

costs that are skyrocketing out of control.

I have seen these reforms at work throughout the State of Connecticut. This issue is of national importance, but it hits hospitals and providers in every one of our States. I have seen it and listened to folks who work at places such as St. Vincent's and Bridgeport Hospital, in Bridgeport; St. Mary's Hospital in Waterbury; Yale-New Haven and Greenwich Hospital, Middlesex Hospital. All around the State of Connecticut, I have seen the checklists at work, the protocols for hand washing, the increased attention to quality care that has helped reduce costs. They have helped improve patient care while reducing cost. They reject this false choice between quality and cost cutting. Both are possible. Both are essential.

We hear so much rhetoric about the Affordable Care Act in Washington. But in Connecticut, we see tangible examples of how it is working and making a difference. The implementation of the Affordable Care Act is a historic opportunity for continuing this work and expanding it nationwide. We need to continue our dedication to health care reform.

My colleagues and I have come to the floor today to call for smart reform that helps patients and avoids harm to them, and does not discourage providers from being a part of a Federal health care program. In fact, we need to identify areas of reforms within the health care system that we can address that will strengthen health care in this country and address the serious concerns about the skyrocketing costs of health care.

We have seen a slowdown in the growth of national health care expenditures over the past year. But slow growth certainly does not mean a decrease in overall expenditures. Smart policy decisions require that we address the ongoing problem of health care spending in this country, and turn a corner for the good by reducing the current costs.

I am concerned that there are short-sighted strategies, such as taking money from the Prevention and Public Health Care Fund established under the ACA, which has been a tactic unfortunately used by both parties in financing programs. That tactic will undermine our long-term efforts at reducing health care spending. The Prevention and Public Health Fund is used in Connecticut for programs such as mental health services and substance abuse prevention, as well as public health research and surveillance.

These measures will ultimately result in lower health care spending through prevention and preventive health care. But we need to stay committed and stay the course. What we need to do now is to continue to work toward developing a sustainable health care system, through structural reforms such as the accountable care organizations, health maintenance organiza-

tions, patient-centered medical homes that have provided advances in this area, and have created provider organizations that lead to greater provider acceptance of responsibility for health care outcomes in their patients.

Measuring the success of those organizations requires taking a closer look at whether the savings and outcome improvements actually materialize. We have to be hard-headed and clear-eyed about whether they are working. The metrics must be applied. We need to measure success. Measurements are possible; as I said at the outset, no longer a matter of guesswork. There are scientific-based measurements.

The success of these organizations will have more to do with how they are run than with how they are structured. As sophisticated as many of our health systems are, the development of process goals has only recently become a consideration. The Association of American Medical Colleges recommends, for example, the use of surgery checklists through their best practices program.

Peer-reviewed studies have shown that the use of comprehensive checklists is associated with reductions in complications and mortality during surgery. But they are most successful when health care organizations subscribe to a culture of safety. That culture of safety and prevention is essential.

Some hospitals in Connecticut have been rewarded through the Medicare Program for their commitment to improving quality through the use of process measures: Bridgeport Hospital, St. Mary's Hospital in Waterbury, Middlesex Hospital have all seen increases in reimbursement rates through the Value Based Purchasing Program.

Again, the Federal Government can provide incentives and encourage and support this effort. Manchester Memorial Hospital, Hartford Hospital, and Rockville General Hospital all have avoided Medicare penalties by lowering their readmission rates. While payment differences for these programs represent a small portion of the overall Medicare payment, hospitals should continue to be rewarded for addressing these issues.

I want to conclude by drawing attention to some of the innovative work being done in my State of Connecticut around delivery reform and data collection. I have mentioned the importance of measurements and metrics. Much of the work is supported by grants that were made available through the Affordable Care Act. But it has been the State itself that has decided how exactly to use these funds. While Connecticut has established a working group around innovative reforms which continues to work on specific proposals and recommendations for reforming the health care system, one of the areas of focus has been to ensure integrated clinical data exchange between health care providers.

Connecticut has invested in interoperable health information tech-

nology systems and developing an all payers claims data base to create comparable, transparent information that can be better used to understand utilization patterns and enhance care access.

One of the most basic aspects of reforming any system should be a clear understanding of where the biggest problems lie, and yet we still lack the data necessary in many systems to truly understand where the unnecessary spending is taking place. It is like a diagnosis of any kind of medical condition. Facts are essential. Data is key, and I believe an investment in information technology and data collection activities will help inform payers and consumers about where our health care dollars are being spent, where they are being spent most effectively, and where we can reduce spending that will ultimately enhance health care outcomes.

Connecticut is taking a considered and insightful approach to obtaining and utilizing data while considering the needs of consumers and looking toward developing stronger programs for telemedicine and provider coordination. Technology is advancing. Data collection can help implement technology where it does the most good.

We need tangible goals for long-term reform, and that is part of the work that we have described and we are undertaking as part of our task force.

I know my colleagues this evening all agree with me that we need to continue this work and take advantage of advancing technology, the metrics that are now being sampled, of good practices, leadership of providers, the medical community, and good ideas wherever they are and whoever is willing to offer them.

I wish to thank my colleagues for joining in this effort, and I look forward to returning on this subject.

HOUSING ASSISTANCE

Mr. BLUMENTHAL. Mr. President, I wish to express my strong support for the Transportation-HUD appropriations bill and take a moment to explain an amendment that I have filed to this bill that ensures that men and women who have bravely served our country cannot be discriminated against in the housing assistance these appropriations provide.

I wish to thank Senator MURRAY and Senator COLLINS for their leadership, as well as other colleagues.

One of the problems I have heard described to me by veterans relates to discrimination when they return home after serving our country abroad and they become a civilian. One of the first things they often try to do is find a new home, often in a location far from their original home where they may not be known, where they enlisted but now have left. It may also be far from the military installation where they used to call home.

Fortunately, almost all Americans across our country rightly welcome our

heroes home, and they welcome them with open arms. Unfortunately, I have seen reports, and I have heard descriptions of instances where landlords would not rent to veterans simply because they served our country in uniform, and I find this practice absolutely unconscionable.

I wish to tell you about the case of SGT Joel Morgan, a combat veteran who bravely served our country in Iraq. Sergeant Morgan, upon leaving the military, wished to rent an apartment in Boston. He found one that he liked.

Unfortunately, after hearing about Sergeant Morgan's service to our country, the landlord said she wouldn't feel comfortable renting the apartment to Sergeant Morgan because she opposed the war in which he fought.

According to Sergeant Morgan, the landlord said:

I would suggest you do the right thing and look for a place less politically active or controversial.

The place where he wanted to live was Boston. This kind of treatment is simply unacceptable to our veterans who have sacrificed so much.

It is a matter of common knowledge that veterans of these recent wars have high unemployment rates, higher than we should accept, higher than is conscionable for this country to accept. Among younger veterans, that unemployment rate is intolerably high, and many landlords may believe that an unemployed veteran simply isn't a good prospect for paying the rent.

My amendment would prohibit any funding in this bill from going to people or organizations that discriminate against veterans in housing. It would allow anyone who sees a discriminatory practice to report it to the Department of Housing and Urban Development and directly to that agency's inspector general. It also allows HUD to continue its existing programs to support veterans and servicemembers.

This amendment will ensure that those who fight for our freedoms will not have to find or fight for a place to call home. Discrimination against anyone, including men and women who have valiantly served, has no place in our Nation.

I look forward to working with the Department of Housing and Urban Development, which has done so much to protect Americans from discriminatory housing practices, on ways we can ensure that servicemembers and veterans are not the victims of discrimination. As we work for a permanent solution on so many of these difficult problems—providing veterans with counseling, health care, jobs counseling, training, and education that they need and keeping faith with them so that we leave no veteran behind—we should make sure we leave no veteran out of housing because of discrimination.

One of the solutions will be amending the Servicemembers Civil Relief Act to ensure that housing protections are extended to all who have served in uniform. I believe this amendment is an

important step forward. Simply put, it will protect all who have protected our country. Protecting them is a matter of keeping faith and making sure that we leave no veteran behind.

I know the Veterans' Affairs Committee is hard at work on many of these issues. I am proud to serve on that committee and thank Chairman SANDERS for his profoundly important leadership on this issue, along with Ranking Member BURR.

I look forward to extending and expanding these protections for our bravest and finest men and women who have helped to protect our Nation.

I yield the floor.

FEDERAL FUNDING PROHIBITIONS OBJECTION

Mr. WYDEN. Mr. President, consistent with Senate standing orders and my policy of publishing in the CONGRESSIONAL RECORD a statement whenever I place a hold on legislation, I am announcing my intention to object to any unanimous consent request to pass S. 101 Federal funding prohibitions unless it clarifies that it will not prohibit payments under the Secure Rural Schools and Community Self-Determination Act.

This legislation, as currently drafted, has the potential to impede critical payments to over 700 rural and forested counties all across the United States. Those payments are paid to counties with Federal forest lands under the Secure Rural Schools and Community Self-Determination Act, and they are part of the Federal Government's guarantee to share funding from the Federal forests with the counties in which those forests are located. Declining receipts spurred the creation of this program to compensate for the loss of receipts from Federal forests. Many counties depend on this funding to pay for schools, roads, and other important county services—including funding search and rescue operations on Federal lands. Particularly in tough economic times, these payments have been a lifeline to many counties. It is not an exaggeration to say that some of these counties might face bankruptcy without these payments. Because of the importance of these payments to many county budgets and the fact that many of them might be in a very vulnerable financial situation without those payments—including several counties in my home State of Oregon—this legislation might very well impact them and prohibit these critical payments. I simply cannot let that happen. This program has consistently received bipartisan support, and it should not be arbitrarily be limited by S. 101.

Therefore, I must object to this legislation moving forward until it is explicitly clarified that it will not block any of these critical payments. Until that occurs, I will object to a unanimous consent request to pass the legislation.

TRIBUTE TO ERNEST CARY BRACE

Mr. MCCAIN. Mr. President, today I honor a man whose bravery and sacrifice for this country have had no bounds; a fellow prisoner of war who I am proud to call my friend. This great American hero is Ernest C. Brace, and he was just authorized to be awarded the Purple Heart and Prisoner of War Medal.

Mr. Brace was the longest held civilian prisoner of war in Vietnam, held captive for nearly 8 years. He was captured while serving as a civilian pilot for USAID and assisting Lao Special Forces United, who were organizing the civic action teams for hospitals and supply bases. He was captured by communist forces in Laos in 1965 and held prisoner in the jungle under some of the most horrific conditions imaginable for 3 years until he was moved to a prison camp in North Vietnam. It was there that Ernie and I shared neighboring cells for over a year. Amidst the pain and cruelty of our time together, I also vividly remember our conversations, Sunday night storytelling sessions, and how we kept each other's spirits up during those dark days when our hope never wavered.

After his release, Mr. Brace married a nurse, Nancy, that he met at Naval Medical Center in San Diego, moved to Klamath Falls, OR, and resumed his career as professional aviator. Preceding the Purple Heart and Prisoner of War Medal, Mr. Brace earned the Distinguished Flying Cross, the Air Medal, with 3 stars, Navy Unit Commendation, a Distinguished Public Service Medal, a National Defense Service Medal, a Korean Service Medal, with 2 stars, a United Nations Korea Medal, and the Korean Presidential Unit Citation.

I ask you all to join me in congratulating this incredibly brave man and American patriot, my friend Ernie Brace, on this long overdue recognition.

CONSENT TO DISCHARGE AND REFERRAL

Ms. MURKOWSKI. Mr. President, last week the leadership sought unanimous consent to discharge S. 1294, a bill to designate as wilderness certain public land in the Cherokee National Forest in the State of Tennessee, from the Senate Energy and Natural Resources Committee and to rerefer the bill to the Agriculture Committee. I am consenting to this discharge and referral because the wilderness in this bill would be created out of public lands in the Cherokee National Forest, a national forest created from lands acquired under the Weeks Act. The Agriculture Committee has primary jurisdiction for acquired lands forests. However, I am not conceding the Senate Energy and Natural Resources Committee jurisdiction over national forests created from the public domain or its jurisdiction over our Nation's wilderness system.