

Eric has also represented indigent defendants in serious felony cases involving narcotics, weapons, and immigration-related charges. He clerked for the Honorable Fred Parker on the U.S. Court of Appeals for the Second Circuit in Burlington. He has a law degree from Yale University and an undergraduate degree from Duke University.

I thank Eric for his willingness to continue to serve Vermont and I congratulate him on his confirmation.

SENATE COMPETITIVE CAUCUS

Mr. COONS. Mr. President, the hallmark of our Nation's economy has long been the ability of anyone with creativity, ambition, and a good work ethic to realize their dreams and move America forward. From the lightbulb to the iPhone, the legacy of American invention has shone brightly throughout the world. Yet while our culture of innovation and entrepreneurial spirit remain strong, the policy framework that empowers that spirit to flourish is losing its competitive edge.

For years, enabling our Nation's innovative drive was an economic system unparalleled around the world—from competitive tax laws to public investments in research, infrastructure, and education. We have long understood something that many other countries haven't: for innovation and the entrepreneurial spirit to thrive, we need a strong, competitive economic ecosystem. There simply is no single silver bullet for economic growth.

While other nations catch up, our system is deteriorating in a number of ways. Federal investments in basic research and development are not keeping up with inflation and our tax code remains riddled with complexity, unable to spur growth and provide the certainty our businesses need. We also have to address the tough questions about how to fund our infrastructure, transportation, and education systems. In our dynamic market economy, the natural churn of businesses opening and closing keeps our Nation competitive, as long as we are creating more businesses than we are closing, of course. According to the Census Bureau, however, U.S. businesses are now failing faster than they are being created for the first time in 35 years—since the data began being recorded. Meanwhile, the 2014 Global Innovation Index saw the U.S. innovation ecosystem fall to 6th, while ranking 39th in ease of starting a business. These declines are coupled to a global R&D forecast that projects leading competitors—like China—will surpass the U.S. in total R&D investment by 2022.

Yet even with these challenges, we do retain a competitive edge. Americans' entrepreneurial drive still spurs our economy; manufacturing output continues to increase; our colleges and universities remain the envy of the world; innovations in the American energy industry have reduced our trade deficit and improved our energy secu-

rity; and private sector R&D has rebounded after several years of stagnation.

We now find ourselves at a competitive inflection point. We can either do more to nurture and take advantage of our strengths—only some of which we have mentioned—or we can fall behind in the 21st century. In order to support our competitive strengths, Senator JERRY MORAN and I are launching the bipartisan Senate Competitiveness Caucus, a forum to bring together Democrats and Republicans to address the most pressing issues facing our economy.

Rather than focus on just one issue or one bill, we have built the caucus with the understanding that it will take a whole range of policies working in concert to sustain our innovation ecosystem.

We will pursue ways to invest in our roads, bridges, ports, and highways so they meet the needs of a 21st century economy. We will work to make our tax code more competitive so the United States will remain the best country in which to do business and raise a family. We will seek to streamline regulations to protect consumers and make it easier to start and grow a business. We will look at our Federal budget and focus Federal resources on pro-growth policies that will create an environment for job creation now and into the future. We will work together to boost manufacturing because no country can support a strong middle class without a thriving manufacturing sector. That is just a start.

If the last century has taught us anything, it is that other countries will not slow down when it comes to chasing America's economic success. That means that even though the United States remains a world leader in innovation and competitiveness, it will only become more difficult to retain that position as the years go by. Members of the Competitiveness Caucus understand that we are now competing with every country, every government, every worker, and every business on the planet. Congress must come together to turn our economic challenges into opportunities for growth.

HEALTH INFORMATION EXCHANGE: A PATH TOWARDS IMPROVING THE QUALITY AND VALUE OF HEALTH CARE FOR PATIENTS

Mr. ALEXANDER. Mr. President, I ask unanimous consent to have printed in the RECORD a copy of my remarks at the Senate Health, Education, Labor and Pensions Committee hearing earlier this week.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

HEALTH INFORMATION EXCHANGE: A PATH TOWARDS IMPROVING THE QUALITY AND VALUE OF HEALTH CARE FOR PATIENTS

We're here today to outline our plans to conduct an intensive review of electronic health records.

There is a great deal of bipartisan interest in this on the committee. My staff and Sen. Murray's staff have been meeting with experts every day, the staff of each of our committee members have been meeting once a week, and Sen. Murray and myself have been speaking with the administration regularly as well.

The administration understands our level of interest and is working with us to improve these records.

Here's what we're talking about:

The Meaningful Use Program began in 2009 to encourage the 491,000 physicians who serve Medicaid and Medicare patients and almost 4,500 hospitals who serve those patients to begin to adopt and use electronic health records systems.

Of those 491,000 physicians, 456,000 have received some sort of Medicare or Medicaid incentive payment from the Meaningful Use Program. All hospitals and most physicians that tried were able to meet the first stage requirements. For those who met the requirements, the government paid incentive payments in the form of higher Medicare reimbursements. It has so far paid out \$30 billion in incentive payments.

But the program's stage 2 requirements are so complex that only about 11 percent of eligible physicians have been able to comply so far, and just about 42 percent of eligible hospitals have been able to comply.

The next step in the program is penalties for doctors and hospitals that don't comply. This year, 257,000 physicians have already begun losing 1 percent of their Medicare reimbursements and 200 hospitals may be losing even more than that.

Our goal is to identify the 5 or 6 steps we can take to improve electronic health records—a technology that has great promise, but has, through bad policy and bad incentives, run off track.

To put it bluntly, physicians and doctors have said to me that they are literally "terrified" on the next implementation stage of electronic health records, called Meaningful Use Stage 3, because of its complexity and because of the fines that will be levied.

My goal is that before that phase is implemented, we can work with physicians and hospitals and the administration to get the system back on track and make it a tool that hospitals and physicians can look forward to using to help their patients instead of something they dread.

Today will mark the start of a series of hearings we will hold this summer to address various possible solutions.

Senator Murray and I are today announcing the next two hearings in the series, which will be chaired by different members of our committee to examine solutions to the problems we identify.

The first hearing is on the burden physicians face with these systems, and I have asked Senator Cassidy, who is a physician himself, to chair that hearing.

The second hearing is on the question of whether you and I control information about our health, and I have asked Senator Collins to chair that hearing.

On March 17, we held our first hearing to identify the problems with electronic health records, and the government's Meaningful Use Program.

At today's hearing, we will set the table for this series of hearings by discussing how we can solve those problems and improve electronic health records.

I was in Nashville at Vanderbilt University two weeks ago for a public workshop of the National Institutes of Health Precision Medicine Working Group, which is working out the details of the president's precision medicine initiative. That will involve creating a collection of 1 million sequenced genomes

that researchers and scientists and doctors nationwide can consult in treating patients and curing diseases.

It's cutting edge medicine that has the potential to change the way we treat everything from diabetes to cancer.

But it will only work the way it's supposed to if electronic health records systems work the way they are supposed to.

Number one, electronic health records can help to assemble and understand the genomes of the one million individuals. And, second, if we want to make genetic information useful, being able to exchange information will help doctors when they write a prescription for you.

So that's just one important medical breakthrough initiative that will rely on a big improvement to electronic health records.

This committee is interested not least because the government has invested \$30 billion to encourage doctors and hospitals to install these expensive systems.

The program has increased adoption. According to the Centers for Medicare and Medicaid Services (CMS), since 2009, the percentage of physicians with a basic electronic health record system has grown from 22 percent to 48 percent. And the percentage of hospitals with a basic records system has grown from 12 percent to 59 percent. But the program hasn't done enough to make the systems easy to use or interoperable—meaning able to communicate with one another—or really achieved much beyond adoption.

According to a Medical Economics survey nearly 70 percent of physicians say their electronic health record systems have not been worth it. They are spending more time taking notes than taking care of patients, and they are spending a lot of their own money on systems that have to comply with government requirements, not satisfying their own needs to serve patients with the latest in cutting edge medicine that could be accessed with the kind of technology Health IT is supposed to promise.

Or as the conservative columnist Charles Krauthammer, a doctor himself, wrote recently: "The EHR technology, being in its infancy, is hopelessly inefficient. Hospital physicians will tell you endless tales about the wastefulness of the data collection and how the lack of interoperability defeats the very purpose of data sharing."

Today we have invited experts representing various perspectives:

Medical informatics, the profession focused on what information to use and how to use it to improve care; a records system vendor, one of the companies tasked with building the records systems; a health system chief information officer, the expert in charge of implementing Health IT for a hospital's many different types of care providers across many different types of care settings; and the perspective of the patient so that we can hear recommendations on how improvements in Health IT can improve the patient experience and patient involvement in their own care.

I am especially interested to hear from our witnesses their recommendations to improve the exchange of health information, which has been a glaring failure of the current state of electronic health records.

Patients will receive better care if we can improve the exchange of information so that a patient's health record can be accessed by physicians and pharmacists in an efficient and reliable way, the term industry experts use for this exchange of information is interoperability.

We're fortunate that a report was published May 28, 2015, by the American Medical Informatics Association offering immediate strategies to the challenges in electronic

health records that I've been detailing. The report was written by a task force of experts from all aspects of Health IT: physicians, researchers, vendors, patient advocates, and others.

We know that improvements need to be made to these programs, and they need to be done quickly. One of the things I like about this report is that the recommendations are targeted for the next 6 to 12 months and could make improvements quickly.

The report makes recommendations in these five areas:

Simplify and speed documentation—that means using technology to help doctors spend less time taking notes and more time taking care of patients.

Refocus regulation—that means the government requirements should be clear, simple, and streamlined towards better patient care.

Increase transparency and streamline certification, such as using detailed tests for records systems to receive certification, so purchasers can easily judge performance and compare products.

Foster innovation—The brilliant minds working in Information Technology should be allowed to innovate new ideas, not just react to satisfying government ideas for Health IT. Standards are important, but they should support and enable innovations—not stifle them.

And "support person-centered care delivery"—Today, with a click of a mouse or a swipe on a smart phone, one can see the prices for airplane tickets from competing airlines or, mortgage rates from hundreds of banks. But, in health care, Information Technology has not made much difference to the patient experience. Patients still fill out paper forms with clipboards at every doctor appointment, call multiple offices to make appointments, and piece together their health information one doctor office and one hospital visit at a time. Electronic health records could change that experience for all of us so that when an individual visits a doctor, his care team can access his information no matter where the patient has been or which doctors he's seen in the past and deliver more accurate and higher quality care for the patient.

I look forward to hearing our witnesses' recommendations, their thoughts on this report, and also advice on how we can make improvements as quickly as possible.

ADDITIONAL STATEMENTS

COMMEMORATING THE 100TH ANNIVERSARY OF KIWANIS INTERNATIONAL

• Mr. DONNELLY. Mr. President, today I wish to honor Kiwanis International for its 100th anniversary celebration. Since its formation in 1915, Kiwanis has become a global service organization, supporting communities both in its Indianapolis headquarters and beyond.

Last year, I had the pleasure of meeting Stan Soderstrom, who serves as the executive director of Kiwanis International and oversees the organization's branches and clubs in 80 nations, from the Kiwanis Club of Pike Township in Indianapolis. With a hands-on approach and great leadership from folks like Stan, as well as previous leaders such as State Representative Christina Hale, Kiwanis clubs provide a

place for fellowship, as well as personal and community growth. Kiwanis and its affiliates boast more than 600,000 members who raise more than \$100 million and contribute more than 18 million volunteer hours each year. Their impact is tremendous and felt globally.

In the State of Indiana, there are more than 190 Kiwanis clubs and more than 6,000 adult members participating in a wide variety of charitable efforts. Kiwanis has served the Indianapolis area by providing everything from playground projects to scholarship programs. Hoosier Kiwanis clubs have raised more than \$234,000 to benefit the Child Life program at Riley Hospital for Children and contributed more than \$1.1 million toward the Eliminate Project, which works with developing countries to help immunize millions of women in the fight against maternal and neonatal tetanus. These Hoosiers serve as an example of the hard work and service that make Indiana a great place to live. Each year, Kiwanis clubs in Indiana serve nearly 300,000 children and youths, raise more than \$1.1 million, and donate more than 50,000 volunteer hours of invaluable service. I commend the Indiana district Kiwanis leaders for these great accomplishments in doing good for Indiana communities and the world.

On behalf of the citizens of Indiana, I congratulate and thank each and every member of Kiwanis International for helping Kiwanis evolve into the thriving and impactful organization that it is today. For a century, Kiwanians have faithfully served their local communities and communities around the world. I wish them continued growth and success for many more years to come. •

CONGRATULATING THE UNIVERSITY OF NEVADA, LAS VEGAS ROBOTICS TEAM

• Mr. HELLER. Mr. President, today, I wish to congratulate the University of Nevada, Las Vegas, UNLV, robotics team on being selected as one of the top ten in the world by competing in the 2015 U.S. Defense Advanced Research Projects Agency Robotics Challenge. The competition included a dozen teams from the United States, including the Massachusetts Institute of Technology, the National Aeronautics and Space Administration, and Lockheed Martin. Eleven teams from Japan, Germany, Italy, South Korea, and Hong Kong also participated.

The competition was initially created in response to the humanitarian need after the Fukushima Daiichi nuclear reactor incident in 2011. The goal of the program remains to accelerate the development of advanced robots capable of entering areas too dangerous for humans and acting as first responders in the disaster zone. The robots chosen as finalists, including UNLV's Metal Rebel, competed in eight tasks related to disaster response, including climbing stairs, turning valves, tripping circuit breakers, walking among