

Qaida. As the President told a Turkish audience in April, “The world has come too far to let this region backslide, and to let al Qaeda terrorists plot further attacks.”

But there is also reason to be confident. At a time of worsening violence in Iraq, America was fortunate to be able to turn to General Petraeus, the man who literally wrote the book on counterinsurgency. And now, at a time of worsening violence in Afghanistan, we are just as fortunate to be able to turn to General McChrystal, who in reported previous combat experience supervised, planned, and executed counterterrorism operations.

No one is better equipped to assess the situation on the ground—and whether it calls for a new counterinsurgency strategy, or for a continuation of the same kind of counterterrorism strategy which the previous administration pursued, and which the current Vice President is reportedly urging the current administration to embrace.

Earlier this year, President Obama expressed his confidence in General McChrystal by appointing him to his current mission. Following the President’s lead, the Senate expressed its confidence in General McChrystal by confirming him for his current mission without dissent. Now it is time for Congress and the President to work together on a plan for success.

Since no strategy will succeed without the support of the public, the President will doubtlessly want to explain to the American people why he plans to accept or reject the McChrystal Plan. This is especially true of a counterinsurgency strategy, which, by definition, requires a large commitment of troops and resources and great endurance on the part of the Armed Forces and the public alike.

Congress, for its part, has a responsibility to fund and to oversee our armed forces. Part of that is ensuring that we have the best information possible, and that we make that information available to the American people. And that is why it is crucial that we have an opportunity to hear General McChrystal’s personal assessment of the mission that we confirmed him for, and that we give him an opportunity to explain why he has concluded that more troops are needed to avoid failure in Afghanistan.

General Petraeus’s testimony served a necessary purpose during an earlier debate over strategy. General McChrystal’s will do the same in this one.

We know he would be a willing witness. General McChrystal has spoken freely about his assessment on network television. And he recently told a visitor to Afghanistan that, if asked, he would welcome the opportunity to come to Washington to make the case for additional troops. He also said that it is his sacred duty to provide the unvarnished truth. With today’s vote—which I urge our friends on the other

side of the aisle to support—the Senate will give him a chance to do both.

#### HEALTH CARE WEEK XI, DAY II

Mr. McCONNELL. Madam President, Americans have been watching the health care debate play out in various committees in Congress, and they are wondering where it’s all headed. I will make it easy for them. The final bill is going to cost about a trillion dollars. It is going to include \$1/2 trillion in cuts to seniors’ Medicare in order to create a new government program. It is going to raise hundreds of billions of dollars in taxes on individuals and businesses. And it is going to expand the government’s role in the health care of every single American, whether they like it or not, limiting choices and leading to the same kind of denial and delay we have seen in other countries.

And then there is the issue of rushing through a bill and denying the American people the chance to read it. Imagine that, a trillion dollars out of the taxpayers’ wallets for a bill that will affect the health care of every single American, and the majority has already voted to deny a mere 72-hours of public review before voting on it. This is outrageous, and hopefully this is not the way the majority decides to go forward.

One group that has become increasingly vocal in its criticism of this legislation is our Nation’s Governors. Over the course of this debate, at least one in three of them have issued statements expressing their urgent concerns about a proposed expansion of Medicaid, which will force them either to cut services, raise taxes, or both. That is on top of the tax hikes that come about on the Federal level as a result of this bill.

One Democrat Governor had this to say of the Medicaid proposal: “. . . it’s very scary for governors to be saying as soon as the revenues get back there, the Federal Government is going to come in and say here’s how you’re going to spend your new money.”

Governor Schwarzenegger of California says he won’t support Federal health care reform proposals that impose billions of dollars in new costs on California.

Governor Crist of Florida says the proposed Medicaid expansion would have a crippling effect on Florida’s State economy.

Governor Linda Lingle of Hawaii says the proposed Medicaid expansion would be tantamount to mandating a tax increase on every resident of Hawaii . . . and further harm residents who are struggling to make ends meet.

Idaho Governor “Butch” Otter calls the proposal “an . . . irresponsible effort to shift a substantial and unmanageable financial burden to the states.”

Those are just a few of the comments we have heard from Governors. They are issuing the same kind of dire warnings about the proposed health care legislation that Americans have been sounding for months.

The fact is, supporters of this legislation know that most Americans oppose it. That is why they are not listening. And that is why they are trying to rush it through without giving anybody a chance to study the details. The American people understand these proposals. They understand the strategy. And they are not happy about either.

I yield the floor.

#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

#### MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to a period of morning business for 90 minutes, with Senators permitted to speak for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the second half.

The Senator from Oregon is recognized.

#### HEALTH CARE REFORM

Mr. MERKLEY. Madam President, a week ago, freshman Democratic Senators came to this floor to discuss as a group how our current health care system is broken and unsustainable. Today, we return to address the challenge of runaway costs and how health care reform can bend the cost curve, making health care more affordable and more accessible to our families and our businesses.

Many folks have said to me: Is this really the time to take on health care reform, when we are in the middle of the worst recession since the Great Depression? The answer is an unequivocal yes. Now is the time. Now is the time because health care costs are a runaway train that can do great damage to our families and our small businesses and large businesses. Indeed, consider the situation of a family when health care costs have doubled in the last 9 years, so families who could afford insurance just a few years ago cannot afford it today. Now health care premiums are rising even faster. They are expected to double in the next 7 years. As a result, many families and many individuals who are struggling to pay those health care premiums right now won’t be able to do so in just a few more years. So fixing our broken health care system cannot wait. Indeed, reform is essential to our families, our small businesses, and our large businesses.

Consider this: For a working family, every additional dollar that goes into a health care premium comes out of the wages that would otherwise go to increase the family’s purchasing power.

So rising health care premiums are a tax on family wages, a tax on family purchasing power, making it much harder for our families to get ahead and provide for their children and establish a high quality of life.

Controlling cost is also essential to small businesses. Small businesses want to offer health coverage to attract and keep good employees, to do what is right for their employees' quality of life. But runaway costs are making that more and more difficult.

Consider the example of the Hawthorne Auto Clinic founded and operated by Jim Houser and his wife Liz Dally. When they opened 26 years ago, Jim and Liz were committed to offering those who worked for them and with them a good benefits package, including comprehensive health care.

They are still able to provide health insurance to their employees, but it is getting tougher. Premiums have gone from 9 percent of their payroll to 18 percent in just the last 5 years. As a result, they have had to cut back on the benefits they have offered. Over the last decade, health care premiums have skyrocketed for small businesses across the board like they have for the Hawthorne Auto Clinic.

Large businesses see the effect as well. If you build a car in America, it costs \$1,500 in health care. If you build that same car across the border in Canada and Europe, the cost is zero. In fact, in 2007, GM spent more on health care than they did on steel. So controlling costs is essential for our large businesses to be competitive in the world, to be able to build products here in America.

If we do not build products in America, we will not have a middle class in America. So health care reform cannot wait. Our families need help with runaway costs. Our small businesses are looking for us to help control costs, and our large businesses need reform to be competitive in the world and to build the strong economy that will raise all boats.

Today, freshmen Democratic Senators are here to discuss this from a number of perspectives. First will be Senator ROLAND BURRIS of Illinois. As comptroller and attorney general of Illinois, Senator BURRIS committed himself to serving the health and well-being of underserved populations in his State.

I yield 4 minutes to my distinguished friend from Illinois.

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

Mr. BURRIS. Madam President, I am proud to join my freshmen colleagues on the floor today.

Across America there is a broad agreement on the need for meaningful health care reform. But there is much debate about what reform means and who pays the bills for keeping all our Nation's citizens well, including the disadvantaged.

As the center of this controversy is a simple question of dollars and cents,

what is cost-effective reform? According to a recent study by the Joint Center for Political and Economic Studies, eliminating ratios and ethnic health disparities in this country for the period between 2003 and 2006 would have reduced direct health care expenditures by nearly \$230 billion.

Further, when the study factors in indirect economic losses, such as missed days of work and premature death, the total cost of health care disparities to our economy approaches \$1.25 trillion over the same period. This is a cost our country cannot bear.

Part of the problem is a lack of coverage. People of color make up about one-third of the population of the United States, but they represent one-half of the Nation's uninsured. Providing quality, affordable health care options, including a public plan, will help address this problem.

We must also change the way people receive their care. In disproportionately high numbers, many Black and Hispanic Americans use high-cost emergency room care for all their health needs. Often, by the time they seek treatment, their ailment has reached catastrophic levels. This drives everyone's costs up and puts extra strain on a system that is already stretched to the breaking point.

But with certain basic steps on the front end, we can create a healthier nation and save a lot of money on the back end. For example, by encouraging and enabling health care providers to reach out to their communities, with culturally competent prevention and wellness initiatives, we can prevent some of the chronic conditions and catastrophic health care problems that have such a high cost for our economy.

Basic nutrition education and access to healthy foods could drastically reduce the wide disparities in diabetes and heart disease. Expanding the prevalence of racial and ethnic minority health care professionals could increase the cultural competence of our health workforce.

The health reform bills under consideration take significant steps to address the health disparities our country faces. I would like to take this opportunity to thank the HELP Committee and the Finance Committee for their tireless work in this effort.

As a final combined bill comes to the floor, I look forward to an opportunity to debate and improve upon the provisions that will help our Nation's disadvantaged populations get access to the health care they need.

This is not only a moral imperative in its own right, but it will help us achieve the health cost savings our health system so desperately needs.

Mr. MERKLEY. I thank the Senator very much for his comments and his emphasis on making the best use of every dollar while addressing ethnic disparities in our health care system and the dire need to invest in prevention and wellness.

Next, we will hear from Senator JEANNE SHAHEEN from New Hampshire.

As Governor of New Hampshire, Senator SHAHEEN enacted the New Hampshire Children's Health Insurance Program, which provides affordable health and dental coverage to tens of thousands of children in her State.

She also initiated a senior prescription drug program, providing seniors with lower cost prescription drugs. I yield 4 minutes to the Senator from New Hampshire.

Mrs. SHAHEEN. Madam President, I wish to begin by thanking Senator MERKLEY for coordinating this effort today. I am pleased to be able to, once again, join my fellow freshmen Senators discussing how critical it is for the Senate to act on health care reform.

As the Senate moves to reform our broken health care system, we must address the skyrocketing cost of health care. We must ensure quality in our health care system. Over the past several months, I have heard from many individuals and families from New Hampshire who are dealing with the rising costs of health care. The stories they tell me are the most poignant reminders of why we must reform our health care system.

Recently, I heard from a man named Jeff, who is from Loudon, a small community close to the capital city of Concord. Jeff had recently lost his job and with it his health insurance. So when he experienced swelling of his right leg and shortness of breath, he was afraid to go to the doctor because he was afraid he could not afford the cost.

So he ignored the symptoms until they got so bad he had to call 911. He was taken to a local hospital. Doctors realized he had a blood clot in his leg which had migrated to his lung. This was a life-threatening condition called a pulmonary embolism. Since treatment, his condition has improved dramatically.

However, the final bill from the hospital was over \$200,000. To this day, Jeff remains in debt. Think how much we could have saved if he could have gone to the doctor when he first felt those symptoms. Stories such as these are unacceptable. They can happen to anybody. The truth is, similar to Jeff, we may all be one medical condition away from financial disasters because of the high cost of health care. So we must work to protect hard-working individuals and families as we put forward a bill.

I am proud to come from New Hampshire for so many reasons but one of them is because of the great work that is done by the Dartmouth Institute of Health Policy. For more than 20 years, Dartmouth has been a leader in comparative effectiveness research and has revolutionized our understanding of our health care system. Because of the Dartmouth Atlas Project, we now know there are huge variations in the way health care resources are used and how money is spent depending on where we live.

This chart shows the difference in spending among different regions per

Medicare patient. It is amazing to me that Medicare costs can range from the lowest spending referral region, which as you can see is just over \$5,000, to the highest spending referral region, where in some parts of the country Medicare pays over \$14,000 to provide the same kind of treatment that in other parts of the country is provided for only a little over \$5,000.

Unfortunately, the research also shows that just because someone is in a higher spending area, it does not mean they are going to live longer or have better health outcomes. Simply put, more costly care does not mean better care. There is a fundamental problem with our health care system, and this is something we have to work on.

Things do not have to be this way. We can find savings in our system and still provide high-quality care. As I mentioned last week, we can save significantly on Medicare costs by reducing hospital readmissions. I have introduced bipartisan legislation with Senator COLLINS to do that. We have the opportunity to fix a problem that has been around for generations. We need to work together to achieve this goal.

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

Mr. MERKLEY. I thank Senator SHAHEEN so much. It is enormously valuable to have her experience fighting for health care at the State level and bringing that to this conversation, recognizing we do have a partnership between what the State can do and what the Federal team can do and that the goal of reforming the way we deliver health care can have a huge impact on price.

Next, we turn to Senator MICHAEL BENNET from Colorado. As the highly successful superintendent of Denver Public Schools, Senator BENNET committed himself to ensuring the health and educational well-being of Denver's school-aged children.

I yield 4 minutes to my friend from Colorado.

Mr. BENNET. I thank the Senator from Oregon.

It is good to be here this morning with all my colleagues to talk about health care reform. There is a lot of disagreement about what the right answer is.

What I would like to spend my time on this morning is why the status quo is not an answer. I think that if we can get agreement on that, we can solve the issues that confront the working families in my State and all across the country.

The median family income in Colorado has actually declined by \$800 over the last 10 years. At the same time, the cost of health insurance has gone up by 97 percent. It has doubled during that time. That has happened all over the country. This slide shows the difference between the rate of increase in wages in my State, from 2000 to 2007, versus the rate of the increase in insurance.

I have talked to small businesspeople all over the State of Colorado who have said they are trying to continue to insure their employees just as they have for generations in family-owned businesses, but they are finding they are having to make a tradeoff between people's wages because the cost of insurance is getting so large.

By 2016 in my State, working families in Colorado are going to be spending roughly 40 percent of their income on health care if we do not change the status quo. It is also having a profound effect on the finances of the Federal Government. The biggest drivers of our deficit, as the red line shows, are rising Medicare and Medicaid costs. If we can change that, we can begin to restore our Government to fiscal health. If we do not change it, we are going to continue to pile mountains of debt onto our kids and our grandkids, something that no one in my State wants us to do.

Finally, the last slide shows we are consuming almost 20 percent of our gross domestic product on health care, devoting almost one-fifth of our economy to health care, when all our competitors across the globe are devoting less than half that to health care. It is no different than if you had two small businesses across the street from each other, one spending one-fifth of their revenue on their light bill, the other is spending less than half of that on their light bill. You do not need an MBA to know which of those two companies is going to be able to invest and grow their business.

The Senator from New Hampshire talked about a very important cost control measure in this bill that has to do with the transition of care. Right now in this country, one out of five Medicare patients is readmitted to the hospital within the first month that they leave. That is because nobody is following up to make sure they are getting the care they need to stay well. Nobody is checking to see whether they fill their prescriptions or whether they are taking it.

In Colorado, we have a great model in Mesa County and Grand Junction, where the hospital readmission rate is not 20 percent but 2 percent. This alone is costing us \$17 billion a year.

If we can do it smarter, more cheaply, and provide the kind of quality we see in Grand Junction, the Mayo Clinic, and other places across the country, we should. That is what this reform is about. It is time for us to put politics aside and come to an agreement that will create a much improved situation for working families and small businesses. The status quo is eating people alive. We ought to be able to do better than that.

Mr. MERKLEY. I thank the Senator. I appreciate his pointing out how health care costs are also a factor in the rising deficit contributing to the national debt and challenging our international competitiveness in the world.

I now turn to Senator MARK BEGICH of Alaska. As mayor of Anchorage, he

was committed to protecting and strengthening the health care needs of small businesses and has continued his advocacy in the Senate.

I yield 4 minutes to Senator BEGICH. The ACTING PRESIDENT pro tempore. The Senator from Alaska.

Mr. BEGICH. Madam President, I thank Senator MERKLEY.

I am pleased to stand here again with my freshmen colleagues and resound the call for meaningful health insurance reform. We know reform is critically important and long overdue. We know reform will provide coverage to tens of millions of currently uninsured Americans. As I said last week, we know reform will bolster America's small businesses and help rebuild the economy. Here is something else we know: We must have reform that bends the cost curve and slows down the growth of health care costs. If we extend insurance to millions more people but do nothing to slow skyrocketing health care costs, we will not have reformed anything. We only will have added to the problem of an overburdened, unsustainable health system. Today we stand together to offer our ideas for reducing overall health care costs.

My focus this morning is on promoting good health and preventing the burden of chronic disease. The HELP and Finance Committees have done a great job on this subject. I commend them. I also want to make sure that when the final reform bill comes to the floor, we will not waiver on our commitment to prevention. I want to frame these brief remarks around a handful of words: nutrition, physical activity, tobacco use, and personal responsibility. Common sense tells us that smart investments that reduce the burden of chronic disease will make a huge difference not only in cost savings but also in healthier and more productive lives. The dollar amounts are staggering. Here are a few examples of why health reform must include a substantial commitment to prevention and good health.

Each year we spend \$2.2 trillion on health care, and 75 percent of all health care costs go to treat chronic diseases, many of which could have been prevented. Each of our States is paying the price. Listen to the most recent numbers from the State of Alaska and think again of poor nutrition, lack of physical activity, and the toll of tobacco. Alaska currently spends \$600 million annually for heart disease and stroke hospitalization, \$419 million for treatment related to diabetes, \$491 million for medical care related to tobacco use and lost productivity from tobacco-related deaths. We spend \$477 million on direct medical costs of obesity. We need to do something, and we need to start now, in my State and every State.

We know prevention can work. Even though youth smoking in Alaska is still too high, it has been cut in half since 1995, thanks to sustained

antitobacco funding. I know as a former mayor, when I came into office we had double-digit increases in health care costs; when I left, a less than 1-percent increase. Why? Because we created wellness programs, created personal responsibilities and incentives for people to live a healthier lifestyle.

Let's make a similar commitment in health reform this year. Let's promote personal responsibility. Let's give more American families the tools they need to take charge. Let's improve our Nation's highways and transportation systems. And as we do it, let's make sure sidewalk trails are part of the package. Let's hire more PE teachers and build upon proven community programs. Let's save lives and save dollars by keeping tobacco away from kids.

As reform moves forward, our promise is to keep it deficit neutral, now and into the future. Health care reform, health insurance reform now, is important.

I yield the floor.

Mr. MERKLEY. I thank my colleague from Alaska for his remarks and his emphasis that prevention and management of chronic diseases are essential to bending the cost curve. I now turn to Senator WARNER from Virginia. Before serving as Governor of Virginia, Senator WARNER helped create the Virginia Health Care Foundation, which is providing health care to more than 600,000 underserved Virginians. I yield 4 minutes to Senator WARNER.

The ACTING PRESIDENT pro tempore. The Senator from Virginia.

Mr. WARNER. Madam President, I thank my colleague, the Senator from Oregon, for helping organize this morning. I thank all other colleagues for once again coming together and speaking with different voices but with similar themes. I also thank our newest colleague, the new Senator from Massachusetts, for being here. I know he will take time in another moment to give his maiden speech. Being here and giving us moral support is helpful.

One of the things we all get to do as freshmen Senators is sit in that chair and preside over the Senate at various times. Consequently, we often get, perhaps more than other colleagues, a chance to hear the folks on the other side and their talking points. Monday afternoons, I get to hear it for uninterrupted hours. What I hear time and again from our colleagues on the other side is complaints about the various proposals this side—and, hopefully, some on the other side will join us on—has put forward.

What I do not hear from the other side is what happens if we take their approach, which is doing nothing. What I do not hear from the other side is a simple recognition not of the moral challenges of covering close to 30 million additional Americans, but the fiscal challenges of not acting, a fact that we all brought forward last week when we pointed out, if we fail to act, we will see Medicare go bankrupt by 2017; if we fail to act, our deficit numbers will

continue to explode; if we fail to act, an average Virginia family, and an average Colorado family as well, will be spending close to 40 percent of their disposable incomes within the next decade paying for health care. Senator MERKLEY and Senator BEGICH have mentioned if we fail, American business cannot compete when we have to pay \$3,000 to \$4,000 more per employee than our competitors across the world in terms of increased health care costs.

Some may say that the simple reason for these increasing health care costs is because we have an aging population. We do. But an aging population is not the only reason for rising health care costs. Our rising health care costs are increasingly driven by an inefficient delivery system, by a system that does not reward value, by a system that does not compensate based upon any rational basis. That is where so many of the reforms are focused through the Senate Finance Committee and the HELP Committee bills—and others we will be putting forward in later weeks, perhaps even on the floor, that will bring these reforms to the overall delivery system.

Again, some of my colleagues have already mentioned wellness. Senator SHAHEEN mentioned the enormous differential between states in terms of Medicaid reimbursements. We can and must do a better job.

For example, if as we see here, we can put health care reform in place and drive system reform, we could potentially save \$3 trillion over the next 10 years across the entire system. If we fail to act, we leave those costs in a system that does not provide good quality health care and, with 70 percent of the cost going for chronic diseases, does not provide better coverage, either.

On this last chart, in terms of what we are talking about in expanded savings, if we fail, if we simply expand the current system—this is based upon Lewin Group studies, the Commonwealth Fund that has been cited many times on the other side—if we simply put in place expanded coverage without reform, we will continue to explode the deficit. But if we put in place the kinds of reforms we are talking about, which is wellness, and increased transparency—and I strongly believe in a free market system—but we have no transparency in our system in terms of what costs are and what people actually pay. If we take advantage of some of the best examples in the private sector, where health reform is taking place right now, we can bring about not only reform but bring about reform with lower costs, higher value, and truly make sure Americans all across the country get the coverage they need and that does not break the deficit.

The ACTING PRESIDENT pro tempore. The Senator from Oregon.

Mr. MERKLEY. I thank the Senator from Virginia, particularly for noting the consequences if we fail to act and the absolute necessity to reform an in-

efficient delivery system. I turn now to Senator TOM UDALL of New Mexico. As a Member of the House, Senator UDALL was a champion of preventive health care initiatives, including legislation to encourage employers to offer wellness programs to workers.

I yield 4 minutes to the Senator from New Mexico.

The ACTING PRESIDENT pro tempore. The Senator from New Mexico.

Mr. UDALL of New Mexico. Madam President, if we want to do something about runaway health care costs, the way to control them is to institute prevention and make prevention a major part of this bill. We are in danger of systematically neglecting prevention. I believe if we focus on prevention, we can get control of the cost curve. Prevention can mean clinical services such as mammograms and colonoscopies and cholesterol screens. The good news is that most of the bills being considered would make these services much more accessible and affordable. But successful reform also means addressing another aspect of prevention. I am talking about primary prevention, the kind that keeps people from getting sick in the first place.

Evidence suggests that primary prevention should focus on three behaviors: physical activity, nutrition, and smoking. But the reality is, whether through personal choice or lack of options, too many Americans are struggling. Today two-thirds of Americans are overweight or obese and often more than 20 percent smoke. Things are even worse for minorities who often suffer the most from the lack of preventive care.

In my State, we have a diabetes epidemic among Native Americans and Hispanics. We are in this crisis today because we have neglected prevention for years. Of the more than 2 trillion we spend on health care each year, only 4 cents of every dollar is invested in prevention. It doesn't make sense. Studies have shown that primary prevention will not only save lives, it will also save money. In New Mexico, a \$10-per-person investment in community-based prevention programs would save \$88 million annually. Nationally that translates to more than \$16 billion annually. That is a return of \$5.60 for every \$1 invested.

We have solid evidence that we can spend less on health care while saving more lives. So what should we do? Experts say effective prevention must address three levels: the individual, the institutional, and the environmental. Individual prevention is about Americans making the right choices for themselves. This means choosing nutritious foods, maintaining an active lifestyle, avoiding excess weight, avoiding smoking, drug abuse, and excessive drinking. Institutional and environmental prevention helps individuals stay on the path to a healthy lifestyle. This could mean incentives for physical activity, disincentives for smoking, and nutritional labeling on menus.

It could also mean more bike paths and more school gardens.

Legislation approved by the HELP Committee would establish a new fund to support these activities. This kind of dedicated, stable funding stream is critical to effectively address America's legacy of neglect regarding prevention. There is an often-quoted parable that tells of a nurse fishing downstream. As she fishes, she sees a person coming down the river struggling for life. The nurse pulls him out. Then, another comes and again must be rescued. This happens all afternoon and the nurse tires from constantly pulling people out of the river. Eventually, she realizes she has to get upstream, to see what is pushing them in the river in the first place.

It is time for America to look upstream, to see where the real problems lie. It is time to honestly address these preventable health problems.

Madam President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Oregon.

Mr. MERKLEY. Madam President, I thank Senator UDALL for his clarion call for primary prevention to save lives and save dollars.

We now turn to Senator MARK UDALL of Colorado. As a Member of the House of Representatives, Senator UDALL championed legislation highlighting the health benefits of physical activity for the public.

I yield 4 minutes to the Senator from Colorado.

The PRESIDING OFFICER (Mr. WARNER). The Senator from Colorado.

Mr. UDALL of Colorado. Mr. President, let me start by thanking my colleague, the Senator from Oregon, for holding this important gathering on the floor of the Senate this morning.

Mr. President, as my fellow freshmen have stressed, health insurance reform is essential in helping us lower spending, chip away at our Federal deficit, and strengthen our economy.

While the reform proposals before us would contain costs across the board, I wish to focus on a particular area of health care reform near and dear to nearly 45 million Americans, and that is Medicare. Reforming how we pay for Medicare and how we spend those valuable taxpayer dollars is one of the biggest cost-containing tools we can include in health care reform, and it will also improve the health of seniors.

Coloradans have rightly asked me and Senator BENNET how health care reform can reduce government spending on Medicare while at the same time strengthen benefits and improve their health. They want to know how they can be getting more as the government spends less.

The answer is that health insurance reform can make our government and us smarter consumers. Because right now, 30 to 50 percent of spending on health care does not make a patient healthier. That is a lot of room for savings.

Let me give you an example. Today, Medicare actually pays doctors and

hospitals more to amputate a leg than it does to treat early diabetes and actually prevent that amputation. Our government should be paying for quality outcomes, not writing checks that encourage expensive care that could have been prevented in the first place.

Let me give you a couple of examples of how reform can change these incentives, help improve care for our seniors, and also decrease costs for all of us, the taxpayers.

First, reform can lower the rate of unnecessary hospital readmissions. Right now, one-quarter of all Medicare patients who are discharged from a hospital end up going back into that hospital for the same problem. Health reform would reward hospitals such as Saint Mary's in Grand Junction, CO, which coordinates care and followup to make sure patients do not end up back in the hospital.

Second, reform can hold hospitals accountable if they are not doing enough to reduce the number of patients who develop infections in their facility. Such infections cause seniors to stay in the hospital longer, cost tens of thousands of additional dollars to treat, and—in the worst cases—they are life threatening.

Health care reform would also invest in and encourage innovative ways to deliver more efficient care to seniors. So-called patient-centered care can prevent seniors from being admitted to the hospital in the first place.

You will notice a theme here: The government would be paying less when we pass health reform, and seniors would be healthier for it.

I have not even touched on the billions of dollars per year in waste, fraud, and abuse that health insurance reform will help wring out of the system. I also have not discussed the tough cost-controlling mechanisms, such as a new Medicare payment advisory body to ensure Medicare dollars are being spent efficiently to improve patient care and balance our Federal checkbook.

The reforms we are considering are critical to changing the way the government pays for Medicare so we can ensure its long-term sustainability. The reality is, if we do not act, as was mentioned early this morning—if we keep spending as we do today—Medicare will be bankrupt by 2017, just 8 years from now. That is a sobering thought.

If we take the step to reform our health care system, it will have the immediate effect of extending the life of our Medicare trust fund for 5 more years, and at the same time we will lay down a foundation that will keep costs down in the long term so we can make Medicare sustainable for generations to come.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, I thank Senator UDALL very much for his remarks. I thank the Senator for

his emphasis on quality outcomes and patient-centered care as a way to improve care and to decrease costs.

We will now turn to Senator KAY HAGAN of North Carolina. As a State senator in North Carolina, Senator HAGAN worked to extend health insurance to uninsured children, to expand care for uninsured patients living in rural areas of the State, and to end insurance discrimination against mental health care patients.

I yield Senator HAGAN 4 minutes.

The PRESIDING OFFICER. The Senator from North Carolina.

Mrs. HAGAN. Mr. President, I thank my fellow colleague from Oregon, Senator MERKLEY. I also welcome our new colleague from Massachusetts.

I am joining my freshmen colleagues on the floor today to talk about how health care reform will improve women's access to care. I received a heart-breaking e-mail this week from a young woman in North Carolina. When this woman was 27 years old, she was diagnosed with breast cancer. She had a 16-month-old son and was in an abusive relationship with her husband. Her husband knew she would not leave him because she could not afford medical treatment without his employer-provided insurance. She looked into COBRA. She looked into other individual insurance plans. But her breast cancer was, obviously, considered a preexisting condition. So for 7 years, this woman stayed in an abusive relationship because she had to have health insurance for herself and her child. Unfortunately, women across America face similar challenges to exactly what that woman has faced. Inefficiencies and discriminatory practices in our health care system disproportionately affect women. In a majority of States, insurance companies are permitted to charge women more than men for the exact same insurance policy. In Washington, DC, and in eight States, insurance companies can deny coverage to victims of domestic violence, citing that as a preexisting condition. In all but 12 States, insurance companies are allowed to charge women more than they charge men for coverage. In my family, my daughter, who just graduated from college—out there looking for health insurance on her own—was quoted many times more money for her coverage than if she had been a male.

Only 12 percent of individual market policies provide comprehensive maternity care. When women do have health insurance, it often does not cover basic preventive care such as mammograms and Pap smears. In the HELP Committee and in the Finance Committee bill, insurance companies can no longer charge women more than men or use preexisting conditions to prevent anyone from purchasing health insurance, and we are ensuring that basic preventive screenings will be covered.

I am focused on sending our President a bill that ends discriminatory

practices against women, provides security and stability for people with insurance, expands access to health insurance for those without it, and slows down the skyrocketing cost of health care. Women across America cannot afford inaction any longer.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, I thank Senator HAGAN very much for her comments and her observations about how the current health care system, the current rules of insurance, including the ability to turn down patients and to deny folks with pre-existing conditions, works to discriminate against women and prevent preventive health care.

We will now turn to Senator KIRSTEN GILLIBRAND of New York. As a Member of the House of Representatives, Senator GILLIBRAND was a champion of children's and family health care issues and was a leading voice on the need to improve health care services for America's veterans.

I yield my friend from New York 4 minutes.

The PRESIDING OFFICER. The Senator from New York.

Mrs. GILLIBRAND. Mr. President, right now we are engaged in a historic debate about the future of our health care system. The crisis has reached historic proportions, and Congress must act now.

In 2000, family health insurance purchased through an employer was approximately \$6,700. In 2008, it nearly doubled to \$12,600. If we do not act now, by 2016, family health insurance is expected to double again, to nearly \$24,300.

We pay nearly twice the average of what other developed nations pay for health care: \$2.2 trillion a year—more than 16 percent of our gross domestic product. However, the United States ranks 29th in the world in infant mortality.

We have more than 47 million uninsured Americans. In 2007 and 2008, 86.7 million Americans—1 out of every 3 Americans under 65—went without health insurance for some period of time.

There is a hidden tax in America's health care system that all insured Americans pay to cover the cost of emergency care for the uninsured. For more than half of the 47 million Americans who do not have insurance, the only care they receive is through the emergency room. In fact, that hidden tax costs about \$1,100 per year for family insurance premiums and over \$400 per year for individual insurance premiums.

Every day we fail to act, 14,000 Americans lose their health insurance. We must provide affordable, quality health insurance to every man, woman, and child in this country. But we also must take additional steps to contain costs and make sure our system is more efficient. The health care reform plans we

are considering today will address a number of these issues.

First, health care providers will be rewarded for the quality of the care they provide, not just the quantity. Hospitals and clinics around the country will model the success at places such as Bassett Healthcare which is in Cooperstown, NY, and is one of the leading health care providers in terms of positive outcomes because of the quality of care. We will also employ new methods to reduce medical errors through accountability and through health care IT, and prevent costly illnesses through better care management, through diet, exercise, and preventing diseases, such as preventing childhood obesity.

Second, we will address the needless redtape and excessive administrative costs in our current health care system. Senate health insurance reform combats this problem by setting administrative standards that insurance companies must meet, and providing new tools to combat fraud. I would like to see a universal, one-page form that all people can use for reimbursements for all insurance companies that can be submitted on line. Changes like that could transform efficiencies in the market.

Finally, we will make use of health care technology that could reduce health care spending by \$77 billion a year. Currently, just 1 in 25 American physicians utilizes fully functional electronic medical records. Senate health insurance reform expands the use of electronic prescribing, electronic health records, and electronic support for diagnosis and treatment options. Studies have shown that one out of every four tests is needlessly done because there is no record of that test. This must change.

We know our Nation's health care costs are steadily bankrupting our government and our citizens, and we owe it to every generation that comes after our own to act now.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, I thank my Democratic freshmen colleagues for coming to the floor today to talk about our broken health care system and the absolute necessity to control costs in this system, that we are on a train headed for a wreck. It is making it so difficult for families and small businesses and large businesses to afford health care, to establish a high quality of life, strong, thriving small businesses and international competitiveness for our large businesses. We can and must improve our health care system. The moment is now.

I thank my colleagues for coming to the floor and sharing their vast experience in so many different capacities and bringing it to bear on this challenge that touches the life of every single American.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

#### ORDER OF PROCEDURE

Mr. ALEXANDER. Madam President, I ask unanimous consent that the Senator from Georgia and I be permitted to engage in a colloquy.

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

Mr. ALEXANDER. Madam President, I ask if the Acting President pro tempore will let me know when we have 5 minutes remaining on the Republican side.

The ACTING PRESIDENT pro tempore. All right.

#### HEALTH CARE REFORM

Mr. ALEXANDER. Madam President, the Senator from Georgia and I wish to talk a little bit today about the health care plans coming through. Fundamentally, our position is that we do not want to see another Washington takeover. We are deeply concerned about the cuts in Medicare that will affect seniors, about the taxes—both the increase in Federal taxes and State taxes, which we will talk more about—about the trillion dollars in new spending, and about the threats to the health care choices the legislation coming through would pose.

Instead of such a large enterprise as what I have just described, we would propose that we take practical, small steps to reducing costs such as allowing small businesses to pool their resources, reducing junk lawsuits against doctors, allowing consumers to purchase across State lines, and creating health insurance exchanges. There are other steps that could be taken; in other words, instead of scaring the country half to death with new taxes and Washington takeovers and threatening their health care choices, let's don't throw the whole system out. Let's take practical steps to reduce costs and to improve services.

Today we wish to specifically talk more about two government-run programs that already exist. One is Medicaid, which is the program for low-income Americans that today serves about 59 million Americans. About 60 percent is paid for by the Federal Government and about 40 percent by the States. The second is Medicare, which seniors know very well because about 40 million American seniors are dependent upon Medicare. We are concerned because the proposals coming through the Senate Finance Committee would shift costs of Medicaid to the States, causing State budgets to be put in ruin, according to the Governors of those States, and either taxes go up or services are cut. We are concerned because the President and others have said we are going to pay for this big new program by savings in Medicare, not to be put in Medicare for seniors, but for the new program.

A lot of people say it is hard to find opportunities for bipartisanship when we talk about health care, but I think