going to ask him, if he would, to go into detail about the prevention aspects of this bill and what is included.

People ought to know what we have done. I am so sick and tired of hearing about socialized medicine, government takeover—nothing but absolute falsehoods about what is in this legislation and what we are promoting.

I say at the outset, if you like what you have, you get to keep it, choose your doctor, hospital, choose the insurance program you have. What people don’t have is a sense of stability and certainty that they are going to have the coverage they deserve if a crisis hits them in health care and that they will get the care they need. That is what people are uncertain about today. So many millions of our fellow citizens worry every night that the coverage

they have and the coverage they would like to have is unavailable to them because the costs are rising almost on an hourly basis, and they worry about their families.

Before I turn to my colleague from Iowa and my other colleagues, as well, to share some thoughts with us, I made an announcement last Friday which has become quite well known—the fact that I have been diagnosed with prostate cancer. It is in the very early stages. I am confident the outcomes are going to be great and all is going to work out well. I have known about this since June when I was diagnosed with it and did what I could to learn all about prostate cancer and what treatments and options will be available to me.

The point I want to make is this: When I discovered in June that I had prostate cancer, I didn’t lose a moment’s sleep over whether I had the coverage to pay for it. I didn’t lose a moment’s sleep as to whether I have quality care. I am a Member of Congress. I have a great health care plan. I have great coverage. I never lost a moment’s sleep over whether or not I would be able to access that coverage.

What bothers me is it should not just be me or Members like me in this body. If every Member in this body had to go through what millions of Americans do every day, and that is wonder whether the quality is going to be there, the care is going to be there, maybe they would worry. But that is not the case. Our efforts over these days have been to try to bring, at long last, that sense of stability and certainty to our fellow citizens that we have in this body and that the other body has and that thousands and thousands of Federal employees and others who have good health care coverage have.

I am confident everything is going to be fine. That is not the point of bringing this up. The reason I bring it up is because too many of our fellow citizens lack the kind of security and stability that those of us who are here have. I hear my colleagues—some of them—say: Well, we ought to wait a while longer. We can’t afford to do this.

We can’t afford not to do this. The cost to the average American is rising by the hour.

I had one insurance company in my State of Connecticut, a few weeks ago, announce a 32-percent increase in premiums. They announced it right in the middle of this debate, to jack up those prices. Of course, it goes on all across the country. We have working families who are losing their jobs, losing their homes, and we find that 62 percent of people who are in bankruptcy are there because of a health care crisis. We find 50 percent of the foreclosures that are occurring are occurring because of a health care crisis.

So my interest in raising this is to bring home the point that we have an obligation, it seems to me, in this body, to address this issue; to do it carefully, do it well but to get the job

done. We have a President committed to that. Our leadership is committed to it. The members of our committee who have worked so hard are committed to it. All we are missing is some folks willing to come to the table and help us resolve these matters in a way that will allow us to have some votes and decide whether to go forward with accessible, affordable, quality health care.

No one is talking about socialized medicine or talking about big government-run plans. They use those words over and over and over again. You ought to be suspicious when they have nothing else to say about health care but scare tactics and fear. That is what they have done day after day in this debate, and it is a disservice to the American people to suggest that after 70 years, with millions of our fellow citizens uninsured or underinsured tonight, the only answer they have to our health care problems is to wait longer, do nothing, and be scared.

What is more, if they were more serious about some of these issues, we might be engaged in more of a significant debate. As I said, that is not true for the 47 million without health insurance, the 30 million underinsured in our Nation or the 14,000 in America who lost their health insurance today. Every day we wait, another 14,000 people lose health coverage. Since we marked up our bill—and we finished marking up our bill in that committee back 3 weeks ago this Wednesday—266,000 people in the United States, more than a quarter of a million people, have lost their health insurance. That is what has happened in less than 3 weeks.

My hope would be that while we are going to debate this issue at home over the month of August, we would come back with a renewed sense of commitment to getting this job done. But tonight, my colleagues and I would like to spend a few minutes talking about what is in our bill, what we tried to do with this, how we tried to increase access, quality, as well as affordability.

I have heard my distinguished colleague from Iowa say on so many occasions—and I am confident he will probably say it tonight—we don’t have a health care system, we have a sick care system. I think he coined the phrase in talking about it. I have heard him say it so many years in this body, talking about what we need to do to develop sound health care programs. So I wish to thank my colleague and ask if he would share with us his thoughts on this.

Is it not the case that chronic disease accounts for about 75 percent of our health care costs, and these are preventable diseases in our country, such as diabetes and heart disease, among other things? I wonder if my colleague from Iowa could take a moment or two to talk about the cost savings achievable through increased prevention, not to mention what it means to individuals. It can lead to a longer life and a

better quality of life. I thank him for his thoughts on the subject matter.

Mr. HARKIN. I thank our chairman, the leader on this issue. Would the Senator yield?

Mr. DODD. I yield to my colleague from Iowa.

Mr. HARKIN. First, I say to Senator DODD, I heard all this talk about socialized medicine. Socialized medicine. These are scare tactics. There are a lot of scare tactics going on.

I was in my State over the weekend, and people were talking about euthanasia in the bill. We hear all this crazy stuff going on out there, and I got to thinking about this. There is a lot of money on the table. We spend \$2.3 trillion a year, if I am not mistaken. There is a lot of money, and a lot of people have a vested interest in not changing the system because they are making a lot of money. Obviously, what they are trying to do is scare people.

People elected us—and I think elected President Obama—to make some changes in the way we do things, but there are a lot of vested interests out there that don't want to change. There are a lot of scare tactics going on out there. They are unduly scaring people and obviously by people who don't want to change the system. They want the status quo.

The other thing I might say, as to all this talk about socialized medicine, historically, when President Harry Truman first proposed a kind of national health insurance program, that is the issue that was raised in 1951, I think it was. I could be off a year. Maybe 1950 or 1951 it was raised, when he was proposing this. The origins go back to an individual whose name I forget right now, but he was an advertising executive hired by the AMA at that time to stop Harry Truman's program. So he came up and he coined this whole phrase "socialized medicine." It was picked up by then-Senator Robert Taft, and he kept harping on the Truman program was socialized medicine. Well, that was in 1949–1950, I think it was, and here we are, all these many years later, and we hear the same arguments coming up again. It wasn't socialized medicine then and it is not socialized medicine now.

What we are trying to get is a system that is stable, that people can rely on, that they know is going to be there for them and that is affordable and gives them a quality health program—as my colleague, Senator DODD, said—as we have. What we are trying to get for the American people is the same kind of system all Federal employees have. We are on the same system as your local postal employee in a small town in Connecticut or a small town in Iowa or somebody who works for the Farm Service Agency in the Federal Government. We are all on the same plan. We have a lot of choices, don't we? Every year, I think we get 20-some plans to pick from. We sort of have an exchange out there, where every year, if we don't

like what we have, we can go to something else. Why shouldn't the rest of the American people have that kind of access?

I spoke with a small businessman in Iowa last week. He has 12 employees and spends 15 percent of his gross revenue on health care. He has 12 employees, and one of his employees had a kidney transplant. Another came down with cancer. In 2 years, his insurance premiums went up 100 percent. In 2 years. He has a \$5,000 deductible, and he said he needs some work done. He wanted to go in for a colonoscopy because he turned 50, but a colonoscopy costs \$3,000. Well, that is out of pocket because he has a \$5,000 deductible.

I am trying to get to my point of prevention. Because we know if he has a colonoscopy and something happens, they can stop it. It is one of the most preventable forms of cancer, this colon cancer, but it is one of the most deadly if you don't get it in time. So I asked Art: Why don't you get a different plan? He said: I can't. We only have one in rural Iowa I can go to.

What we are trying to do is get more plans for people out there in small towns in Iowa, in Connecticut, and everywhere else so they do not have to be stuck with one plan; they can shop around and get other plans.

He asked me if he could get on the public option plan that we have in our bill. I said: Sure. Small businesses such as you? Absolutely. That means he can get in a pool with everybody else around the country and reduce his costs. I just remembered that, and I remembered him talking about trying to get a colonoscopy. This kind of gets to the nexus of what I wanted to talk about, briefly, which is the focus on keeping people healthy.

President Obama said very clearly, when he addressed a joint session of Congress earlier this year, that we have to make a major investment in prevention and wellness because that is the only way we are going to keep people healthy and reduce medical costs. Well, President Obama gets it. He understands we have to make a major new investment. That is what we have done in our bill—our Affordable Health Choices Act—which Senator DODD so greatly led through our committee. We make a major investment in prevention and keeping people healthy.

My colleague is right. I started out saying we have a sick care system instead of health care. I started saying that in 1992; that we have a sick care system, not a health care system. If you get sick, you get care, one way or the other. But there is not much there to try to keep you healthy in the first place and to focus on prevention. Again, our bill has a very strong prevention provision in there.

Some ideas on what we have tried to do. The real health reform starts with prevention, it does. If we don't do prevention and wellness, you can jiggle the payment system all you want and you are not going to save a dime, un-

less we start focusing on keeping people healthy in the first place. Is there support for that out there? Sure. The American people get it. They understand this. They were asked: Should we invest more or not invest more in prevention and wellness? Well, you can see that 76 percent of the American people said we had to invest somewhat or strongly; invest more, 53 percent; invest somewhat, 76 percent; not invest any more, 10 to 16 percent.

The American people get it. They get it. You can talk to anyone you want about health care and ask them: Would you rather just have something that takes care of you when you get sick or would you rather have more focus on keeping you healthy? I will tell you the response will be: I want to stay healthy. People want to stay healthy. But in a lot of cases, they don't know how. There are not the support systems there to do that.

Again, on saving some money; a lot of times we hear that: Oh, this won't save money, and the CBO—Congressional Budget Office—doesn't score it. But we asked voters. The poll question was: Will prevention and wellness save us money? Seventy-seven percent said yes. Yes, it will save us money. Again, the American people get it, that we have to focus more on prevention and health.

We have some problems with CBO. That is the Congressional Budget Office, for those who don't understand the jargon around here. The Congressional Budget Office doesn't score us very well. Score means they do not give us much savings when we invest in prevention and wellness. Well, I have gone over that with the Congressional Budget Office, and the problem is they do not give a savings because they do not give savings on what they call secondary savings. Secondary savings is what prevention provides. It saves you money from going to the hospital or getting sick. But they do not give us a good score for that on savings. But do we have data on that? Do we know if it saves money? Sure, we do.

This is from the Trust for America's Health. They did a big survey of community-based interventions and for \$10 per person, in 1 to 2 years, they save \$2.8 billion; 5 years, \$16.5 billion; 10 years, \$18.5 billion. That is just \$10 per person, and that is just community programs. So we address the whole gamut. We address the community-based programs and the clinical-based programs.

For example, what we do in our bill is we set up an investment fund to do a number of different things. Let me give one example. We are going to train health professionals in how to work with prediabetic individuals, people who have tested high, who look like they are prediabetic. We will train them to work with them to manage their condition, to get them on the proper diet, to manage them as they go along. What is so important about that? Well, what is important about

that is that right now, for example in Medicare, Medicare will pay \$30,000 to amputate your foot if you have diabetes. They will not reimburse one cent for nutrition counseling before so you don't get diabetes. But they will pay for nutrition counseling after you get diabetes. That doesn't make any sense.

Right now, the cost of diabetes in our society is \$174 billion a year. That is \$174 billion a year on diabetes. Well, it doesn't take a genius to figure out that if we can get hold of people who test prediabetic and get them on a well-managed program so they do not come down with diabetes, we will save money. But the Congressional Budget Office doesn't score that as any savings.

So at the clinical level we will do that. We will reimburse, for example. There will be a reimbursement for cancer screenings, for smoking cessation, nutrition counseling, colorectal screening. There will be reimbursements for that, and you will not have to pay any deductibles or copays. So for my friend who is now facing \$3,000 for a colorectal screening, this will not cost him anything. No copays, no deductibles, and the insurance company has to reimburse for that.

Again, if we catch these things early, it is just like mammogram screening. We know if we get breast cancer early, it is curable. Again, let me say something that is public. The mayor of Cedar Rapids is a woman. I was in Iowa this weekend, and it was announced she has breast cancer. She went in today for a small surgery, and she will be back to work tomorrow because they got it early.

Mr. DODD. If my colleague will yield at this point, again, because I am exhibit A. I had an annual physical this year. At my annual physical, my PSA score spiked—shot up. That was a signal to the doctors that maybe something more serious was happening.

They decided a biopsy was appropriate. A biopsy showed I had cancer. But I had the annual physical, which my health care plan pays for. If you don't have a health care plan, that physical can be very expensive, so people don't get their annual physical. Prostate cancer is the slowest growing form of cancer, it is the easiest to manage. If you have to have cancer, it is the best one to have. If you have to have one, that is the best one—if you catch it early. A number of our colleagues have had prostate cancer. But the important thing, as my colleague pointed out, is to have an annual physical, get the screening, and detect it early. I will be able to deal with this, and I am told I will have a very healthy life for many more years to come.

If I had gone years without detecting this and it migrated or metastasized into my lymph nodes or bones, I could be in serious trouble. Spark Matsunaga, our former colleague from Hawaii, died of prostate cancer. John Kerry, our colleague, his dad died of

prostate cancer. Thirty thousand people a year die of prostate cancer, because they never caught it. That is what screening does. That is why what you are saying has such value.

(Mr. MERKLEY assumed the chair.)

Mr. HARKIN. I appreciate the Senator saying that, and that is why we have to have more focus on this prevention and getting people in for early screenings. If you get it early, you are cured. We know that. So we want to remove any of the obstacles people have going in and getting screening.

Again, the Congressional Budget Office says they cannot figure out the savings. I said: Why don't you go look at Pitney Bowes. It is a big company, 200-some thousand employees, scattered all over the United States—

Mr. DODD. Headquartered in Connecticut.

Mr. HARKIN. I didn't know that. Pitney Bowes, and their CEO, Mike Critelli, went on a big program of wellness and prevention for all their employees. I think they called it Health Care University or something such as that. Here is what they found.

They found, through their wellness and prevention program, they reduced their number of hospitalizations for all their people by 38 percent—38 percent. Think of the savings. They reduced their disability payments and claims by 50 percent, just through their wellness and prevention programs.

Again, this will save us money. It will make people healthier. Not only that, I say to my friend, just the productivity level—people will work harder, they will work better when they are healthy and they are well.

One other thing I wish to mention. We have a fund in the prevention title of the bill that will increase over the years to a significant amount of money. People say: What are you going to use that money for?

Right now at the Centers for Disease Control and Prevention, for cardiovascular disease prevention and heart disease prevention, the current funding is \$50 million for all States. That is barely enough to even print a pamphlet to get information out to people—\$50 million for cardiovascular disease. Yet angioplasties alone and bypasses, we spend over \$90 billion a year—just on those two items. But if they are caught early and if there are prevention programs out there, we can cut those down.

You mentioned diabetes. Right now diabetes costs us \$174 billion a year—for diabetes. So the current funding is \$62 million a year for diabetes prevention and control in the entire United States.

Arthritis, the current funding is \$13 million. For nutrition, physical activity and obesity, right now \$42 million is all we spend through the Centers for Disease Control and Prevention—\$42 million a year.

You get my point. My point is, we are not focusing enough on prevention and wellness. That is what this bill does.

I thank our chairman, I thank Senator DODD for his great leadership. That is what people have to understand. In our bill, we have defined what we want to do on prevention and wellness. Frankly, I think we had good support on both sides of the aisle for that. I think the American people support putting more emphasis on keeping people healthy.

Andrew Weil, Dr. Andrew Weil has come out with a new book, "Why Our Health Matters." One of the things Andrew Weil pointed out to me a while ago—he said the natural state of the human body is to be healthy. It is in our DNA. Our body wants to be healthy. Yet everything we do lends itself to be unhealthy. We have to do things to make it easier to be healthy and harder to be unhealthy. Right now we do the opposite. It is easy to be unhealthy and hard to be healthy—especially after you find you have to make all these copays and deductibles. There is not much out there if you are prediabetic. Where do you go to get the kind of counseling and help you need so you don't get diabetes? I suppose if you have a lot of money you can probably do it, but for the average person, they have no idea where to go.

The last thing I might mention, I say to Senator DODD, also in our appropriations we have, and we hope we get some more in other bills, but: workplace wellness programs, to buttress what Pitney Bowes and Safeway and others have done in that area.

For this bill, it is key to reducing costs and changing the structure of health care in America. I am grateful for my colleague's leadership in pulling this together and making sure in this bill we have a very strong investment in prevention and wellness.

Mr. DODD. I thank my colleague, Mr. President. Before I turn to Senator BROWN and Senator WHITEHOUSE—and there are a lot of things to talk about in the work Senator HARKIN and the committee did on prevention—one of the great successes in this bill is a matter he worked out with our friend and colleague from New Hampshire, JUDD GREGG. You mentioned Pitney Bowes and Safeway. The Presiding Officer is, of course, a member of our committee as well and will recall this conversation. But the amendment we worked out will allow for companies to reduce by as much as 50 percent the premium costs of employees who decide to take personal responsibility for improving their health care: getting involved in smoking cessation programs; those who can lose weight will go on programs to take that poundage off.

I will never forget Steve Burd, the CEO of Safeway, telling us that for every pound a person who could lose weight loses in a year, it is a \$50 savings in premium costs—for every 1 pound. Think about what that can mean in terms of not only a healthier employee but also bringing down that cost of health care, not to mention, of course, that person is less likely to contract diabetes or related problems.

You get a cost savings, you get a healthier person, you get a more productive worker. That language exists in this bill because of what TOM HARKIN did with JUDD GREGG on a bipartisan basis to make this a better and stronger bill. I commend the Senator and thank him for it.

Mr. DODD. Mr. President, I see our colleagues from Ohio and Rhode Island are here.

Mr. BROWN. I yield to Senator WHITEHOUSE.

Mr. WHITEHOUSE. I ask my distinguished colleague from Iowa a question about prevention because it strikes me, if you are a community health center and you want to invest in a health prevention strategy that will help the community you serve have healthier lives and therefore lower the costs to the system for everyone—you put out the money for that program if you are the community health center, you have to staff it, you take all the risks, you do all the work, and yet the benefit of what you have done doesn't come back to you. It goes to private insurers, it goes to the Federal Government, it goes to patients and better health. But it makes it a very unfortunate business proposition for anybody who is doing this on their own, which suggests this is an important place for the Federal Government to invest because the market, by itself, will not take care of this because you invest and you don't get it back. You invest and it goes to the insurance company. You invest and it goes to Medicare.

I know Senator BROWN wishes to make some statement. I wish to make that point because Senator HARKIN's work has been so important on this, and I think that is an important thread.

Mr. HARKIN. I thank my colleague. I think that is a very good point.

Mr. BROWN. I appreciate the leadership of Chairman DODD and Senator HARKIN on the whole bill. Senator HARKIN has led the way on prevention. Senator WHITEHOUSE and I worked together on writing the public option which provides a choice—not any government mandates, not as the other side would like to create, this fear in the public that it is going to lead to single payer.

Also, I thank the Presiding Officer for his work on tobacco and other issues on the HELP Committee too.

I listened as we began this evening. Before Senator DODD spoke, we heard from a colleague, a Republican colleague from the South, from Mississippi, I believe. We heard over and over all these scare tactics, all the kinds of words they use about single payer, about government takeover, about socialized medicine. It just serves to scare the public, to confuse the public.

What they have done especially is trying to scare senior citizens into thinking we are going to do something to their Medicare, require them to come in and not just have a living will

but have a plan on how they are going to die. Some of the things they are saying are absolutely amazing.

I wish to kind of cut through that for a moment because I know we tend to use words—we talk about exclusivity and single payer and the gateway and the exchange, all these words we use around here. I wish to cut through that. I wish to share tonight, as I have every night we have been in session for the last week or so, some letters I have gotten from people in Ohio. I know the Presiding Officer gets these from Portland, OR, and Eugene and Senator DODD gets these from West Hartford and New London and New Haven and I know Senator WHITEHOUSE and Senator HARKIN get letters such as these from their States. But this is the reason we are doing this health care bill. This is the reason we have worked hard, doing our jobs, as we should, to pass legislation that will protect what works in our health care system and fix what is broken.

We know many people want to keep their health care plans that they have. If they are satisfied and want to keep them, we want to help them keep them, but we want to build some consumer protections so they cannot be denied care when they call their insurer when they need a health care treatment; so they can't be discriminated against; they can't have a community rating system gamed. That is what people have seen. So if you have your own health insurance and are happy with it, we want you to keep that, but we want some consumer protections around it.

This bill is full of assistance for small business that works so very hard to help people, small businesses that want to insure their employees but often cannot afford it. This bill will work so well to encourage and assist people who want health insurance to get that health insurance.

Let me stop talking, except to read a few of these letters I have received in the last few days.

Jon, from Franklin County—central Ohio, Columbus area—writes:

I am a self-employed 28-year-old with Type I diabetes. After being denied coverage by many health insurance companies, the only plan I could find charged outrageous monthly premiums.

After having a policy for 5 months, the insurance company increased my monthly premium by another \$100.

It is vital I have health insurance. I was diagnosed with Type I diabetes at age 12, and I have taken very good care of my health with diet and exercise.

As Senator HARKIN talks about.

I didn't ask for this disease but ask you to vote for reform—especially the public insurance option.

We need realistic premiums and choices without penalties.

That is what the public option does. If you don't have health insurance or you have inadequate insurance or insurance you are dissatisfied with, you can go into what is called this exchange. You have a choice, a menu of

options. You can go with Aetna or with an Ohio medical mutual fund, mutual company, or you can go with the public option. Nobody forces you to do anything, but providing you a wide range of options will give you much better insurance than you might now have if you are dissatisfied.

Thomas from Knox County, a Navy veteran—that is about 25 miles from where I grew up, in Mansfield:

I would like to urge you to support health care reform that includes a public insurance option. While private insurance is adequate in many cases—

Thomas, the Navy veteran, writes—there are far too many instances where private insurance is denied or is inadequate to meet the needs of the insured.

A neighbor of mine, a retired minister, was forced to sell his home and move in with his son after battling cancer and having tremendous debt as a result. And he was insured.

We know how often that has happened. As Chairman DODD has pointed out, people who so often have declared bankruptcy because of their illness often had insurance, but their insurance had lifetime caps. One of our consumer protections we are building into the health care system with this bill is no more lifetime caps so people can get the insurance they thought they had, can get the coverage they thought they had.

Why we would allow, in this country, that a retired minister has to sell his house and has to move in with his son because the insurance he had when he got seriously ill would not cover his illness?

What does that say about our failures in the past in enacting health reform?

Thomas from Knox County, a Navy veteran, says:

Please do not vote for any plan that would only fatten the wallets of the insurance and drug industry without significantly fixing the problem for the average American citizen.

What Thomas is talking about is what has happened in this body and what happened in the other body, where I was a Member, 5 years ago when the Bush administration pushed through a Medicare plan that betrayed the middle class. It was a plan that the drug companies wrote, the insurance companies wrote. It was a Medicare plan that simply did not work for the middle class. It worked very well to fatten the wallets, as Thomas said, of the drug and insurance companies.

Let me share a couple more.

Lia from Miami County writes:

Recently our daughter graduated with her masters degree and was ready to join the workforce. Last summer between semesters she had major back surgery. We are so proud that along with her recovery, she managed to carry her full curriculum with great grades. But she developed complications and subsequently endured three surgeries and 2 weeks in the hospital.

Her student health insurance expires at the end of July. During her recovery, she was not able to search for a job and has been denied from multiple insurance carriers due to her preexisting conditions. We are now faced with additional medical expenses and no insurance coverage.

I fully understand the need for healthcare reform to assist those who are facing the same issues that we are with our daughter. Please stand up for those in Ohio and other states that are doing their best to create a better life. Please support healthcare insurance reform with a public and a private option.

She understands we want both. A public option will, frankly, make private insurance companies more honest. Private options help make the public option work better too. It will make it more flexible, and it will make it respond better to market conditions. Having them compete with each other will work for Lia from Miami County, from Piqua, or Troy, that area of the State north of Dayton.

The last letter I would like to share is from Mary from Cuyahoga, from the Cleveland area:

Please, please, please, do whatever you can to get the healthcare reform bill through Congress this year, and stop the insanity we are experiencing now. My husband and I are retired. He has had diabetes for the past 28 years. Thank God for Medicare. But he is part of the doughnut hole generation.

What that means is, again, what happened 5 years ago when the Bush administration pushed their partial privatization of Medicare through the House and through the Senate, the bill that was written by the drug companies for the drug companies, the bill that was written by the insurance companies for the insurance companies, it simply did not provide senior citizens who had high drug expenses with their drug benefits. There was something called a doughnut hole where people simply lost the coverage for which they were paying.

My husband has now reached the limit of the payments that Medicare will make on his medications. Now he has to spend thousands of dollars out of his pocket to stay healthy. Why would you pay for only a half year of his medications? What is he supposed to do the rest of the year? Hope for the best?

My husband had taken charge of his health through better diet and exercise. Yes, we need to take responsibility for our health, especially a disease such as diabetes, but we need healthcare that will help when all of our efforts fall short and illnesses take over. Please vote for healthcare reform.

All of us get letters like this every day. Thousands of these letters are sent to the Capitol every single day from people who are struggling. Most of these letters, I have found, come from people who have had health insurance, they have lost it because of a pre-existing condition, they have seen it fall far short of what they were promised because they had a very expensive illness, or they have sometimes seen their health insurance go away because they have lost their job.

In every one of these cases I have read tonight, in every letter I have read, the dozen or so, couple dozen letters I have read here on the floor of the Senate, in every single one of these cases the legislation that those of us—Senator WHITEHOUSE and Senators HARKIN and DODD and the Presiding Officer, the Senator from Oregon, Mr.

MERKLEY—the legislation we wrote will take care of this. It will protect what works in our system. It will fix what is broken. It will give people who already have their insurance and are satisfied with it more consumer protection so they can keep their insurance they are satisfied with. It will give those who do not have insurance an opportunity to buy decent health insurance, with a public option, if they so choose, or to go to a private insurance career.

I yield the floor.

Mr. DODD. I thank my colleague and thank him for making that contribution on so many points, particularly on the public option. As our colleague from Ohio has pointed out, and some may find it somewhat alarming—but the whole idea of competition is about as basic in America as any I can think of. The idea that people can have choices out there is something we cherish in this country.

In fact, what exists today in so many cases is the lack of choice. I listened to my colleague from Iowa talk about western Iowa, rural Iowa, where you only get one or two choices. In the State of Virginia, almost 70 percent of all insurance is written by two companies in the entire State—two companies in the entire State of Virginia. That is not untrue in most places. I cannot speak specifically State by State, but it is not uncommon that in many areas the choices are very limited. So today, for most Americans, the ability to shop for the best health care plan that serves their needs and the needs of their families is very limited.

What is being discussed here is not a subsidized plan, not taxpayer subsidized in any way, but a plan that would offer an option, a safety net in many cases, probably for some kind of illness that can afflict someone, which most people worry most about that could ruin them financially. It is a pretty straightforward kind of a plan that would provide some basic coverage, at a competitive price, a non-profit operation that would take the element of profit out. I know that may be intimidating to people, to have someone out there competing with an idea. If it is not a good plan and people don't like it, they will not go to it, in which case it will not work very well. If it is a well-drafted plan that does what many would like it to do, it might just have the effect of bringing down the cost in a competitive environment.

I mean, under a capitalistic system, competition is what contributes to price fairness. If one company controls the whole game, or two do, you get a predictable result—price fixing—and you pay an awful price as a consumer, whether you are buying shoes or automobiles or any other product or service.

So the idea of injecting a level of competition—I find it somewhat ironic that our Republican friends are frightened of this idea. I traditionally think

that all of us embrace the free enterprise system as providing the best results for our country throughout 200 years of history. Why in the 21st century should that be any different from the 20th or the 19th century, where competition helped produce the greatness of this country?

I appreciate the Senator from Ohio today raising the point about the value of injecting some competition. We all know ultimately that could have the desired effect of bringing down those costs and making insurance or health care coverage more affordable. At some point, I hope someone might explain to me why competition is a bad idea. I though quite the contrary, and it is almost un-American to suggest that we ought to make this a noncompetitive environment, that everything else ought to be competitive but not health care. It seems to me that quite the opposite ought to be the case.

I see my colleague from Rhode Island here, who made a significant contribution in crafting the public option and the very public option that was praised by the so-called Blue Dogs in the House, the more conservative Democrats in the House who were reluctant to be supportive of that specific health care package. But to their great credit, they took a good look at what we had created in our bill on the public option, and they were so impressed by the work done by our committee—specifically, our colleagues from North Carolina, Senator HAGAN, Senator BROWN from Ohio, and Senator WHITEHOUSE from Rhode Island, who were the principal authors of this provision in our bill—that the House Blue Dogs insisted that this language be incorporated in part of their health care effort in the House. I thank my colleagues from Rhode Island and Ohio and Senator KAY HAGAN from North Carolina for their work in this regard.

Possibly my colleague from Rhode Island would like to talk about that or some other aspect of this bill.

Mr. WHITEHOUSE. I would be delighted to talk about that. But the first thing I would like to do is react to a point the distinguished chairman has just made regarding how ironic it is that some of our friends on the other side are so opposed to increasing competition in the insurance industry. One of the things that is particularly ironic is that a great number of our colleagues on the other side go home to their home States to a health insurance system that already is a public option for their business community, their workers' compensation system.

The two places you get health care are from the general health insurance marketplace and from the workers' compensation marketplace. You can get workers' compensation coverage, and it will cover small workplace injuries, it will cover catastrophic workplace injuries, it will cover temporary conditions, and it will cover lifetime chronic conditions. It has all of the elements of health insurance coverage and the need for it.

Well, when our colleague from Wyoming, the distinguished ranking member of the HELP Committee, goes home to Wyoming, he goes home to a single-payer public option for workers' compensation health insurance. So it can hardly be anathema to have a choice public option.

The distinguished gentleman, Senator McCAIN, who was the Republican candidate for President, goes home to Arizona to a competitive public plan providing workers' compensation health insurance in his home State.

The Republican leader himself, Senator McCONNELL, goes home to Kentucky, to a State where there is a public plan that delivers health insurance, a competitive public plan. And I suspect his employers like it and the people are comfortable with it.

Our colleague, KAY BAILEY HUTCHISON, is shortly to go home to Texas to run for Governor. When she does, she will go home to a State that has a competitive public plan that delivers health care through the worker's compensation system.

Our distinguished friends in Utah, Senator BENNETT and Senator HATCH, who have done so much work on health insurance issues over the years, go home to Utah, where their business community has a competitive public plan for delivering health insurance.

So, in addition to the irony of being against competition, their business communities, I believe, are highly favorable to a public plan that competes in the market to deliver health insurance that the business community funds, the workers' compensation health insurance market. So I guess ironies abound here.

I would also like to compliment Senator BROWN for keeping it real here on the Senate floor and reading those letters and reminding us that when push comes to shove around here, it is not the nametags and the labels that matter, it is not "socialized medicine," it is not "government takeover," it is people who have real problems.

I was struck by a letter that was brought to my attention today. I do not know exactly what day it came in, but I saw it today. A working couple with a son, sort of the ideal American family, doing nothing wrong, doing everything right, playing by the rules, working hard. The son becomes grievously ill, has a very grave illness. Over the years, his condition worsens, and ultimately his disease takes his life. They were insured through this whole period, but the insurance was not enough. There were copays, there were limits, there was cost sharing. As a result of all of this, they are deeply in debt. They had to take time off work and spend time caring for him, and so they have had employment issues.

Now, this is, again, sort of the ideal American family. They are both working hard. They have a son whom they love. They are doing everything right, and they are playing by the rules. And because he got sick and because our

health insurance system is such a nightmare for a family in that situation, they have lost their son, they have lost their savings, and they are about to lose their home. They are about to be put out of the house that has all of the memories of their son.

You know, there are people for whom this is very real, and we have to keep our eye on that ball and not on all of the smoke and all of the fear mongering that is happening around here. A lot of that smoke and fear mongering is happening around our public plan.

Well, it is not that complicated. It is competitive. It is fair. It has no special subsidies for people who are in that plan versus in competing private plans. It has no special advantage. And it honors President Obama's programs and the promise of all of the Presidential candidates that if you like the plan you have, you get to keep it. You are not forced out of anything.

So if it has no special advantages, if it has no special subsidies, why do we support a public option? Why is it better? Well, I would say that there are three reasons we can have some confidence that a public option will make a difference for the kind of people Senator BROWN was talking about, the family I was talking about, people who suffer through our existing health care system.

The first is, a public plan does not need to take profit out of the system.

In 2007, in Rhode Island, one of our insurers, United Health Care, asked permission to remove \$37 million as its profit in that year from Rhode Island back to its home headquarters. My State isn't as big as Ohio. It is not as big as Iowa or Connecticut. It is a small State. It has a million people. In one year to take \$37 million out of that State, when they only had a 16-percent market share, think of that. A 16-percent market share in a State of a million people is about 160,000 folks they cover, assuming that everybody had coverage; \$37 million out of those 160,000 people in 1 year gone for profits.

Stop doing that. Stop paying exorbitant salaries such as United Health Care's chief executive who got \$124 million in salary. That is a lot of money that could go back into other things in health care. That could help families either get better coverage or pay lower premiums. So there is one thing—no profit, no excess cost.

The second is, you could have better dealings between insurers and providers and hospitals than we have right now. Fifteen percent of our health care costs from the insurance side goes to overhead and administration. Most of that goes to denying claims and making life difficult for providers, doctors, and hospitals, when they submit their bills. There is a war, a claims war going on right now between the insurance industry and doctors and hospitals. And 15 percent of what we pay for health care gets burned up on the insurance company side of that war.

The insurance companies are bigger and smarter, and they set the rules. So you can bet that the doctors' side of responding to that costs more than 15 percent.

In fact, the Lewin Group has estimated that 36 percent of a provider's overhead cost goes to fighting with the insurance industry. Everybody in this place has had the experience or somebody they know or love has had the experience of trying to get a claim paid, having it be denied, submitting a bill, having it be denied, having to wait for treatment that you need while your doctor tries to get prior authorization from the insurance company that says: No, we need more papers. All of that is expensive. None of it provides any health care value, zero. It is all administrative overhead and nonsense.

In some cases it is big. I was at the Cranston, RI community health center. It is not a big organization. Rhode Island is not a big State. Cranston is not our capital city, not our biggest town. Its community health center does not have an enormous budget. They spend \$300,000 every year on the consultants who help them try to negotiate this payment claims war they are stuck in—\$300,000 a year. On top of that, 50 percent of their personnel time, half of their personnel time, goes to fighting with insurance companies. So you take a little place such as the Cranston community health center and you can tell them: Half of your personnel costs can go away or can be devoted to prevention, as the Senator from Iowa has suggested, instead of fighting with the insurance industry. That is an improved model. That is something the public option can pursue.

You don't have to fight the providers that way, and the amount of waste that is burned up on all of that warfare for no health care value whatsoever is an opportunity for this public option to achieve.

The third area is to more broadly change the business model. There is a failed private insurance business model right now. It is pretty simple to summarize. No. 1, if they think you are going to get sick, they deny you insurance. You don't even get in the door. No. 2, if they make a terrible mistake and let you in the door and then you have the temerity to get sick, they look for a way to deny coverage. They go through the form and look for a mistake you might have made so they can throw it out. They find something that might have been a preexisting condition. They look for a loophole. If they are stuck, if they can't find a loophole, then they deny payment. They tell you that the coverage you need isn't what you need or they refuse to honor the doctor's bill when it comes through the door. But a business model for an entire industry of denying insurance to the people who they think will get sick and then denying coverage to the people who actually do get sick and, when they can't dodge their coverage responsibilities, denying payment to doctors or hospitals or trying

to have some person who is not even a doctor second-guess the coverage that your doctor tells you you need, that is a terrible business model. It has caused immense pain across the country, and it has been a disaster. There is a better business model. A public option can pursue it.

Mr. DODD. If my colleague will yield on that point, those very fact situations the Senator describes would be totally prohibited under the bill we marked up in our committee nearly 3 weeks ago. Every one of those fact situations would be prohibited under the legislation we sent to the body for its consideration.

Mr. WHITEHOUSE. Yes, it would. And it is an important piece of this legislation that has received far too little attention so far in the debate. It has caused an immense amount of personal pain, human anguish, and suffering that our health care system causes.

The distinguished Senator from Ohio, Senator BROWN, and I wrote an article about this. We wrote: Your health insurer should be your advocate, not your adversary. The community health insurance option will invest in prevention so that when you are healthy, you stay that way. It will invest in care management coordination, if you have a chronic condition, and it will fight for you, not with you, to get you the best possible care with the least possible hassle.

That is what this is all about. The new business model can look in these areas: Quality improvement. We know that improvement in the quality of care in this country can save dollars. But as we were saying earlier in our colloquy, it doesn't save money for the person investing in the quality. It saves it for the system. A public option will have the public purpose necessary to pursue those quality improvements that will drive down cost.

Health information infrastructure. We have the worst health information infrastructure in this country of any industry. The only industry that has worse information infrastructure is the mining industry. It is pathetic. But the same principle applies. The doctor investing in that equipment on their desk puts out all the money, takes all the risk, absorbs all the hassle, and the savings go to the insurance companies. So we are underinvested. A public option can make those investments in our electronic health record infrastructure.

Prevention strategies. I won't dwell on that because the Senator from Iowa has done such a good job already. Same principle: A public option can pursue the public purpose of protecting public health through prevention in a way that insurers never will because they don't have the financial interest at stake. Finally, you can develop new models of payment to make all those happen, because the way we pay for it now is piecemeal. Procedure by procedure, the more you do, the more you get paid. Not the healthier your pa-

tients are, the more you get paid; the more you do, the more you get paid.

There is enormous hope for the whole system. In fact, it may be the only hope for our whole system is to change that business model to a model that works on quality improvement, prevention, investment, payment reform, and electronic health record infrastructure for everybody. A public option will lead us in that way.

Perhaps you can trust the private insurance industry to do this, although they never have so far. But perhaps now suddenly something will change and you can trust them to start doing this for the first time, when they never did before. But I don't think it is a wise bet to put all of our eggs in that one basket. Give us a public option and let them compete. I think they can help transform this world.

The last thing I will say it is cost control. We have heard a lot about cost control on this subject. There is no better way to have cost control than to get a public option out there doing all these things—stripping the excess profit out of the system, lowering the administrative costs, ending the warfare with providers that provides no value, and working to a business model founded on quality, prevention, electronic infrastructure, and clearer payment signals. That is where we need to go. The public option takes us there.

Nobody cares more about this than the distinguished chairman and particularly the people he has heard from in Connecticut. I would revert back to the chairman to discuss the personal aspects of this on the part of the people he serves.

Mr. DODD. I thank my colleague. There will be many more opportunities for us to go over this, but I want to make some points that are important and are part of the legislation that came out of our committee and that are now available for colleagues and others to consider.

Under our legislation, you can never discriminate again for a preexisting condition. So when someone comes in and says, I am sorry but that condition precludes you from getting coverage, under our legislation, drafted and approved by our committee, that would not happen. Never again can a preexisting condition be used to deprive coverage.

No exorbitant out-of-pocket expenses, deductibles, or copays. Insurance companies will have to abide by yearly caps on how much they can charge for out-of-pocket expenses. There will be minimal or no cost sharing for preventive care. The insurance industry would fully cover regular checkups and tests that help prevent illness such as mammograms or eye and foot exams for diabetes, the kind of thing Senator HARKIN talked about. It doesn't make sense to pay \$30,000 to amputate your leg instead of paying for the coverage to determine if you are susceptible to the illness.

No dropping coverage for the seriously ill. Companies would be prohib-

ited from dropping or watering down insurance coverage for those who become seriously ill. No gender discrimination. There has been a problem of tremendous discrimination in the cost of coverage based on gender. Under our legislation, insurance companies would be prohibited from charging you more because of your gender. No annual or lifetime caps on coverage. Again, you have coverage. You have never had to use it. All of a sudden you get that crisis in your family, and then you start reading the fine print and discover all you get are two hospital visits or three doctor visits. You have a serious problem on your hands. That coverage you have been paying for month after month, year after year, all of a sudden might as well not exist at all. Under our bill, the industry would be prevented from placing annual and lifetime caps on coverage that you receive.

Extended coverage for young adults: Children would continue to be eligible for family coverage, not stopping at age 21 but up to 26. That is a huge gap, 21 to 26. Then we have young adult plans that would allow another option. Young people often think they will live forever and never have any problems. We are trying to help out this age group that too often slips through the cracks. This group often doesn't think coverage is that important and, as a result, suffers when they are faced with illnesses or accidents.

Lastly, guaranteed insurance renewal is the point I wanted to raise—when you discover all of a sudden that you are no longer covered. Under our legislation, the industry would be required to renew any policy as long as the policyholder pays premiums in full. The companies wouldn't be allowed to refuse renewal because someone became sick. Every one of these provisions is now written into our legislation. Our bill absolutely makes major reforms that will make a difference on behalf of the citizenry who are counting on a program that would not deprive them of the coverage they deserve.

I see our colleague from Oregon is here. I want to say that RON WYDEN has been a tremendous advocate of health care reform for so long. He has written a bill that has attracted a lot of bipartisan support. He and I have had long conversations about some of his ideas. I have asked him to take a look at what we have done as well. I am confident we will end up with health care reform. And I want to thank RON WYDEN for his energy and passion about this issue and the very creative ideas he has brought to the table.

Mr. WYDEN. Mr. President, I wanted to come tonight as a member of the Finance Committee and particularly highlight the extraordinary contributions that those on the HELP Committee have made in the prevention area. This is going to be a landmark bill. This is going to be an absolute turning point in American history

when we finally say that instead of spending loads of money on various health care services, we will start keeping people healthy. You look, for example, at the Medicare Program. Medicare Part A will pay thousands and thousands of dollars on senior citizens' hospital bills. And then Medicare Part B, the outpatient portion, can't do anything to reward somebody for staying healthy. Along comes Senator HARKIN, who has consulted very extensively with the private sector, worked on a bipartisan effort. Senator ENZI and Senator GREGG were very involved. And you found the sweet spot. Prevention.

What you all were able to do in the preventive area is to show that you could give very dramatic incentives to reward people for staying healthy, lowering their cholesterol, lowering their blood pressure, picking up on some of the good work that is being done in the private sector but not getting into where one could, in effect, be said to be discriminating against an individual who would have a lot of health problems and would have difficulty just with an incentive-based system.

That is a very thoughtful approach, in my view, to moving this country forward. I hope we will be able to pick up on it in the Senate Finance Committee. There is a lot of bipartisan support for it. I came to the floor tonight to particularly highlight that.

There is time, perhaps, for one other thought. I was struck—as we talk about the lack of choice in this country—the distinguished Presiding Officer and I woke up this morning to our statewide newspaper, the Oregonian, which described, in great detail, our health insurance as Members of Congress. Senator HARKIN and I have talked about this, Chairman DODD as well. It described how Senator MERKLEY and I have access to 23 health care packages, which, by the way, understand the HELP lesson. They cannot discriminate against you if you have a preexisting condition. You go into a big group so you can play hardball with the insurance companies.

What is striking about this—and Senate MERKLEY and I heard about this on the front page of our newspaper—is most of the country thinks this is some kind of “Cadillac,” gold-plated operation. But, as the newspaper pointed out today, that is what somebody who works for the Forest Service gets in central Oregon, that is what somebody who is a janitor, for example, the paper said, gets at the Bureau of Engraving.

I very much look forward to working with all of you on the HELP Committee, as Chairman DODD and I have talked about, to make sure everybody can have a wide array of choices, have a lot of clout to take on the insurance companies, get reduced administrative costs, which is what you get with the big groups, and, by the way, have a financial incentive to choose one of these Harkin-type packages that reward prevention.

One of the things that is troubling about this debate is if we do not get the choice issue right, a lot of Americans are not going to be able to choose those kinds of packages. I think, under the Senator's leadership, we will be able to do it.

The last point I would make is—and I thank the Senator for all the time—I think working together over the next few months we can close the sale with folks who have insurance. This is going to be the key to getting health reform passed.

Mr. President, 150 million-plus people say: Not only do I want to make sure I am not worse off, I want to be better off. Well, we want to make sure they are going to be able to choose a package such as Senator HARKIN has been able to advance in the HELP Committee, where they get rewarded for prevention. We want to make sure they can choose a package where they can get lower premiums. We want to make sure everybody can keep what they have, but if they do not like what they have they can go somewhere else, which is what we can do as Members of Congress.

So I think tonight's program, particularly focusing on prevention and the incentives you all have laid out—and as Senator WHITEHOUSE has talked about, changing this insurance model, which in many respects is inhumane to reward all this cherry-picking and, in effect, sending the sick people over to government programs more fragile than they are—you all have done some very good work, particularly in prevention and making sure the consumer gets a fair shake with the insurance industry.

Working together, particularly by adding choices, we are going to be able, over the next few months, to show we can close the sale with those who have insurance in this country and come back in the fall and win bipartisan support to go where this country has not been able to go for 60 years; that is, quality, affordable coverage for all Americans.

We have already made it clear that in any legislative effort we are a part of, we will mandate good health for the Dodd household because we are all thinking about you, and we want you to know how much affection we have for you and how much support both personally and professionally we have for you from all of us in the Senate.

Mr. DODD. I thank the Senator.

Mr. WYDEN. I thank the Senator for giving me all this time.

(Mr. WHITEHOUSE assumed the chair.)

Mr. DODD. I thank my colleague.

Mr. HARKIN. Mr. President, I wish to thank my friend from Oregon, with whom I have had numerous conversations, going back over years, on the whole wellness ethic and how we can kind of get this big ship of health care moving in a different direction. Senator WYDEN has been one of the great leaders in this area, and I have con-

sulted with him often on this issue. I look forward to his work on the Finance Committee.

Of course, on workplace wellness, we have to make sure small businesses are able to help their employees in wellness programs. We know from other businesses and what they have done—some larger businesses but some smaller ones that have done good workplace wellness programs—it pays off immensely in savings but also in productivity. Of course, that is something the CBO does not look at—increased productivity. They do not look at that.

But I say to Senator WYDEN, he is absolutely right. What we have done, what we anticipate will be coming now from the Finance Committee, and in putting these together, we will have a whole new—what is that fancy word called Paradigm—a new paradigm in health care in this country, where people will have a lot of choices. They will be able to shop. They will not be like my friend Art in Storm Lake, IA, who only has one place to go with a \$5,000 deductible.

Now we will be able to take a lot of these small businesses and they will be able to go on these exchanges and they can be in a pool with a lot of other people all over the country. We know a principle of insurance—I say to Senator WYDEN, he knows this very well—one of the basic principles of insurance is: The more people in the pool, the cheaper it is for everybody.

So we set up the bigger pools with our small businesses, my farmers and farm families to get into bigger pools, and not just these small pools that cost them so much money. But the idea behind it, of course, the one big paradigm, is to start focusing on wellness and health promotion, keeping people healthy. We have to put more incentives in there for people.

You talk to anyone. Go out and talk to anyone and ask them would they like to be healthier or would they like to be sick. That answer is easy. They want to be healthy. What kind of help do you get? When you go to your doctor, when you talk to your doctor and stuff, do they tell you how to be healthy? Well, I do not know. I do not think so. When is the last time you went to a doctor and walked out without getting a prescription? So the doctor gave you a prescription. Go get a drug. We have to change this. In our bill, we do.

Again, part of our prevention package is to focus on medical schools and how we get more people in general practices and family practices and residencies in prevention and wellness so they begin to understand how they can start working with people to keep them healthy.

So this is a way we are going to try to shift this so the person can say: Yes, I want to be healthy. And do you know what, I went to my health care practitioner—maybe a doctor, maybe a nurse

practitioner, maybe a physician's assistant, and it could be a host of different people; it could be a chiropractor—and, do you know what, they spent a lot of time with me, and they gave me a program to follow to stay healthy. And guess what. They check up on me and they find out: Are you following your program? Come in. You come in here in 6 months. I am giving you this program to show you how to stay healthy. And they call me up after a month. Someone in the office called me up, asking: Are you doing this? In 6 months, I have to come back in to make sure I am doing it.

No one has ever done that before. But in our bill, you see—in our bill—they will be able to get reimbursed for that. They will be able to get reimbursed for keeping someone healthy and not just taking care of you when you are sick.

I wish to thank my friend from Oregon. He has been a great leader in this area for so many years. I look forward to working with the Senator to get us over that finish line sometime this year.

I thank Senator DODD again for all his great leadership. I say to the Presiding Officer, the Senator from Rhode Island—talking about the public option, to digress for 1 second away from prevention—here is one of the reasons we need a public option: From 2003 to 2007, the combined profits of the five largest health insurance companies went up 170 percent. Their profits went up 170 percent. The CEO compensation for the top seven health insurance companies right now: \$14.2 million a year.

Well, that is why we need a public option out there, to kind of put some brakes on that, to give some competition out there so these health insurance companies know they have to be a little bit more stringent on maybe what they pay their CEOs, and maybe the profits will not be so high because they will have a public option out there that will act as a check both on their profits but also a check on the quality of care they provide. That is why the public option is so vital and necessary.

Well, again, I say thank you to Senator DODD for having us here tonight, and I thank him again for his great leadership on this health care bill.

I say to my friend from Oregon, we are going to get it done. We are going to make this a wellness society, not a sick society.

Mr. DODD. Mr. President, I thank our colleague from Iowa, and I thank, again, RON WYDEN for his contributions.

I wish to reintroduce a constituent of mine, Kevin Galvin. I spent the morning with Kevin today. He is a true American hero, in many ways. He did not want to become an American hero.

Kevin employs, I think, 13 people. He has a small business in Hartford, CT. He started out in a hardware business about 27 years ago and changed his business model to meet the needs and times of our country. He was never

able to provide health insurance for his people, and it bothered him deeply because he did not have enough business, and health care coverage, even years ago, was more expensive than he could afford.

Students sometimes ask: Can one person make a difference? This person—I suppose the legislative leaders in my State would acknowledge this as well—this one person, on his own, over 2 years, organized 19,000 small businesses in my small State to lobby my State legislature about doing something at long last to make a difference for small businesses on health care. They achieved it about a week ago, in no small measure because one guy, who employs about 13 people, got fed up.

The average small business pays 18 percent more for health care than larger businesses and gets a lot less coverage than others do as well for the very reason Senator HARKIN pointed out: pooling, the idea of being able to work together, get together. They can hardly lift up their heads. In a small business, you are struggling every day to survive.

Seventy-five percent of our employers employ fewer than 25 people in our country. The majority of people in our Nation get a job in a small business. Yet they work so hard every day trying to keep that business afloat, particularly in times such as these.

It bothered Kevin Galvin so much, that employees of his, in some cases, had to leave him. They did not want to leave but had to because their spouse lost their job, which is what they were relying on for health insurance. He told us about one fellow today, who I think was with him 20-some-odd years, who had to go off and find a job that paid 30 percent less in income but because they had a health care plan. He left the job he loved to take a 30-percent pay cut so his family could have health care.

A young man whom we talked to today, an employee, a Hispanic American, in Hartford, CT, is raising a family on his own and has a child with a severe disability and his parents have Alzheimer's and there is no coverage under this guy's plan, Kevin Galvin's plan, in his workplace. But they are doing everything. Kevin does whatever he can to help that family out because he loves that young man who has worked with him. He cares about him. But he cannot afford to do it forever. He cannot survive as a businessperson that way.

So we need to pay attention. Our bill does. We talked about prevention. But one of the things I am most proud of in our bill is providing those credits to small businesses so they can afford coverage, giving them the option of going to those alternative plans out there that may suit their needs the best, which they do not have today, allowing them to come together, so they have an opportunity to drive down those costs when they bargain together for the best cost for their employees, as

the Senator from Rhode Island pointed out.

But I wished to point out Kevin Galvin. Today we met in his shop in Hartford, CT. The Secretary of Health and Human Services, Kathleen Sebelius, was there. The new Administrator for the Small Business Administration, Karen Mills, was there. Congresswoman ROSA DELAURO was there. The speaker of the State house was there. The president of the State senate was there. The head of the small business community was there. They were there to say thank you to Kevin Galvin for what he had done.

If one person like that can make a difference, we ought to listen to them. When the Kevin Galvins of this country—he is a small business guy with 13 employees, struggling every day. He decided he was going to do something about it, and we ought to listen to him. He made a difference in my State. But if we listen to him, we can make a difference with small businesspeople all across this country. If we will take the language we wrote in our bill that can make a difference with small business—13 million people in this country who work for small business every day don't have health insurance. Of that 47 million, 13 million—being able to make a difference in their lives, giving them the kind of coverage, the accessibility and the affordability to health care, can make a huge difference.

One thing we don't mention enough: This week is the 44th birthday of Medicare—this week. It is a great program. It took the poorest sector of our society out of poverty, the elderly. It also did something else. How many of us in our generation were able to do other things and make investments in other things because in 1965, this Congress, the men and women sitting in this Chamber—mostly men in those days—passed Medicare? All of a sudden, that financial burden children had to look at—the cost of pharmaceutical drugs their parents needed, going to the doctor with their parents—all of a sudden, a lot of it got taken care of. It was a financial benefit to their children.

I don't know if there are any economic models that look around and say: How much did that program not only benefit the elderly who got Medicare, but how did it benefit their children who were then able to make investments in their own children's education and in that better home and that better neighborhood, buying that second car? How much did our economy actually grow and improve because we invested in Medicare? We always talk about what it did for those who receive Medicare, but how about those who didn't receive Medicare but had removed from them—or at least partially removed—the burden of those costs they would otherwise pay?

How many people today, because of the uncertainty about their health insurance, are not making the kinds of investments in other things because

they are trying to protect themselves against that crisis that could befall them? We don't talk about that.

All I hear about is how expensive this is. It is going to be expensive, but if we don't do something about it, it will be lot more expensive—expensive to our economy, expensive to individuals, and expensive to our Nation.

So when we talk about these issues, it isn't just those who benefit as a result of having access; it also is the relief, it is the sense of comfort, that sense of confidence that, Lord forbid, something happens to me and my family, I am protected against catastrophic ruin—catastrophic ruin that can happen. I don't think we talk about that enough here. One of the reasons is because none of us here—none of us here—have to worry for one single second about that. None of us are going to be economically ruined as Members of the U.S. Congress if a health care crisis befalls us. Not one of us. Yet the millions of people we represent worry about it every single day.

That is at the heart of all of this, to be able to establish a system in our country which protects our Nation—the greatest, the wealthiest Nation in the history of mankind—from the absolute and very predictable knowledge that you have either been sick, you are sick, or you are going to get sick. I guarantee you, if you are a human being living in this country, that is going to happen to you. To what extent does that occasion, that event put you and your family in financial ruin? It happens to millions in this country. So that as much as anything else ought to motivate us to get back here and do the job.

I see my colleague from Oregon is here, Senator MERKLEY of our committee, who has done a great job as well.

Mr. MERKLEY. Mr. President, I thank the Senator very much for his presentation and leadership on health care.

The Senator was just talking about Medicare, and when our HELP Committee was meeting, I heard a very interesting statistic; that is, while Americans spend 17 to 18 percent of our GDP on health care—more than any other country on the planet—our health outcomes overall are significantly less than several dozen other nations in the world. That is part of the puzzle we are addressing. But then I heard another piece of the puzzle; that is, for American citizens who are 65, their health prospects are among the best in the world. The question was posed before the committee: What is the difference? The difference is very simple, as the Senator from Connecticut has so described, and that was the creation of the Medicare Program. All of our citizens 65 and older have health care. If we can take it and make it a nation where all of our citizens 65 and under have health care, wouldn't it make a tremendous difference?

Mr. DODD. My colleague is absolutely correct. This is the point. People

probably know, but the younger generation may not realize it. Prior to 1965, the poorest population of our country were our elderly. It was a great tragedy—the generation that grew up and then contributed so much. The 20th century—of course, by 1965, those were the veterans of World War I. They were the people who had lived through the Depression and held us together as a nation time after time, and here they were reaching their retirement years, and, as we all know, when health care problems become pretty routine.

A generation that came before us sitting in this very Chamber decided we could do better than that, and so crafted Medicare. The leadership again began with President Kennedy and culminated with the work of Lyndon Baines Johnson putting a package together with Hubert Humphrey and others, putting together that Medicare Program and taking a substantial portion of our population and giving them the assurance and the confidence that as they grow older and face health care problems, the Nation would be there to back them up and to say thank you as a gesture of gratitude for the contribution they made.

Also, there was a note of selfishness in that it relieved that younger generation from the burden of financially caring for parents beyond their economic means, in many cases. So it freed up their children to provide for that generation's grandchildren. In so many ways we have benefited from that.

So while we talk about the recipients of Medicare—and that is extremely worthwhile—we all benefited from that. It was a great economic relief to an entire Nation, not just the recipients of Medicare's assistance and support.

Mr. MERKLEY. Mr. President, if I could carry on a second point related to the Senator's comments, and that is simply as you address small business and Kevin Galvin, your constituent, to help organize small business, whereas we did a tremendous job in regard to our seniors 65 and older, we haven't done such a good job for our small businesses.

I know that over the past many years, small business owners have been coming to me and saying: JEFF, we just can't afford these double-digit increases we are getting every year in health care premiums, and we are having to shift some of the cost to our employees. We are having to consider shutting down our insurance program completely. We as small businesses can't get the same good deal the large businesses are able to get. Can't you do something about that?

I think with the bill the Senator from Connecticut has steered through committee, he has done such great work in laying out a plan that will help our small businesses in several different ways.

First is to create a pool where they will have the negotiating power of hun-

dreds of thousands of individuals rather than having to go as a small business of 5 or so or 25 employees to the health care market, because when you go by yourself with 5 or 10 or 25 employees, it is like leading a lamb to slaughter. Now they will be able to go to the health care marketplace where they will be able to be a part of a larger pool and negotiate a much better deal.

The second is, they will have so many options when they get to that health care marketplace, whereas now there may be only one company that will hear them out and give them a possible plan, and then they will have many more to choose from.

So I think those pieces are a tremendous improvement to what I think has been a long neglected part of the health care puzzle.

Mr. DODD. Again, I thank my colleague for mentioning that. He is absolutely correct. As I mentioned earlier, the average small business pays a lot more for insurance than larger businesses do, and they get far less coverage than others do as well. That is why we provide new credits in this bill: \$2,000 per employee, family coverage; \$1,500 for couples; and \$1,000 for individuals. That may not satisfy all of their health care costs, but it is a major break and an assistance to small businesses and guys such as Kevin Galvin who would like to be able to buy that coverage for his employees out of loyalty to their family.

One thing about small business is it becomes a family. Everybody knows everybody. You know about what their kids are doing. You know what is going on in their homes. There is a far greater deal of flexibility in trying to meet the needs because it is a family in so many ways. So being able to jump in and help them provide, as Kevin has tried to do with his own employees over the years, we open up the insurance gateway to all small businesses to give affordable insurance options to employers.

This gives small businesses the same bargaining leverage as I mentioned earlier, protection from hiking up rates on small businesses, watering down coverage, or denying coverage altogether just because one worker gets really sick—and you heard cases of that. I think Senator HARKIN talked about that small business where one employee contracted a very serious illness and the industry then jacked up the premiums for everyone, thus making it impossible for other employees to get coverage. Our bill, as our colleague from Oregon, Senator MERKLEY, mentioned, bans that case.

We exempt businesses from having to pay any penalty if you employ 25 or fewer employees, and that is a great asset. Again, 75 percent of all employers employ 25 or fewer in our country. We don't count seasonal workers. Our colleague Senator KAY HAGAN offered that amendment in our committee to exclude seasonal workers toward the

total size of a small business, which is important in small agricultural communities where seasonal workers become absolutely critical. But if you start adding them all up, it would drive that small business into a larger number category. I assume in Oregon that could be a major problem. I know in the agricultural sector of your State, and it helps self-employed workers by allowing them to purchase health insurance through the gateways.

So a lot of businesses are single employers. They employ themselves. That could be tremendously costly, and by pooling, it makes it possible for those people to drive down those costs.

So a major part of our bill, as Senator MERKLEY has pointed out, is focused on small business—again, the great engine of our economic success in this country, and we pay a lot of attention to their needs in this bill.

Mr. MERKLEY. There is just one last point I wish to make, but I am happy to yield to my colleague.

Mr. HARKIN. I thank my friend from Oregon.

Mr. President, I can't thank Senator DODD enough for getting the information out on what our bill does. A lot of people don't know that we have a very comprehensive bill. This one dealing with small businesses is so important.

Now, it is true we excepted businesses that employ fewer than 25, as we should. However, I just told the story about my friend in Iowa who employs 12 people, and they buy health insurance but they only have one plan, and this would give them more.

I believe that with the bill we have and setting up these exchanges and letting different insurance companies come on the exchange, and with a public option there are a lot of small businesses out there that would like to cover their employees; they just simply can't afford it or the deductible is so high that it is not even worth it. Now I believe they will be able to take, with our bill, after it is fully implemented—it takes about 3 years to phase in, if I am not mistaken—there will be a lot of small businesses out there that employ 10 or 15 people that now will be able to get an insurance policy for their people that will be a heck of a lot more reasonable than what they can get now, and they will be able to shop for that.

So even though we have exempted them, I think a lot of small businesses want to cover their employees. They live in the same community; they go to the same church; they know one another, and they want to buy some health coverage for their employees. They can't now, but I believe under the bill we have through our committee, once we get it fully implemented, we will have that public option out there, we will have the exchange with all of the insurance programs out there, and they will be able to now shop around and find one that can fit their needs. So we will have a lot more support for small businesses that way.

Mr. DODD. Absolutely.

Mr. HARKIN. I thank the Senator.

Mr. MERKLEY. I thank the Senator very much.

The distinguished chair, Senator DODD, mentioned earlier that this bill is not just for the uninsured; this is for the insured because we have a broken health care system for the insured. My colleague from Oregon made this point, that we need to close the deal for insurance in this country.

I can tell you that folks with insurance have been telling us lots of stories about the challenges they face under our current broken status quo health care system. The first is that right now, their insurance is largely tied to their job, so if they should lose their job, it is a huge calamity—not just because they lost their job but also because they lost their insurance. It is a double whammy. This bill would change that for our families who currently have insurance.

Second, our families who currently have insurance, their costs are being driven up, in part because they are covering the costs of the emergency room treatment for those who don't have insurance. In the last couple of years, we have had more and more people without insurance transferring more costs in the emergency room and, therefore, more costs to the insurer. Therefore, more companies—particularly small ones—are saying we cannot afford health insurance anymore.

This is a downward cycle, a death cycle in insurance that we break with this bill—helping out those who have insurance by taking away the burden of paying for the emergency room for those who don't.

A third factor is that other pieces are driving up health care more than 10 percent a year of health care premiums. That means health care is going to double every 7 years. That is unsustainable in this country for those of us who are fortunate enough to have insurance.

Then, also, citizens have been recognizing that they would like to have portability—to be able to take the insurance they have and, should they change jobs—as Americans do, on average, every 3 years—be able to have the same insurance plan, the same set of choices, the same doctors, the same doctor for themselves and their spouse and their children. That portability becomes an inherent feature of the bill, helping those who have insurance.

The list goes on. Those who currently have insurance sometimes get it at a very poor deal. As the chairman pointed out, it is 18 percent more for an individual than a small business. Now they will be able to be part of a larger pool and get a much better deal.

Finally, many of those who currently have insurance don't have existing conditions covered. If they have a bad back or a heart condition or cancer or diabetes, and they cannot have that fundamental health care issue covered by their insurance, then they don't have any form of health care insurance

that matters for the issue they are wrestling with.

So in so many ways, the plan the committee has put together profoundly improves on our broken health care system for those who have insurance today in America.

Mr. DODD. I thank my colleague. There is so much to talk about, and there are so many pieces of this. I was listening to Secretary Sebelius today, and I am sure all of us have mentioned this in our own States, and we hear colleagues talk about this “tax” being imposed as a result of this bill. There is no tax being imposed by this bill. However, there is a tax that exists today, which is \$1,100 for the average family, and that is the amount the average family pays in health care premiums every year to cover the uncompensated care—that is, for those of the 47 million who show up in emergency rooms for health care. We take care of them.

If you show up in a hospital, just walk in, and you have a problem, there is not a hospital in America that doesn't take you into that emergency room. They don't throw you out on the streets and say: I am sorry, you don't have any money, so you are going to have to suffer.

Communities all across the country do this job every day. We need to understand that, of course, it is not free. That care costs. It is the most expensive health care in the country that occurs in an emergency room. The cost of that, on average, is \$1,100 per family in the United States. If that is not a tax, I don't know what is. You are not getting anything for it. You are helping to pick up the cost of the people who don't have coverage who are showing up—usually in a critical state, because they have waited until such a point that it is catastrophic, and they haven't had any prevention, as Senator HARKIN talked about earlier, and they waited forever.

Now it has come down to a crisis, and they show up in the emergency room with the child at 1 or 2 in the morning. It is not just filled with car accidents and violence. People walk in every night because they have a child or a spouse who needs care. They are reaching out in desperation, and that is expensive health care. We are paying a tax of \$1,100, and the average family pays that.

Mr. WYDEN. If the chairman would yield on that point, the reason I wanted to speak at this point is, in fact, today there is an entrepreneurship tax in America. What it means is, if you have a health care problem and you work in a small business and you have a good idea and you would like to go out and set up your own small business, you are not going to be able to do it because you have a preexisting illness. You are locked into your job. What your insurance reforms do in the HELP legislation, and what I think a lot of Senators want to do, is lift that entrepreneurship tax.

This is very appropriate that you talk about taxes because that is what

this always comes down to. Your insurance reforms specifically, as a result of making sure that person who has a good idea—perhaps that gentleman's business the Senator just described—they are going to be able to do what makes America great, which is use their ingenuity and talent because when they go to their next job, they are not going to face insurance discrimination.

I appreciate the Senator bringing up the entrepreneurship tax. I am looking forward to working with the chairman over the next few weeks. I think there is additional work we can do on the exchanges. The Senator from Oregon, Mr. MERKLEY, my colleague who is doing such a good job, talked about some of those options. I think we can get additional people more bargaining power, and in effect build on the good work done in the HELP Committee.

Thanks for all the time tonight. You have done a first-rate job on prevention. Again, I appreciate lifting that entrepreneurship tax. That is why I wanted to take a minute to point that out.

I look forward to working specifically with my colleagues on the HELP Committee. Let's expand those exchanges because that makes the system work for us and Members of Congress.

I checked the other day. My pool—put on the front page of our paper—is 1 million people. That is a lot of folks to spread costs and risk among. Senator HARKIN and I have talked about it. It is not possible to replicate that exactly, for a variety of reasons. We can get close. We can get pretty close because we can build on the good work Senators have done in the HELP Committee, expand the exchanges, and give more people choices and more opportunities to lower their premiums and, in my view, close the sale with the insured people over the next few months.

I thank the Chairman for all the time.

(Mr. MERKLEY assumed the chair.)

Mr. DODD. I thank my colleague from Oregon, a great advocate. We appreciate his involvement this evening with us. As a member of the Finance Committee, it will be critically important that we come together.

Mr. WHITEHOUSE. I wanted to follow up on Senator MERKLEY's discussion of the different ways in which somebody who is watching this, and who is insured, can look forward to some benefit from all of this. A simple one would be to think, in your own experience, how often you have gone into your doctor's office and maybe been referred to a specialist or you brought a family member in and you had to take a clipboard and fill out on paper for the umpteenth time your personal health insurance, your billing information, your Social Security information, and whatever it is they want. You have to fill it out over and over again. That is the experience many people have with our health care system.

Compare that to going online at—pick one—say, Amazon. You log into Amazon and they say: Welcome, SHELTON WHITEHOUSE. Good to have you back. Here are all the books you bought in the last year or so. Based on that, we think here are more books you might like. Choose something you would like, and your billing information is here.

Put those experiences side by side and show where our bill can take the American health care consumer, and what that means for quality of care, and not just for the convenience of not filling out the form, but when you are a pharmacy, it is connected to your laboratory, it is connected to your doctor, it is connected to the hospital, and you are the center of it, and all of it is private and secure. That is a new and better world for everybody, including those who have insurance.

Who has not had somebody they know go into a hospital and come out with a hospital-acquired infection? It has happened over and over. I have had a friend who went in for a simple knee surgery, arthroscopic surgery. He was a big athlete in college, and he needed a simple surgery on his knee. He got a hospital-acquired infection—a strong, big guy—and it nearly killed him. It took him out of work for weeks. Mercifully, he recovered and everything is fine. It was touch and go for a while, and the cost of all of that was tremendous from that hospital-acquired infection. He required weeks of medical care. Everybody has had that experience. About 100,000 people every year—Americans we represent—die every year because of hospital-acquired infections.

Senator HARKIN tells me that it is the fourth leading cause of death—hospital-acquired infections. They don't care if you are insured when it comes to hospital-acquired infections. The insured will get one just as quickly as the uninsured. The quality provisions of this bill will prevent that and diminish that. That number should be under 5,000. It should be a rarity. Instead, it is a commonality. The system has to change for that to happen.

If you have an illness, try to find a prevention program. Ask anybody you know where they can go to find somebody who will support them in getting an appropriate, sensible, supported prevention program for themselves. It is rare to find. It is almost impossible. As I said earlier, when I was talking about the person who had a leg removed for \$30,000 because there was nobody there to prevent them from letting that disease get to that stage, there are big savings there. It is a human consequence. You can have all the insurance in the world, but if it doesn't have a prevention option, you are not helped.

The last thing I will say is that so many of us who feel comfortable right now with our insurance only feel that way because we have had the good luck not to have the experience of having

some loved one or ourselves get very sick. People's viewpoints change when they have had that experience. They find the limits of their policy. They see how fast the copays add up. They see the fine print in what they thought was a great policy when times were good and they were healthy, with just a little injury here and there, and everything was taken care of fine; but when they got really sick they found that policy they thought they could count on wasn't there for them.

Now the leading cause of families going into bankruptcy and losing everything in this country is somebody in the family having a health care disaster that wiped them out. That should not be. It happens over and over and over. It happens to the insured. That is not the uninsured. If you are uninsured and you have medical bills, you know you will have problems, but it is the insured who are caught by surprise. They have their homes, their stock portfolios, perhaps, on the side; they have a nest egg, and maybe they help support their children a little bit. And, boom, comes the illness and suddenly they have all these costs and these bills and it is piling up and they cannot keep up and they start to get behind. Before you know it, they have lost it all, and they are in bankruptcy.

Americans have that experience every day and every one of us have heard from somebody in our State who is right there. So I think the point the chairman has been making, and Senator MERKLEY made, about how important it is for people who have insurance, in terms of improving their lives, their quality, and their care and prospects is very poor. I applaud the Senator for having made that point.

Mr. DODD. I thank my colleagues from Rhode Island, Iowa, Senators WYDEN and MERKLEY, and Senator BROWN who spent a little time talking about this. There is a lot more to talk about, such as the quality issues that Senator MIKULSKI of Maryland spent a long time helping to develop, and Senator MURRAY from Washington on workforce and the coverage questions that JEFF BINGAMAN worked on, as well.

We hope in the few days we have between now and adjournment—and we know a good part of the time will be taken up with the Sotomayor nomination—we will have a chance to talk further about this bill and say to our colleagues: We welcome your comments. There are five committees of Congress charged with the responsibility of health care. Four of the five have met and completed their work. Our committee, the HELP Committee, has completed its work. We know the Finance Committee is working to complete its work. I want to make clear that the HELP Committee product will be very much a part of this effort. We welcome the work of the Finance Committee. But much of health care coverage is the shared purview and responsibility of the Health, Education,

Labor, and Pensions Committee, under the leadership of Senator KENNEDY of Massachusetts, as well as the Finance Committee. Senator KENNEDY has championed for four decades this effort. Regrettably, he cannot be with us because of his own struggles with illness. But he has helped frame this. It has been a bipartisan effort over the years.

We are determined as we move forward in this debate that the product my colleagues have worked on so diligently over these past number of months is going to be very much a part of our health care program.

I express my gratitude to each member of the committee who helped produce this result that took so long. We have taken this time to explain to our fellow citizens what we tried to incorporate in our bill that will get us to the point of increased accessibility, increased quality, and affordable products. That is what we are gaining. That is the purpose we are driving at to get those three goals met.

I think we achieved a good part of it with this bill. More needs to be done, but, obviously, it is a great step in the right direction.

I see another partner of ours in this effort. He played a critical role with community health care centers. I say to my colleague from Vermont, last week I was in New Britain, CT. I have many community health centers in Connecticut. As a result of the stimulus package, several of them received some real help to expand because they are overcrowded. Getting electronic records is critically important. Their patients have greater needs, but they have a medical home now.

I have three volunteer clinics in Connecticut, one in Norwalk, CT, one in Danbury, CT, and one in Bridgeport, CT, under AmeriCares. That program only serves the uninsured. It is completely voluntary.

In Norwalk, I have 60 physicians in the area who volunteer their time to come in and serve the needs of the people of the greater Norwalk area, not to mention retired doctors, nurse practitioners, and others who help.

I say to my colleague, that he has been a tremendous voice—in fact, our bill increases by 400 percent the commitment to community health centers across our country. We can expand community health centers and provide that medical home for so many people. They are a source of prevention, early detection, providing for the needs of families—all of these things that occur in these remarkable facilities called community health centers.

The best champion, other than TED KENNEDY, who helped author the idea to begin with, is our colleague BERNIE SANDERS from Vermont. I thank him for that effort.

Mr. SANDERS. Mr. President, I thank Senator DODD for his kind words and extraordinary efforts over the last several months to lead the fight in health care reform.

Let me pick up on one issue Senator DODD raised. Most Americans do not understand this, but in the midst of a disintegrated health care system, we have 60 million Americans who do not on a regular basis have access to a physician—60 million. What happens when those people get sick? If you are in Vermont and you are kind of stubborn, you delay going to the doctor when you should go, and you wait and you wait. And 6 months after you first were feeling badly, you go crawling into the doctor's office, and the doctor says: Why weren't you in here 6 months ago?

And the person says: Well, I felt awkward. I didn't have any health insurance. I was embarrassed.

The doctor says: I am getting you to the hospital because you are really sick.

So instead of treating people when they are initially ill, what we end up doing for people who do not have access to a doctor on a regular basis or do not have any health insurance is we wait until they become very ill and then we send them to the hospital and spend tens of thousands of dollars, in some instances, when we could have treated them with much less suffering and at much less cost.

There is another point that is not widely known, and that is, according to the Institute of Medicine, in this country today, we lose about 18,000 Americans every single year who die because they do not go to a doctor when they should go to the doctor. That is six times the number of people who were killed on 9/11 every single year.

What Senator DODD is talking about and what many of us have worked on is significantly expanding the federally qualified health center program, started by Senator KENNEDY four decades ago, widely supported in a bipartisan manner.

What studies tell us is, if, in fact, we can do what is in this legislation and provide a community health center with physicians, with dentists, with low-cost prescription drugs, with mental health counseling, do you know what we would end up doing, amazingly enough? We save money. We save money. We invest over a 5-year period about \$8 billion, and we end up saving money because we keep people out of the emergency rooms, we keep people out of hospitals, we keep people alive. If that is not a good investment, I don't know what is.

So the fight to make sure that every American has access to a doctor, to a dentist, to low-cost prescription drugs is certainly, in my mind, one of the crowning achievements of the Health, Education, Labor, and Pensions Committee piece of health care reform.

A month ago, I asked people on my e-mail list, which is not only Vermont, but all across the country, to write to me and tell me their relationship, how they are dealing with private health insurance companies. Within a week, we had over 4,000 responses. The booklet is available on my Web site, sand-

ers.senate.gov. I urge people to take a look at it. If you want to know what is wrong with health care in America, this booklet will tell you.

People are writing from their hearts, from their own suffering, describing the health care crisis. I want to read and comment on a few of the statements sent to my office. This is from a fellow in Swanton, VT, a small town in the northern part of Vermont:

My younger brother, a combat decorated veteran of the Vietnam conflict, died three weeks after being diagnosed with colon cancer. He was laid off from his job and could not afford COBRA coverage. When he was in enough pain to see a doctor, it was too late. He left a wife and two teenage sons in the prime of his life at 50 years old. The attending doctor said that if he had only sought treatment earlier, he would still be alive.

People talk about waiting lines in Canada or in Great Britain. Let's talk about over 18,000 Americans dying every year because either they do not have any health insurance or, if they do, they cannot get access to a doctor.

When we talk about the health care crisis in America, it is not just the pain that millions of Americans are experiencing, the fear, or the tens of millions of people who stay at their job today. Do you know why they are staying at their job? Not because they particularly want to stay at their job, but because they have good health insurance and their wife has an illness that needs to be covered. Talk about economic nonsense, absurdity—millions of people staying at work because they do not want to give up their health insurance. What President Obama says, because of the economic crisis, we have to address health care, is absolutely right.

Some of our friends on the other side say what they have always said: Let's do nothing. You want to do nothing? Within 10 years, the amount of money you are paying for health care today will double. If you are a small business person today in Vermont or around the country and having a hard time providing health care to your workers or maybe your family, think about what happens when the cost of health care doubles. Think about large corporations that have to compete with European, Scandinavian countries, and companies where health care becomes a right of all people and not something placed on the employer.

In this year, amazingly enough, when we talk about health care and economics—and Senator WHITEHOUSE was alluding to this a moment ago—there are 1 million people this year, it is estimated, who will go bankrupt because of medically related illnesses. Most of those people have health insurance—1 million Americans. And our friends say: We can't go forward; now is not the time to go forward on health care reform. Tell that to 1 million American families who have suffered bankruptcy.

In my view, the evidence is overwhelming that our current system is extraordinarily wasteful and bureaucratic; that in a very significant way,

the function of our current health care system is not to provide quality health care to every man, woman, and child, but, in fact, to allow people within the industry—the private insurance companies, the drug companies, the medical device suppliers—to make as much money as they possibly can.

Amazingly enough, according to the papers in the last few days, the health care industry has spent over \$130 million in the last quarter on lobbying. There are 100 Members in the Senate and 435 Members of the House—to spend \$130 million?

Where do they get that money? They get that money, if they are a drug company, by charging the American people the highest prices in the entire world. I was the first Member of Congress to take Americans over the Canadian border a number of years ago where women with breast cancer who were fighting for their lives were able to pick up breast cancer medicine at one-tenth the price. The drug companies cannot lower prices in this country—they have to charge us the highest prices in the world—but somehow they do manage to come up with tens and tens of millions of dollars to try to buy Members of the Congress.

While more and more people are losing their health insurance, we are seeing many of these private insurance companies seeing huge increases in their profits. We are seeing the insurance companies, the drug companies paying, in some cases, tens of millions of dollars in compensation packages to their CEOs.

For anybody to suggest that this country does not need health care reform is simply not to understand what is going on from one end of this country to the other. We are a great nation. There is no reason in the world why we should end up spending almost twice as much per person on health care as any other nation and yet have inferior health care outcomes in terms of infant mortality, in terms of life expectancy, in terms of preventable deaths.

We can do better. And right now, despite all of the lobbying money coming in from the health care industry, the moral imperative is for Members of Congress to think about the folks back home, the people who have no health insurance, the people who are underinsured, the people who are going bankrupt, the people who are staying at their work, not because they want to but because they have a decent health insurance program or the small business people who cannot invest in their company because they are busy spending all of their money on health care. We can do better than that. We must do better than that. Now is the time.

I hope the American people work with us in standing up to very powerful special interests and moving us toward real health care reform.

I yield the floor.

Mr. DODD. Mr. President, I want to briefly, before he leaves the floor, com-

mend my friend and colleague from Vermont. He has been a remarkable advocate, and this evening is yet one more example of it. He speaks with that passion I love to hear about these issues and talks about real people and what they go through every day.

I was thinking as he was talking, I say to Senator SANDERS, there is a wonderful small business guy in Connecticut named Penn Ritter. I have known his family a long time. He got up and talked about his business and how difficult it has been to buy health care for his employees. He talked about one particular case which is very moving.

They were laying people off. The economy was down. They didn't need people. One of the people they were going to lay off had terminal cancer. He knew if he laid him off, he would have no access to the kind of health care coverage he would need to go through the difficult period he was about to go through. But the verdict was clear. This small business decided this was not going to happen. So they kept the man on, not because they could afford to keep him on—because they couldn't afford it—but in good conscience they couldn't do that. There are people like that in small businesses all across our country, in every community in which we reside, who make a difference every day. There are wonderful providers and hospitals and places that take in people and treat them every single day. I would like to see us, in this Congress, at least rise to the level of our citizenry who do these things every day—the Penn Ritters of America, the doctors who work at Manchester Memorial Hospital in Connecticut, those people who work at AmeriCare, those volunteer doctors who show up every day. I could go down a long list, and every one of us can talk about what happens in our communities by caring people who help people maneuver and navigate in a difficult time during this health care crisis.

The least we should be able to do is to figure out how to meet the challenges they meet every single day, and my colleague from Vermont is as eloquent as any other Member on this subject matter, and I thank him for his comments.

Mr. SANDERS. I thank my colleague very much.

Mr. DODD. Mr. President, I yield the floor, and 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. DODD. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

ORDER OF PROCEDURE—H.R. 2997

Mr. DODD. Mr. President, I ask unanimous consent that on Tuesday, August

4, at 10:30 a.m., the Senate proceed to vote in relation to the following amendments in the order listed; that prior to the second vote, there be 2 minutes of debate equally divided and controlled in the usual form; and that the time for the second vote be limited to 10 minutes: McCain amendment No. 1912 and McCain amendment No. 2030; that no amendment be in order to either amendment prior to the vote; and that following the second vote, the Senate then recess until 2:15 p.m.

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

COMMENDING NEVADA ASSOCIATION FOR LATIN AMERICANS, INC.

Mr. REID. Mr. President, I rise to call the attention of the Senate to the 40th anniversary of the Nevada Association for Latin Americans, Inc. NALA is a Las Vegas-based organization that strives to provide low to moderate income families educational and social services to enhance their quality of life. NALA aids the people in the Silver State with exceptional services in education, language immersion, health prevention and immigration.

NALA was established as a nonprofit organization in 1969. As a Hispanic social-service organization, NALA acquired a small daycare center in 1978. At the time it was serving mainly African-American families, but now the center serves all low-income members of the community. The Social Services that NALA offers include emergency rental, utility assistance, food vouchers, and food pantry assistance to individuals who qualify for assistance. During these difficult economic times where many families are in dire need, we are grateful for NALA's excellent services and resources.

The association's affordable preschool/childcare program benefits more than 400 children annually. The preschool program includes an exceptional ESL program and meals for the children. Many of these children become so well versed in English, that most become teachers to their limited-English speaking parents. NALA offers HIV prevention services and outreach to those living with AIDS through counseling, health care, and job training. In addition to their educational and health outreach, NALA offers immigration services through their targeted program that assists with application processing, naturalization preparation and employment referrals.

I praise the Nevada Association for Latin Americans, Inc. for their 40 years of support to the low-income community of Nevada. It is through the hard work of organizations like NALA that low-income families across Nevada and the United States will be able to overcome the challenges of our current economy.