Voinovich	Webb	Wicker
Warner	Whitehouse	Wyden

NOT VOTING—3

Begich	Byrd	Sessions

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table.

The President will be immediately notified of the Senate's action.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will resume legislative session.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate will stand in recess until 2:15 p.m.

Thereupon, the Senate, at 12:33 p.m., recessed and reassembled at 2:15 p.m. when called to order by the Presiding Officer (Mr. CARPER).

SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009—Resumed

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. GRASSLEY. Mr. President, as I said yesterday when I spoke on this very same bill, the excesses of the Reid bill appear willfully ignorant of what is going on in the rest of the economy outside of health care.

I believe the reason people have objected to the health care bill so quickly after the summer was that there was a rude awakening on a lot of other things the Congress has done to put this country further into debt, and then they heard us talking about $1.3 trillion and $1.6 trillion for health care, and they thought Congress had gone bananas. So everything seemed to focus on health care reform at that particular time. People were concerned about the economy as a whole. I think the health care issue in and of itself was what people came out for, but health care was kind of the straw that broke the camel's back and brought attention to everything else—the debt and things that weren't working. At the same time, they saw the auto industry going into bankruptcy and, of course, being bailed out or nationalized, as it is. They have seen banks go under. Then they wondered about health care being nationalized as well.

We have seen our Federal debt skyrocket by $1.4 trillion since this President took office. I say ''since this President took office'' because I acknowledge there was a trillion-dollar debt in last year's budget. Just with the addition, it comes out to $11,500 per household. So our Federal debt exceeds $12 trillion for the first time in history. Already, foreign holdings of U.S. Treasuries stand at nearly $3.5 trillion or 46 percent of the Federal debt held by the public. There doesn't appear to be light at the end of the tunnel. Don't just take my word for it. We have the nonpartisan CBO and the White House Office of Management and Budget which have intellectually honest people working there who aren't politically motivated who tell us really what is what. This is what they have to say. Both have stated that within 5 years, the Obama administration's policies will more than double the amount of debt held by the public. Both have stated that by 2019 these policies will more than triple the national debt.

In this context, you would expect Congress to be considering a bill that would create jobs and prevent the country from being burdened with a bigger and more unsustainable Federal budget. Instead of working to bring the Federal budget under control, we have in this Congress—the majority of it, by 60 being Democratic—putting forward a bill, this 2,074-page bill before us that will cost $2.5 trillion when fully implemented. Instead of addressing the budget crisis, this bill will bend the Federal spending curve the wrong way by over $160 billion over the next 10 years.

I remember during the summer that the Gang of 6, under the leadership of Senator BAUCUS—I was part of that bipartisan group—said there are two things we need to accomplish: We need to make sure that what we have comes out balanced, and we also need to make sure we do not have inflation of health care continuing to go up, that we would eventually bring it down. These bills don't do either. I know people say we do have the 10-year window balance. Yes, that is technically right. But when you have 10 years of income and 6 years of policy expenditure, it is easy to do almost anything you want to in that 10-year window. But you have to look beyond that 10-year window, and then you have questions about that.

So instead of addressing this budget crisis, this bill adds to the Federal burden with enormous costs from the biggest Medicaid expansion in history and unfunded liabilities from the new program. Instead of addressing this budget crisis, we are now considering this 2,074-page bill that cuts Medicare by $½ trillion and threatens seniors' access to care.

After the bailouts of Wall Street and Detroit, a stimulus bill that has led to the highest unemployment in 26 years, and the Federal Reserve System shoveling money out the door without any accountability—they even object to having the GAO check on them—the health care reform agenda the Democratic leadership put forward is, once again, kind of the straw that broke the camel's back.

We have the Senator from Arizona offering a motion to send this bill back to the Finance Committee with instructions to report a bill without the drastic, arbitrary Medicare cuts that are in this bill. I support the Senator's motion because it is an opportunity to fix the bill and then come back to the full Senate with a better bill. Anything that comes back to the Senate floor should not have the drastic and arbitrary Medicare cuts.

I am hearing this from seniors: I have paid into this Medicare for all these years. I am in retirement, and now Congress wants to take that money and establish a new entitlement program for somebody else other than seniors. So to a lot of seniors it just doesn't add up.

This bill, as written, now permanently cuts all annual Medicare provider payment updates in order to account for the supposed increases in productivity by health care providers. The productivity measure used to cut provider payments in this bill does not represent productivity for a specific type of provider, such as nursing homes.

You would think that if Medicare is going to reduce your payments to account for increases in productivity, it would at least measure your productivity, not an entire group of productivity or not somebody else's productivity but yours, and you would be rewarded according to that productivity or, if it wasn't productive, be harmed because of it because you are not doing the best job you can. But that is not the case. Instead, these reform bills would make the payment cuts based on measures of productivity for the entire economy. So if the productivity of the economy grows because computer chips and other products are made more efficiently, then health care providers see their payments go down. What is the relationship? These permanent cuts threaten beneficiary access to care.

The Chief Actuary at the U.S. Department of Health and Human Services recently identified this threat to beneficiary access to care. He confirmed this in an October 21 memorandum analyzing the House of Representatives' bill and again in a November 13 memorandum. Both the House bill and the Senate bill propose the same type of permanent Medicare productivity cuts.

We have a chart here. Here is what Medicare's own Chief Actuary had to say about these productivity cuts. Referring to these cuts, he wrote:

> The estimated savings . . . may be unrealistic.

In their analysis of these provisions, Medicare's own Chief Actuary said:

> It is doubtful that many could improve their own productivity to the degree achieved by the economy at large.

The Actuary goes on to say:

> We are not aware of any empirical evidence demonstrating the medical community's ability to achieve productivity improvements equal to those of the overall economy.

So you have a $14 trillion economy today. You have $2.3 trillion of that, or one-sixth, related to health care, and you are going to try to do something to the health care aspect, productivity measure, harm or benefit, based upon what happens to the entire $14 trillion economy? That doesn't make sense.

The Chief Actuary's conclusion is that it would be difficult for providers to even remain profitable over time as Medicare payments fail to keep up with the cost of caring for the beneficiaries.

Going back to my chart again, ultimately here is the Chief Actuary's conclusion—that providers who rely on Medicare might end their participation in Medicare, ''possibly jeopardizing access to care for beneficiaries.''

This bill also cuts $120 billion from the Medicare Advantage Program, which provides health coverage to 11 million seniors, including the 64,000 seniors in my State of Iowa. These drastic Medicare cuts would reduce Medicare payments for those 11 million beneficiaries by close to 50 percent.

Just like a lot of people, seniors are struggling financially right now, and these Medicare Advantage cuts will only make it harder for them to afford vision care, chronic-care management, dental care, and other benefits they have come to rely on, of their own choosing, because they decided to go to Medicare Advantage instead of staying in traditional Medicare. And what they are going to lose if they don't want to stay in Medicare Advantage and they are not going to get the benefits they got out of it, they go over to traditional Medicare, are these sorts of benefits which will not be included in traditional Medicare.

During the campaign, the President said that if you like what you have, you can keep it. Well, that won't be true for Medicare Advantage people. They will either pay more, which is contrary to what the President said in his September speech to the joint session of Congress, they are going to pay more or lose benefits.

Another problem is that this bill creates a new body of unelected officials with broad authority to make even further cuts in Medicare. Ironically, this body has been renamed the ''Independent Medicare Advisory Board,'' but it is not really advisory. I would hardly describe this group that way when its so-called recommendations can automatically go into effect, even absent congressional action—absent Congress going after it.

I want to go to the chart again. The Wall Street Journal has a more appropriate name for this group. They call it the ''rationing commission.'' They described it as ''the unelected body that will dictate future medical decisions.''

These additional cuts in Medicare will be driven by arbitrary spending targets and automatic Medicare cuts written into law by this bill.

This bill, unwisely, makes this board permanent. This bill requires this board to continue making even more cuts to Medicare and to do that forever. If you want to stop it, it will take another act of Congress to do it. Of course, this kind of sounds like the sustainable growth rate, or SGR, that impacts doctors every year. We always have to correct the mistakes that were made by passing the sustainable growth rate, SGR, first set in place probably 20 years ago, because this SGR formula set arbitrary spending targets. These targets turned out to be unrealistic. Now that flawed formula will cause an automatic 21-percent cut in Medicare physician payments on January 1 if Congress doesn't intervene by the end of the year.

We all know the challenges Congress faces every year in trying to prevent these Medicare physician cuts that are supposed to take place because spending targets have been exceeded, so automatic payment cuts are then to automatically kick in.

We have all heard from physicians in our States about the challenges in providing care to Medicare beneficiaries while these payment cuts loom above. This permanent board would cause the same problem for the entire Medicare Program, not just as SGR does for physician payments. This is a far bigger threat to the Medicare Program. It will jeopardize access to health care for our Nation's seniors on a much bigger scale.

If this bill is enacted with this permanent board, we will be hearing from other providers, in addition to doctors, about how they cannot afford to treat Medicare patients.

What is more alarming is that special back-room deals were cut to exempt some providers. This forces then, because of these special exemptions that were made, even greater cuts to fall directly on the remaining providers.

Also, the Congressional Budget Office has confirmed that the board structure requires it to take focus on its Budget Act on premiums that seniors pay for Part D prescription drug coverage and for Medicare Advantage.

I have already spoken about Medicare Advantage but just think: One of the things we hear about this time of the year all the time from seniors is prescription drug costs are going up, premiums on Part D are going up. Then you want to give this advisory commission—that is not advisory—authority to increase premiums that seniors pay for Part D prescription drug coverage? That means higher premiums for some of our most vulnerable populations.

Another issue that cannot be ignored is the pending insolvency of the Medicare Program. The Medicare hospital insurance fund started going broke last year. That means more money is going out than is coming in from the payroll tax. The Medicare trustees—you remember, they report yearly and they look ahead 75 years—the Medicare trustees have been warning all of us for years that this trust fund is in terrible trouble and, by a certain date, 2017, we bust it. But rather than work to bridge Medicare's $37 trillion in unfunded liabilities—and that $37 trillion is that 75-year figure the trustees give us once a year, each spring, as they update it—so instead of working to bridge that $37 trillion of unfunded liabilities, this bill does what? It cuts $½ trillion from the Medicare Program to fund yet another unsustainable health care entitlement program.

Medicare has a major problem with physician payments that could cost more than $250 billion to fix, but this bill ignores the problem. Instead, the proposed legislation assumes the government would implement the 23-percent Medicare cut scheduled to go against doctors in January 2011, as well as additional cuts that are scheduled for future years under that SGR.

By pretending the physician payment issue does not exist, this bill would leave future Congresses virtually no way to restructure Medicare that would fix this problem. Instead, this bill diverts Medicare resources elsewhere and ignores major problems such as that one.

Besides ignoring major problems, such as the physician payment issue, this bill also ignores the predictions of experts that Medicare cuts, such as are in this bill, will jeopardize access to care of Medicare beneficiaries.

There are no fail-safes in this bill that would automatically kick in if these drastic cuts caused limited provider access or worsened quality of care. Instead, Congress would have to step in. Congress can always step in, but will it step in. We know how impossible it is to undo this kind of damage. By making this board a permanent program and requiring permanent productivity cuts, they become part of the baseline in the next decade. They go on cutting, cutting, cutting forever. If Congress ever wants to shut off those cuts, then this is the problem Congress faces: We have to come up with offsets to do it. The administration can cut and cut and cut or add and add and add. They do not have to do that. But the budget laws require us to have these offsets or to do the famously impossible thing to do—get a 60-vote margin to overcome it.

The Congressional Budget Office has projected that these Medicare cuts keep increasing by 10 to 15 percent each year over the next decade. You heard me right. Medicare cuts keep growing 10 to 15 percent each year beyond the year 2019. Those are some pretty substantial cuts in a program that 43 million seniors and people with disabilities rely on for their health coverage.

Provisions, such as the productivity adjustments and the Medicare independent advisory board, would drive the increased cuts to the program. This gives us an idea of the damage these bills will do to health care. This is an example of the challenge Congress will face in the next decade if this bill—this 2,074-page bill—becomes law.

The few years of extended life this bill would give to the Medicare hospital insurance trust fund is a pyrrhic victory because the drastic and permanent Medicare cuts in this bill will worsen health care quality and access.

This bill is the wrong way to address a big and unsustainable budget. You

simply cannot slash Medicare payments, spend those funds to start up another new unsustainable government entitlement program, and then turn a blind eye toward the effect on access and quality. That is why I will support the motion of the Senator from Arizona to commit this bill and develop a bill without these Medicare cuts. I urge my colleagues to do the same.

The reason I urge my colleagues to do the same is because we have an opportunity to step back just a little ways, go back to the drawing board on bipartisanship and maybe come up with something that fits in with the health care issues affecting the lives of 306 million Americans and, secondly, restructuring one-sixth of our economy. That is something I have heard people on both sides of the aisle say ought to be done on more of a consensus basis than the partisan road this is going down. It was a road that, for the first 6 months of this year, looked very doable, but it never turned out that way.

I get back to this bottom line: If you are having a coffee club meeting in some restaurant Saturday morning in Delaware, Illinois or Iowa, and they are talking about health care reform and I go in to explain that what we are discussing right now on the floor of the Senate is going to raise taxes, it is going to raise premiums, it is going to not do anything about the inflation of health care costs, and we are going to take almost $½ trillion out of the Medicare fund to fund a new entitlement program, I would say that unanimously people would say: This is not health care reform. There has to be something else. But we throw away the word ''reform'' when we are not accomplishing the kind of goals we set out to accomplish the first 6 months of this year.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, there is a saying in Iowa; that is, that any old mule can kick down a barn door, but it takes a carpenter to build one. I would modify that slightly and say any old elephant can kick down a barn door, but it takes a carpenter to build one.

We are debating health care reform. The American people are following us closely because it affects every single one of us in this room, everyone in the galleries, and everyone watching. This is one of the few issues we will debate which you can bet is going to affect you and your family personally. It is rare that an issue comes before us of this gravity and an issue that reaches every single person in America. It may be the biggest single issue we have ever tackled on the floor of the Senate in terms of its scope and its impact on the future of every single one of us.

For more than a year, a lot of people have been working hard to come up with a piece of legislation that will have a positive impact on health care in America. It has involved lengthy committee hearings. The Presiding Officer is a member of the Senate Finance Committee. They sat in meetings hour after weary hour, day after weary day, considering amendments before they produced a bill that is part of what we have before us today.

The Senator from Iowa is part of that same committee. I understand he met personally over 60 times with Democratic Senators and a few from his own side trying to see if we could come up with some kind of bipartisan approach. I commend him for his good-faith effort in doing that.

There is another committee, the Health, Education, Labor, and Pensions Committee, that spent even more days in deliberation on a bill, considered over 100 different amendments, adopted over 100 Republican amendments to the bill, and not one single Republican Senator would then vote for the bill—not one. One Senator, Senator SNOWE of Maine, voted for the Senate Finance Committee bill. One Republican Senator voted for that version of the bill.

What we have today—and I wish to slightly modify the remarks of my friend from Iowa—is a 2,074-page bill with a 1-page add. This is Senator REID's amendment to use it as a substitute. So it is 2,075 pages, created by these two committees in the Senate and a similar endeavor taking place in the House.

For at least 10 days, this bill, in its entirety, has been available for public review. I ask anyone interested who wants to read this bill, as every Member should, to go to the Senate Democratic Web site. If you Google ''Senate Democrats,'' you will find it and you will find this bill in its entirety, every single word of it, sitting out there to be read and reviewed, as it should be.

Then I invite you, for comparison's sake, to go to the Senate Republican Web site to look at the bill produced by the Senate Republican side. Take a look at the Senate Republican health care reform bill. Take a look at what they propose to change—the health care system in America. Look at the Senate Republican proposals for making health insurance more affordable. Look at the Senate Republican proposals for dealing with health insurance companies which deny you coverage because of preexisting conditions. Take a look at the Senate Republican approach to pass health care reform and not add to the deficit. I am afraid you will be disappointed because, as the Senator from Iowa knows, when you go to the Senate Republican Web site, there is no Senate Republican bill. In fact, what you will find on the Senate Republican Web site is the Democratic bill.

For more than a year, while we have labored to produce this monumental, historic legislation, our Republican colleagues on the other side of the aisle have not broken a sweat to produce their own answer to this challenge facing America. All they can do is come before us and criticize this bill. Any old mule can kick down a barn door, but it takes a carpenter to build one.

We have been working for over a year—almost a year—to build this health care reform package. Here is what we know. We just received a report from the Congressional Budget Office, which is akin to the referee up here. This is an agency that takes a look at what we do and tells us whether it is going to reduce the deficit, add to the deficit, reach its stated goal or fail to reach it. It is maddening sometimes to have this separate agency kind of looking over your shoulder, but they do. They reported just yesterday that this bill will make health insurance more affordable for many Americans and will not add to the costs for many others.

I wish it would do more. I wish it would bring down costs dramatically, even more. But for weeks and months we have heard from the Republican side that our health care reform proposal would run premiums sky high. It turns out they were wrong. This bill we have produced moves us toward more affordable health insurance. Every American who pays any attention to the cost of health insurance knows that is absolutely essential. In the last 10 years, health insurance premiums have gone up 131 percent in America. Ten years ago, a family could have bought health insurance for about $6,000 a year. Now they buy it on average for about $12,000 a year. In 7 or 8 years it will go up to $24,000 a year in premiums, projecting it will eat up 40 percent of your income for health insurance in just 8 or 10 years.

That is an impossible situation. We know it is. It is unsustainable. Businesses can't offer health insurance that expensive. Individuals can't buy health insurance that expensive. So if we do nothing we will reach a situation where the current health care system in America will start to collapse. I do not want to stand idly by and let that happen; neither does President Obama. He has challenged us to address it and address it honestly.

On the other side of the aisle, the Senate Republicans have not produced a bill, a proposal, an alternative which will make health insurance more affordable—nothing. They come before us in criticism of what we have done, and yet they cannot produce a bill.

I might also tell you the same Congressional Budget Office tells us the bill we put together will actually reduce the Federal deficit over the next 10 years by at least $130 billion. This bill, this 2,075-page bill, will cut more deficit than any piece of legislation we have ever enacted in Congress.

The Senator from Iowa is concerned about our national debt. So am I. Where is the Senate Republican proposal for health care reform that is going to reduce America's deficit? Incidentally, the same Congressional Budget Office says in the second 10 years—

think that far in advance—this approach will reduce the Federal deficit by another $650 billion.

I ask the Senator from Iowa, with all his concern about the Federal deficit, where is the Senate Republican bill that will reduce the Federal deficit by $750 billion over 20 years?

The answer, I am sorry to tell you, is it does not exist. They either have not or cannot write a bill. They are legislators, but frankly they have come here to be critical of what we have done and will not offer a substitute or an alternative.

There is something else this bill does. It is a travesty in America today that almost 50 million people do not have health insurance. A lot of these folks are children. A lot of them are people in low-wage jobs with no benefits. A lot of them are the newly unemployed. These are 50 million of our neighbors in America who go to sleep at night without the peace of mind of having health insurance protection.

In my life it happened once: newly married, college student, baby on the way, no health insurance, and our baby had a problem. I ended up carrying, for 8 years, medical bills that I slowly paid off year after year. That goes back many years ago, as you might imagine, but it was troubling and heartbreaking to be the father of a child and not have health insurance; to sit at Children's Memorial Hospital in Washington, in the room that was set aside for people without health insurance, and wait until my number was called to bring my wife and my baby in for a checkup. I didn't have health insurance. I never felt more helpless in my life.

Fifty million Americans go to bed each night with that feeling. They don't have health insurance. What does this bill, this 2,075-page bill, do about it? It extends the coverage of health insurance, the peace of mind and protection of health insurance to 94 percent of Americans. It is the largest extension of health insurance in our history.

Where is the Republican alternative that offers coverage for 94 percent of Americans? It doesn't exist. They have not written that bill. They don't know how to write that bill. They do know how to come and criticize this bill, but they cannot produce a bill which covers 94 percent of Americans and provides tax credits and tax assistance to help those Americans pay their premiums.

If you are making under poverty wages, let's say you are making less than $14,000 a year—and I have friends of mine in my State who are—you are covered by Medicaid. You don't pay premiums. The Federal Government compensates the States and pays the premiums. All the way up to about $80,000 for a family of four, we provide credits and help to pay the premiums, as we should, because premiums can break the bank not only for businesses but for families.

There is also something we do in this bill I never hear from the other side of the aisle—and I will tell you why in just a second. We give consumers across America a fighting chance when the health insurance company goes to war with you. Do you know what I am talking about? If somebody in your family gets sick, you know it is going to require a hospitalization or surgery and you know the cost is going to go sky high, and you say: Thank goodness, I have health insurance. You make the claim and the health insurance company comes back and says: We dispute the claim. We are not paying. People say: Wait a minute, I have been paying health insurance premiums for years just for this day, and you are telling me I don't have coverage?

It happens thousands and thousands of times each day. Do you know why? Health insurance companies are profitable when they say no. What are the reasons for saying no? ''You failed to disclose a preexisting condition when you applied for the insurance.'' It turns out they go to ridiculous extremes to find an excuse not to provide coverage.

We also know what happens when you lose a job. You can't take your insurance with you, by and large. We know when your child reaches the age of 24 they are no longer carried on your family health insurance. Those are the realities of health insurance companies saying no. I have yet to hear the first Republican Senator come to the floor and say that is outrageous and it has to change. We have to tackle the health insurance industry because the health insurance industry opposes this bill.

The health insurance industry believes their profitability and their future depend on saying no. This bill starts saying to these companies: You can't say no based on a preexisting condition, based on lifetime limit, based on losing a job. And we cover kids through the age of 26. We extend the family coverage to children of that age, and you know that is only sensible because a lot of kids are going to college and getting out without jobs. You want them covered by your family health insurance plan. This bill does it.

Republicans have yet to produce one bill, just one, on health care reform to take on the health insurance industry. Instead, what they have come to do, and the pending amendment by the Senator from Arizona leads with this, is to protect the health insurance companies. The first thing the motion to commit does, from the Senator from Arizona, is to instruct the committee, the Senate Finance Committee, to protect a program called Medicare Advantage.

This is a great idea for health insurance companies and not a great idea for most seniors or taxpayers in America. Allow me to explain. The health insurance companies came to us several years ago and said Medicare is a bureaucratic mess. The government cannot run these programs. We are in the private sector. We understand competition. Let us compete with Medicare.

They were given the right to do that. Private health insurance companies were given the right to write health insurance that provides Medicare benefits. They said they could do it more cheaply and, in fact, some of them did. But at the end of the day, after years of watching them, it turned out these Medicare Advantage policies cost 14 percent more—not less, 14 percent more—than government-administered Medicare Programs. In other words, we were subsidizing health insurance companies, paying them more for the same Medicare coverage people already had received.

They loved it. Thousands and thousands of Americans are now covered by Medicare Advantage with these great subsidies coming from the Federal Government. Talk about an earmark, Senator, 14 percent—what an earmark that is, a subsidy given to the private health insurance companies.

Mr. MCCAIN. Will the Senator yield for a question? Since the Senator mentioned my name, will he yield for a question?

Mr. DURBIN. What the basic problem with the amendment of the Senator form Arizona is—and I will yield in just a moment—what the basic problem with his amendment is, he is protecting these health insurance companies with Medicare Advantage. First thing he does. He is protecting this subsidy, this big fat earmark we put in legislation, 14 percent bump in premiums is protected by this motion to commit.

It is understandable the health insurance companies want to keep this. It is a sweet deal. They are getting paid for something they promised us would never happen. Also, there is a provision in the motion to commit of the Senator that says we should take out the conflict-of-interest sections in Medicare. Do you know what that is? That is when your doctor also owns the laboratory which does your blood test and the imaging center which does the x rays and says: I am not sure what is wrong with you, but I know there are two things you need: You need a blood test and you need an x ray.

Maybe you do; maybe you don't. We say in this bill you have to disclose to your patient that you have a personal financial interest in this laboratory and this processing operation, and you have to give them an alternative to shop for another place if they want. Is that unreasonable? It is one of the provisions the Senator from Arizona wants to take out. It is a savings in Medicare.

That is unfortunate. We have to do our best to eliminate the waste and fraud and abuse, as terrible as that old cliche is, in Medicare. Why is it that the same medical procedure offered in Rochester, MN, to a Medicare recipient costs twice as much or more in Miami, FL? Do you think maybe we ought to take a look at that? I think we should. I think maybe there is some price gouging. I want to know.

Does that mean we are going to reduce the benefits for someone living in Miami? Not necessarily. But it means the taxpayers will not be ripped off. Medicare would not go broke. We are doing what we need to do to be responsible. So taking money out of Medicare means shutting off the subsidy to the private health insurance companies for Medicare Advantage. It means stopping the self-dealing of some doctors who are sending Medicare patients to their own labs and their own processing companies. It means finding out where the waste is taking place.

The Senator from Arizona says we instruct the Finance Committee to take out those provisions in the bill. Keep Medicare Advantage there, with the 14 percent subsidy for private health insurance companies, don't engage these doctors when it comes to these conflicts of interest. I don't think that is right.

It was not long ago that my friend from Arizona was a candidate for another office. During the course of his campaign for President, he suggested we have a pretty substantial cut in Medicare and Medicaid. In fact, during the campaign the Senator from Arizona called for $1.3 trillion in reforms in Medicare and Medicaid, more than twice as much as we are calling for in Medicare, 2½ times as much.

Douglas Holtz-Eakin, who worked for the Senator from Arizona, said the campaign planned to fund tax credits in their health care proposals with savings from Medicare and Medicaid. So the idea of saving money in Medicare is certainly not something with which the Senator is unfamiliar. We all understand there are possibilities for savings that don't jeopardize basic services for seniors. We also understand that left untouched, Medicare is going broke. Ignoring the problem will make it worse. If we want to put Medicare on sound footing we have to tackle this issue foursquare. We cannot afford these subsidies for private health care companies for Medicare Advantage, and we cannot afford the waste that is going on in the system today.

I might also tell you the increase in payroll taxes for those individuals making over $200,000 a year and families over $250,000 a year—that is the increase in the Medicare tax—is going to be buying 5 years of solvency for Medicare. So when they talk about our raising taxes—true, at the highest income levels—what they don't tell you is the other side of the coin. The money brought in goes straight to the Medicare trust fund to keep it solid.

What else does this bill do? It starts filling the doughnut hole. You may not know what that means until you happen to be a senior or have one in your family, but Medicare prescription drug coverage stops paying at a certain point. This bill starts coverage in the doughnut hole, in the gap in coverage that currently exists in Medicare prescription Part D.

Where is the Republican bill to fill the doughnut hole? It doesn't exist—at least I have not seen it. It is not on their Web site. Here is ours. That is why AARP has endorsed this bill. The American Association of Retired Persons knows this bill is a good bill for seniors.

I urge my colleagues to oppose the McCain motion to commit.

If we take this bill off the floor, which many Republicans want us to do, it will take us days, maybe a week, to bring it back to the floor. They want to delay this as long as possible. They want us to fail. They want us to stop. They want us to adopt the Senate Republican approach to health care reform which is do nothing, leave the system the way it is. We cannot continue the system the way it is. This is a responsible bill. It makes health insurance affordable. It reduces the deficit, according to the CBO, and covers 94 percent of Americans. It finally tackles the health insurance companies for the first time in a long time, and it buys at least 5 years more for the Medicare Program. I wish I could compare it to the Senate Republican approach, but that doesn't exist. Any mule can kick down a barn door. It takes a carpenter to build one.

I yield the floor.

The PRESIDING OFFICER (Mr. UDALL of Colorado). The Senator from Arizona.

Mr. MCCAIN. I regret that the Senator from Illinois did not observe the courtesies of the Senate, particularly when a person's name is mentioned, as he continued to mention my name throughout and totally falsifying my position both in the Presidential campaign and the position that we have on this side and this amendment. I have always extended that courtesy to the Senator from Illinois. I deeply regret that even this comity of the Senate is no longer observed.

I say to the Senator from Illinois, I regret you would not respond to a question I had posed, when you had said: I will respond in a minute. Again, even comity is not observed here.

Mr. DURBIN. Will the Senator yield for a second?

Mr. MCCAIN. I will go ahead with the—the Senator did not provide me with the courtesy of allowing me to respond to a question. Now you want me to respond to a question from you? I will display more courtesy than you displayed to me. Go ahead.

Mr. DURBIN. I apologize. I planned on yielding to you. I would be happy to yield to you. I always do, and I failed to. I apologize.

Mr. MCCAIN. Well, I guess my questions were, one, did the Senator, who claimed that no Republican has done anything to curb the health care insurance industry, was the Senator in the Senate when Senator Kennedy and I fought for weeks and months for the Patients' Bill of Rights? Was the Senator here then? Was he engaged in that debate? Senator Kennedy and I fought for the Patients' Bill of Rights, and the majority on that side of the aisle opposed it. The fact is, there have been efforts on my part to curb the abuses of the health insurance industry by sponsorship of the Patients' Bill of Rights.

Second, during the campaign, yes, I said that we could reduce and eliminate waste, fraud, and abuse in spending, and I said it because of Senator COBURN's Patients' Choice Act which would save $1 trillion in the States in Medicaid savings, $400 billion over the next 10 years in Medicare savings. I wish the Senator from Illinois would examine the Patients' Choice Act, as proposed by the Senator from Oklahoma. Maybe he would learn something. The Coburn bill wants to preserve the best quality health care in America and not eliminate $12 billion in the Medicare Advantage Program, which 330,000 of my citizens who are enrollees like and want to keep, not eliminate $150 billion to providers, including hospitals, hospice, and nursing homes, $23 billion in unspecified decreases to be determined by an independent Medicare advisory board, as well as billions of additional cuts to the Medicare Program.

There is no relation between what I tried to do in my campaign and what is being done in this legislation, I tell my friend from Illinois. I would be glad to hear the Senator's response. I would be glad to extend him that courtesy.

Mr. DURBIN. I thank the Senator from Arizona. I commend him for his work on the Patients' Bill of Rights which I joined him in with Senator Kennedy and would do it again. The point I was making——

Mr. MCCAIN. Your statement was that no Republican had done anything. You just said no Republican had done anything to curb the health insurance industry. The Patients' Bill of Rights certainly would have done it.

Mr. DURBIN. My point was that there are provisions in this bill dealing with the rights of consumers against health insurance companies which I have not heard the Senator or others——

Mr. MCCAIN. That is not what you said.

Mr. DURBIN. I ask you, do you support the health insurance reforms in this bill that give patients rights against health insurance companies; preexisting conditions, for example?

Mr. MCCAIN. My record is very clear of advocating for patients and against the abuses of insurance companies across the board.

Mr. DURBIN. Thank you.

Mr. MCCAIN. I ask unanimous consent to yield to the Senator from Oklahoma to describe the Patients' Choice Act and the way we could truly save money and reduce fraud, abuse, and waste in the system and at the same time preserve quality health care.

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

The Senator from Oklahoma.

Mr. COBURN. There needs to be some clarification. Medicare doesn't cover everything. Eighty-four percent of all

Medicare patients have to buy a supplemental policy now. Do you know what Medicare Advantage is about? Who set the prices on Medicare Advantage? The government set the prices on Medicare Advantage. The very same people you want to run it now created a 14-percent premium. The insurance industry didn't set the prices. The Center for Medicare and Medicaid Services set the prices. The government is responsible for that differential.

Why is Medicare Advantage important? Because the vast majority of the people in my State and every State who have Medicare Advantage can't afford to buy a supplemental policy to make them whole on Medicare, because Medicare won't cover it. So Medicare Advantage for 89,000 Oklahomans is the only way they get equality with the rest of their peer group who can afford to buy a supplemental policy.

Now we are going to take that ability away from poor seniors in Oklahoma, Arizona, Iowa, and Illinois, and we are going to say: You don't get what everybody else has because you are economically disadvantaged. So we are going to give you substandard care, and we are going to take more of your income. Medicare Advantage offers the things you get with a supplemental policy when you can't afford to buy a supplemental policy. The very idea of saying we are going to take that away, when you are taking that away from the cheapest program we have in terms of performance, because what Medicare Advantage does, which their bill and this bill purports to do, is recommends and encourages and incentivizes prevention as the Senator from Iowa wants to do for everybody. It incentivizes it. It doesn't cost to have a prevention exam under Medicare Advantage. There is no out-of-pocket cost for our seniors who are poor who happen to have the benefit of Medicare Advantage. You are going to take that away. You are going to destroy it for 11 million seniors, the ability to get a preclearance, a screening exam, without them having to spend money on it.

Is there a way to get money out of Medicare? Yes, there is $100 billion worth of fraud a year in it. According to Harvard, there is $150 billion worth of fraud a year in Medicare. There is $2 billion worth of fraud.

I want to address something else the Senator——

Mr. MCCAIN. Before the Senator continues, I ask unanimous consent to regain the floor and then yield to the Senator from Oklahoma.

The PRESIDING OFFICER. Is there objection?

Mr. MCCAIN. I ask unanimous consent to engage in a colloquy with the Senator from Oklahoma.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MCCAIN. Mr. President, I have to address the situation since I have been accused by the majority leader of changing my position. The Senate considered the Deficit Reduction Act of 2005 which called for approximately $10 billion in reduction in Medicare costs, approximately $10 billion. Senator HARRY REID, Democrat of Nevada, said:

> Unfortunately, the Republican budget is an immoral document. Let's look at what is in the bill before us. The budget increases burdens on America's seniors by increasing Medicare premiums, and we have not seen what the House is going to give us. It cuts health care, both Medicare and Medicaid, by a total of $27 billion.

The majority leader was outraged in 2005 that there should be reductions in Medicare and Medicaid spending of $27 billion. Now the distinguished majority leader, with the white smoke coming out of his office, says he is for $483 billion in cuts in Medicare. That is a remarkable flip-flop.

By the way, I might add, Senator DODD, who is here on the floor, said, concerning the Deficit Reduction Act of 2005:

> For example, this bill cuts funding for Medicare and Medicaid which provide health care to poor children, working men and women, the disabled, and the elderly.

What a plea. What a plea.

Senator BARBARA BOXER said:

> Mr. President, I strongly oppose the reconciliation bill before the Senate. The bill would cut vital programs for the middle class, elderly, and poor. That is why I cannot believe only 2 months after Katrina we have a bill that would cut Medicare and Medicaid by $27 billion.

The list goes on and on.

Now before us we have cuts of $483 billion, including hospice, hospitals, other vital programs for our seniors. If we are going to go around and talk about flip-flops, let's look at the rhetoric that accompanied my colleagues on the other side in their opposition to $27 billion in savings which, by the way, actually only saved $2 to $3 billion over 5 years.

I ask my friend from Oklahoma, does he believe it is possible to make these cuts, including from the Medicare Advantage Program, and establish a Medicare commission that would not, over time, cut benefits that exist today for Medicare and Medicaid patients?

Mr. COBURN. Mr. President, I would answer my colleague by saying this bill is a government-centered approach, not a patient-centered approach. It is the very reason we are in the trouble we are in today. We have had the government making decisions rather than the patients and the physicians. It will, in fact, lessen the care for seniors.

I gave a speech earlier this morning on the floor that if you are a senior, you should be worried. Because the Medicare Advisory Commission and the cost comparative effectiveness commission will now decide ultimately what you get. We have an amendment on the floor, which in many ways I support but I would like to modify, about reinstituting what should be the standard for mammography for women. How did we get there? We have a commission that looks at cost and not patients. From a cost standpoint, the task force on screening is absolutely right. But from the patient's standpoint, it is absolutely wrong. How do we decide the difference? Do we make the difference based on what something costs or do we make it on what my wife, who will soon be a Medicare patient, receives? The question is, will the cuts that are manifested by this bill impact seniors' care? As somebody who has practiced medicine for 25 years and cared for seniors for longer than that, I will tell you undoubtedly they will have delay, denied care, and 80 percent of them will be fine. But 20 percent of the seniors in this country will be markedly hurt by this bill because a bureaucracy looking at numbers, not patients, never putting their hand on the patient, will make a decision about what is good for them and what is not.

Everything we know about medicine is that is exactly the wrong way to practice it. Every patient is different. Every patient's family history is different. When we talk about taking $120 billion out of the Medicare Advantage Program, what we are talking about is decreasing access to some of the most important screening capabilities that many of these people have and making them unaffordable because they cannot afford a supplemental Medicare policy. They cannot accomplish it.

I want to address one other question. The majority whip said the Republicans have not had a bill. During the markup in the HELP Committee, I went through point by point the Patients' Choice Act. The Patients' Choice Act puts patients and doctors in charge, not the government in charge. The Patients' Choice Act neutralizes the tax effect to make everybody treated the same in this country, as far as the IRS is concerned.

Right now, if you get insurance through your insurance company, you get $2,700 worth of tax benefits. If you do not, you get $100. That is really fair. That is one of the reasons why people who do not get insurance through their employer cannot afford health insurance. It is because we do not give them the same tax benefit. It would give a tax cut to 95 percent of Americans, plus help them buy their care.

The Patients' Choice Act solves the liability problem by incentivizing States to have reforms in terms of the tort problem we have, where we know the cost is at least 6 to 7 percent more that we have spent on health care than we would if we had a realistic tort system.

Finally, we go after insurance companies because we do what is called risk readjustment. If you are dumping patients or cherry-picking—guess what—you have to pay extra; you have to pay to the very insurance companies that are covering those sick people. So we change the incentive to where an insurance company is incentivized to care for somebody rather than to dump them.

I was an advocate, when I was in the House, for the Patients' Bill of Rights.

I was defeated at every turn, trying to make this. To say we did not come with a bill, on a party-line vote in the HELP Committee 13 voted against a commonsense bill that did not increase taxes, did not increase premiums, covered more people than this bill will cover by 4 million, putting everybody in Medicaid on a private insurance policy so no longer are they discriminated against by the doctors who will not take Medicaid, taking the Medicaid stamp off their forehead and giving them the same access to health care we have.

Mr. MCCAIN. So does my colleague find it entertaining that my friends and colleagues on the other side of the aisle, in 2005—as part of the Deficit Reduction Act, we had to bring in the Vice President, who I think was overseas, in order to break the tie because they were worried about what Senator REID called an ''immoral document,'' referring to the Republican budget?

By the way, is the Senator aware that Citizens Against Government Waste has come out in favor of this amendment?

Mr. President, I ask unanimous consent that the letter from Citizens Against Government Waste be printed in the RECORD.

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

COUNCIL FOR CITIZENS
AGAINST GOVERNMENT WASTE,
Washington, DC, December 1, 2009.

U.S. SENATE,
Washington, DC.

DEAR SENATOR: You will soon vote on Senator John McCain's (R–Ariz.) motion to commit H.R. 3590 to the Senate Committee on Finance with instructions to remove the drastic cuts made to Medicare. On behalf of the more than one million members and supporters of the Council for Citizens Against Government Waste (CCAGW), I urge you to support this motion.

H.R. 3590, the Patient Protection and Affordable Care Act, would slash Medicare by $500 billion. Depriving seniors of their muchneeded benefits is not a responsible way to achieve healthcare reform.

As it currently stands, the legislation calls for significant reductions including $120 billion to the highly successful Medicare Advantage program; $150 billion to providers including hospitals, hospice programs, and nursing homes; and $23 billion in unspecified decreases to be determined by an ''Independent Medicare Advisory Board.''

While CCAGW has been a long-time critic of improper payments and Medicare waste and fraud, the $500 billion in cuts in H.R. 3590 would not solve these inherent problems or help make Medicare solvent. The major reductions proposed to Medicare merely help lawmakers offset the costs of a massive new entitlement program to the detriment of the nation's senior citizens.

I urge you to support Senator McCain's motion to commit. All votes on this motion and other amendments pertaining to Medicare cuts will be among those considered in CCAGW's 2009 Congressional Ratings.

Sincerely,

THOMAS SCHATZ,
President.

Mr. MCCAIN. Also, I say to the Senator, as you know, many of the seniors in my State—I would ask my colleague—have been very puzzled at the AARP's endorsement of a proposal that would cut their Medicare, where it has already been made clear that Medicare Advantage—and there are 330,000 seniors citizens in my State who are under Medicare Advantage—that it has been announced it will be slashed, and that somehow AARP is now supporting it.

All I can say is, is my friend aware there is an organization called 60 Plus that is working very hard on behalf of seniors to make sure they do not lose these benefits?

Mr. COBURN. I am. I would tell the Senator, again—how are we where we are? How are we where we are, when we are going to take a program that is working—granted, I think Medicare Advantage could be decreased through true competitive bidding. But CMS did not do that. We could bring the costs down and still have the same benefits. But this bill cuts the benefits in half, the extra benefits that Medicare patients have by being signed up on Medicare Advantage that everybody has who can afford a supplemental policy.

I want to address one other thing, if the Senator would allow me. The majority whip said: Don't we want to get rid of conflicts of interest? Yes. But his argument was specious because the price is set for an X-ray or a mammogram or a CT or a blood test. They are set by Medicare now. There is no differential in the price other than what Medicare says the differential will be. There is no arbitrariness. The government sets the price for every Medicare test out there by region. So there is no way to game it, as the Senator from Illinois said it was gamed. The best reason to have a lab in a doctor's office is so you do not have to wait and come back for another visit to the doctor who charges Medicare another $60 because you get the answer right then. We want to eliminate that. So what will we do? There is no cost savings in that. There is a cost increase because now, instead of giving an answer to the patient, the patient is going to wait as they send it off to the lab, and have them come back in.

Mr. MCCAIN. Can I ask the Senator another question? How does the Senator envision that we can eliminate fraud and abuse and waste and institute significant savings? One of the ways is to retain the provisions in this amendment, this motion to commit, that uses the savings from fraud, abuse, and waste elimination to make the trust fund stronger, but at the same time preserves the benefits that our senior citizens have earned. How many times have you heard from senior citizens in your State saying: I paid into this trust fund. I paid for my Medicare all my life. Now it is going to be cut. How is that fair? How is that fair to my generation, the greatest generation?

Mr. COBURN. Well, if you take $100 billion a year—and that is not an exaggeration; even HHS, this last week, said their improper payments were $92 billion; the Inspector General and the GAO both say it is higher than that; that is on Medicare alone—if we just captured $70 billion of that.

How do you do that? Do you know how Medicare pays down? They pay and then chase. So you submit an invoice. They do not know if it is accurate. They pay it, and then they go try to get the money back afterwards.

How about precertification of a payment, as everybody else does that has anything to do with the volume that Medicare has? The other way you do it is with undercover patients, where you put people actively defrauding Medicare in jail. Less than $2 billion in this whole bill goes after fraud. That is 2 percent of the fraud per year. We could cover everybody in the country or extend the life of Medicare 20 years by eliminating the fraud that is in Medicare today. What are we going to do? We are not. We are going to create more government programs and more agencies that are going to be designed to be defrauded. So, therefore, the fraud is going to go up, not down. The fraud is going to go up, not down.

We are also going to limit the availability of prevention to seniors. I have read the prevention text in the bill. There are parts of it I absolutely agree with. We know if we manage prevention and we manage chronic diseases, we are going to save a lot of money. But we are not going to save any of it by building jungle gyms and sidewalks. What we have to do is incentivize people, both physicians and patients, to get in the preventive mode. We need accountable care organizations.

There are lots of things we can do. There are lots of things we can agree on. I know the Senator from Iowa and I agree on a lot on the prevention, but we ought to be saving that money, and we ought to eliminate the fraud. If we did nothing in this body except eliminate the fraud in Medicare, think what we would have done, think what we would have done for the kids who follow us.

Mr. President, $447 billion spent on Medicare; $100 billion in fraud. Wheelchairs that have been billed out so many times they have collected $5 million on them, doctors who submit false invoices, suppliers who submit invoices for people who are deceased. And we try to go get that after the fact? There are lots of things we could do. This bill is short on that. You all recognize it is short on it. It is the biggest savings out there. The reason there is not more in it is because CBO will not score it because we have never demonstrated that capability.

One final point. This bill only scores the way CBO scores because it says you intend to do what no Congress has ever done. It says you intend to cut Medicare $460 billion to $480 billion. If you intend to cut Medicare, the American people ought to know where you are going to do it, how it is going to affect them. But if you are just doing it for a

scoring point, the young people in this country ought to know that too. Because where you say you are claiming $460 billion, you are adding to the deficit if, in fact, we do not cut Medicare that much. And is it fair to the Medicare Advantage patients, who are poor—who do not qualify for dual coverage with Medicaid, who cannot afford a supplemental policy—is it fair to take away the benefits they have today that we have given them—and it was not priced by the insurance industry; it was priced by CMS—and say because CMS, the government agency, did not price it, we are going to take away half of your benefits? It is not fair. It is not right. If there is anything immoral, that is immoral.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. DODD. Mr. President, the Senator from Iowa is to be recognized next.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Well, Mr. President, sitting here listening to the Senator from Arizona and the Senator from Oklahoma go on, I hardly know where to start. There have been so many accusations and so much misinformation it is hard to know where to begin.

I would begin by, first of all, saying the people who keep saying we are slashing Medicare and we are going to harm seniors are totally wrong. The fact is, the bill we have before us protects Medicare's guaranteed benefits, reduces premiums and copays for seniors, ensures that seniors can keep their own doctors, and ensures Medicare will not go broke in 8 years by stopping the waste, fraud, and abuse.

I might also say, as an aside, every time I hear the Senator from Oklahoma talking about waste and abuse and fraud in Medicare, it sounds like it is all in Medicare. The waste, fraud, and abuse we are talking about are the ripoffs of Medicare by pharmaceutical companies, many of which have been fined big fines and have settled. One of the most recent ones, I think, was almost for a billion-some dollars. It was one of the largest settlements in our history with a pharmaceutical company that was caught ripping off Medicare. And insurance companies have ripped off Medicare, and others. It is not within Medicare; it is those who are coming at Medicare and trying to plunder it.

But that is what we do in this bill: We are stopping that kind of waste and abuse against Medicare; not in Medicare but against Medicare. We provide new preventive and wellness benefits for seniors. We lower prescription drug costs, keep seniors in their own homes, and not nursing homes, with the CLASS Act and the Community Choice Act that is also in this bill.

When they talk about going after Medicare, boy, talk about crocodile tears. Was it not Newt Gingrich, the former Speaker of the House, the leader of the Republican revolution, who said he wanted Medicare to ''wither on the vine''? Was it not Senator Bob Dole, their standard bearer for President in the 1990s, who said he had fought against Medicare and was proud he voted against it? Now, all of sudden, it seems as though Republicans are the guardians of Medicare.

People know the truth. The American people know the truth. They know it is the Democrats who fought for Medicare. Lyndon Johnson, as President, and the Democrats in the House and Senate, if it were not for them, Medicare would have never been passed. It is the Democrats who have fought to keep Medicare alive and well and healthy, and expanding it to people all over this country every step of the way—being opposed by our friends on the other side of the aisle. And now to hear them talk about how much we are going after Medicare, boy, talk about crocodile tears.

The other thing I want to say is that I want to correct something the Senator from Oklahoma said. He talked about the recommendations that recently came out—I will have more to say about this in a minute—on mammograms. He said the U.S. Preventive Services Task Force—all they did was look at costs. That is what the Senator said. They looked at costs but they did not look at the people.

Recommendations that come from the U.S. Preventive Services Task Force cannot take into account cost. Cost cannot be a factor. They can only look at scientific evidence, safety, and efficacy. Cost cannot be taken in as any factor in their deliberations. So I wanted to set the record correct on that.

As I said, there were so many things I heard from the other side it is hard to know where to start. I see my leader here, Senator DODD, who did such a great job in getting our bill to the committee and getting it in the form that it is now and on the floor.

I wish to ask the Senator—I know the Senator was here listening to our friend, the Senator from Arizona, speak. Did it strike you that what he said was kind of missing the mark here a little bit and maybe not quite what we are doing in this bill?

Mr. DODD. I thank my colleague. Just to set the record straight, because it is amazing to me, in a very short amount of time, how people can misconstrue events. First of all, the Senator from Oklahoma was talking about the Medicare Advantage bill, and he said: Do you know who sets the rates? The government sets the rates.

That is true. That is because when that bill was passed, with very few people on this side supporting that bill—almost overwhelmingly on the other side—the requirement under the law, the requirement to pass, mandated under the law that the private plans of Medicare be overpaid, and on average those overpayments averaged 14 percent and in some States over 50 percent. The law that was passed here by the majority—and running the place at the time—insisted upon the mandates being included. So if you wonder why that occurs today, it is because they required it in the law.

Secondly, when you talk about the Deficit Reduction Act of 2005—again, memories fade for some people. In fact, under that bill, children, working families lost the insurance they had. Cuts occurred. Women lost access to mammographies. Cervical cancer screenings were cut. Families lost benefits. There were direct cuts in them. The difference is, today, with what we are talking about, you don't cut these benefits at all—at all. In fact, we are increasing the opportunity for Medicare to be strengthened under this bill. There is a vast difference between what happened in 2005 and what is being supported today. So, again, I just want the record to be clear. You can't make these things up as you go along. That is what happened in 2005. It was an abomination and did great damage to people in this country. People lost their insurance.

Under our bill, 31 million Americans will have coverage. We now know the premiums are going to drop for 93 percent of all Americans. Premiums will actually come down for individuals, small businesses, and large employers. For five out of six people who have their jobs, those premiums come down. Thirty-one million Americans will be covered with health insurance. Compare that, if you will, with 2005 when we actually cut mammography screening, cervical cancer research, and assistance in health care for infants and children and women. That all got damaged in that year. Not in this bill. This is the difference.

I thank my colleague for yielding.

Mr. HARKIN. Mr. President, the only thing I would say to my friend from Connecticut—he said that in 2005 we had made all of these cuts in the Deficit Reduction Act. I just want to say for the record that I didn't vote for it and neither did the Senator from Connecticut.

Mr. DODD. Absolutely not.

Mr. HARKIN. Is this not when the Republicans were in charge and they had a Republican President and a Republican House and Senate? That is when they cut all the mammogram screenings and things such as that?

Mr. DODD. That is true. The record is very clear on this. People had the right to do so; that was their choice at the time. But to try to rewrite history somehow and say those cuts didn't occur—in fact, they did occur in these areas. That is why there were those of us here who objected strongly at the time. My colleague from Arizona is absolutely correct when he said that I said this was going to cut benefits for children and working families and cut screenings and tests for people. It did do that. Those of us who made those warnings on that day were proven to be 100 percent accurate. Compare that, if

you will, with what we are talking about here today, particularly regarding reducing costs, premiums, and providing increased access for millions of Americans. That is the difference.

If you vote for the McCain amendment, we are right back where we were before—right back—which, of course, we all know means premium increases go up by literally 100 percent in the next 7 years. Tell that to a family of four in my State who is paying $12,000 right now and will go to $24,000 in 7 years, as opposed to having those premiums being reduced, depending on if you are an individual, small business, or large employer, by as much as 20 percent, 11 percent, or 3 percent, not to mention, of course, that you will also increase the number of people who will be covered under this.

The present situation runs the risk of bringing our economy to its knees if we don't act. Recommitting this bill—going back, in a sense—would roll the clock back and do great damage to both individuals and to our country economically. That vote in 2005 set us back terribly in this country. This proposal allows us to move forward and provide the coverage a lot of people need.

I thank my colleague.

Mr. HARKIN. I thank my friend for pointing out those facts.

Mr. President, I have a letter dated December 1, 2009, from the National Committee to Preserve Social Security and Medicare. It says:

Dear Senator:

On behalf of the millions of members and supporters of the National Committee to Preserve Social Security and Medicare, I am writing to express our opposition to the amendment offered by Senator McCain which would recommit the bill to the Senate Finance Committee.

Much of the rhetoric from opponents of health care reform is intended to frighten our Nation's seniors by persuading them that Medicare will be cut and their benefits reduced so that they too will oppose this legislation. The fact is that H.R. 3590, the Patient Protection and Affordable Care Act—

The bill we have before us—

does not cut Medicare benefits; rather, it includes provisions to ensure that seniors receive high quality care and the best value for our Medicare dollars. This legislation makes important improvements to Medicare which are intended to manage costs by improving the delivery of care and to eliminate wasteful spending.

I won't read all of it, but it concludes:

The committee urges you to oppose the motion to recommit the bill to the Finance Committee.

Sincerely, Barbara B. Kennelly, President and CEO.

Mr. President, I ask unanimous consent to have this letter printed in the RECORD.

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

NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE,
Washington, DC, December 1, 2009.

U.S. SENATE,
Washington, DC.

DEAR SENATOR: On behalf of the millions of members and supporters of the National Committee to Preserve Social Security and Medicare, I am writing to express our opposition to the amendment offered by Senator McCain which would recommit H.R. 3590, the Patient Protection and Affordable Care Act, to the Senate Finance Committee with instructions to remove important Medicare provisions.

Much of the rhetoric from opponents of health care reform is intended to frighten our nation's seniors by persuading them that Medicare will be cut and their benefits reduced so that they too will oppose this legislation. The fact is that H.R. 3590, the Patient Protection and Affordable Care Act, does not cut Medicare benefits; rather it includes provisions to ensure that seniors receive high-quality care and the best value for our Medicare dollars. This legislation makes important improvements to Medicare which are intended to manage costs by improving the delivery of care and to eliminate wasteful spending.

The National Committee opposes any cuts to Medicare benefits. Protecting the Medicare program, along with Social Security, has been our key mission since our founding 25 years ago and remains our top priority today. In fact, these programs are critical lifelines to today's retirees, and we believe they will be even more important to future generations. But we also know that the cost of paying for seniors' health care keeps rising, even with Medicare paying a large portion of the bill. That is why we at the National Committee support savings in the Medicare program that will help lower costs. Wringing out fraud, waste and inefficiency in Medicare is critical for both the federal government and for every Medicare beneficiary.

The Senate bill attempts to slow the rate of growth in Medicare spending by two to three percent, or not quite $500 billion, over the next 10 years. However, it is important to remember that the program will continue growing during this time. Medicare will be spending increasing amounts of money—and providers will be receiving increased reimbursements—on a per capita basis every one of those years, for a total of almost $9 trillion over the entire decade. Even with the savings in the Senate bill, we will still be spending more money per beneficiary on Medicare in the coming decades, though not quite as much as we would be spending if the bill fails to pass.

America's seniors have a major stake in the health care reform debate as the skyrocketing costs of health care are especially challenging for those on fixed incomes. Not a single penny of the savings in the Senate bill will come out of the pockets of beneficiaries in the traditional Medicare program. The Medicare savings included in H.R. 3590, the Patient Protection and Affordable Care Act, will positively impact millions of Medicare beneficiaries by slowing the rate of increase in out-of-pocket costs and improving benefits; and it will extend the solvency of the Medicare Trust Fund by five years. To us, this is a win-win for seniors and the Medicare program.

The National Committee with urges you to oppose the motion to recommit the bill to the Finance Committee with instructions to strike important Medicare provisions from health care reform legislation.

Cordially,

BARBARA B. KENNELLY,
President & CEO.

AMENDMENT NO. 2791

Mr. HARKIN. Mr. President, I wish to talk about the amendment before us which has been offered by the Senator from Maryland, my colleague, Senator MIKULSKI. I am going to have more to say about the bill and engage with, perhaps, the Senators from Arizona and Oklahoma in the days and weeks ahead on the structure of the bill itself, but I wish to focus on the amendment that is now before us.

First of all, I am proud that this bill, the Patient Protection and Affordable Care Act, makes significant investments in prevention and wellness because I have long believed that such investments are essential for transforming our sick care system—that is what we have now, a sick care system—into a true health care system, one that keeps Americans healthy in the first place. It keeps them out of the hospital. It will keep a check on rising costs in both the public and private health care markets.

It does this in a number of ways. I won't go into all of them, but among the most important is that this bill requires insurance companies to cover highly effective preventive services with no copayments or deductibles—no copayments or deductibles. This is critical because we know that all too often people forgo their yearly checkups or screenings either because their insurance company doesn't cover them or, secondly, because they have high copays or deductibles that make them simply unaffordable. For example, I had a recent conversation with a small business owner in western Iowa, and he and his few employees have a $5,000 deductible. He recently turned 50. His doctor said: Time for you to get your first colonoscopy. Well, he found out that the colonoscopy was $3,000. He has a $5,000 deductible. This is all out-of-pocket. So not being a man of wealth and not having a lot of means, trying to struggle to keep his small business afloat, he is putting it off. He is putting it off. So that is what is happening now. But what we say in our bill is that these have to be covered without copays or deductibles.

There has been a lot of discussion recently on the coverage of preventive services for women in light of the recent recommendations issued by the U.S. Preventive Services Task Force on mammogram screenings. It has been alleged that the Reid bill, like the HELP and Finance bills that preceded it, only requires coverage of those services strongly recommended by the Preventive Services Task Force. This simply is not true. Under the language of this bill, health plans are required at a minimum—at a minimum—to provide coverage without cost for preventive services recommended by the Preventive Services Task Force. Understand that. It only says that health plans are required at a minimum to provide coverage at no cost for certain preventive services recommended by the Preventive Services Task Force. But these are

simply the minimum level, not the maximum. The task force will establish the floor of covered preventive services, not the ceiling. No health plan will be prohibited from providing free coverage of a broader range of preventive services, and in many cases the Secretary of Health and Human Services may well require that. That is because our bill gives the Secretary of Health and Human Services the authority to identify additional preventive services that will be part of the essential health benefits offered by health insurers in the exchange.

The simple fact is, the Preventive Services Task Force cannot set Federal policy and they cannot deny coverage, period, although there has been a lot of misinformation that has gone out about this. They simply give doctors and patients the best medical information, as I said earlier, not based on cost—cost cannot be a factor—but based on science and based upon efficacy and based upon outcomes and nothing else.

Still, I share the concerns of some that the task force has not spent enough time studying preventive services that are unique to women. This is a concern that was raised when the HELP Committee debated the bill in committee. At that time, I worked with the Senator from Maryland, Ms. MIKULSKI, to include language requiring that all health plans cover comprehensive women's preventive care and screenings based upon guidelines supported by what we call HRSA, the Health Resources and Services Administration, again, with no copays, no deductions. That language is in our bill. It was not included in the merged bill. Senator MIKULSKI's amendment which is now before us and which I have cosponsored would add that language—would add that language—like we had in our committee bill, and I strongly urge its adoption.

By voting for this amendment, which I understand we will do in a couple of hours, we can ensure all women will have access to the same baseline set of comprehensive preventive benefits that Members of Congress and those in the Federal Employees Health Benefits Program currently enjoy. Let me repeat that. If you vote for the Mikulski amendment, you will ensure that all women will have access to the same baseline set of preventive services that are enjoyed by Members of Congress, women Members of Congress, and all women Federal employees in the Federal Employees Health Benefits Plan. That is what voting for the Mikulski amendment will do.

Expanding preventive health care is just one of the ways this bill benefits women. Again, our health care system is broken. It is expensive. Today, less than half of women have access to employer-sponsored insurance coverage. Think about that. Less than half of the women in this country have access to employer-based insurance coverage. Again, many of these women work for very small businesses, and they can't afford to provide that kind of insurance coverage.

In most States, it is legal for insurance companies to charge women more than men for the same policy. Women can pay more than double what men pay at the same age for the same coverage. Each year, thousands of women are denied coverage from health insurance companies for preexisting conditions. In many States, a history of hospitalizations from domestic violence is considered a preexisting condition. Think about that. A battered woman lives through domestic violence and now can't get health insurance coverage because of a preexisting condition—being battered. That happens in many States. With these options, it is not surprising that more than 16 million women are uninsured in this country.

Women are often the health care decisionmakers for their families. They face difficult choices daily. One-third of women are forced to make tradeoffs between basic necessities and health care. In 2009, more than one-half of women reported delaying care because of its high cost.

Today, we have the opportunity to fix these problems. This historic legislation now before us increases access to affordable health insurance and ensures that women's coverage meets their health care needs.

We will end premium discrimination against women. We will end discrimination against those with preexisting conditions. We will prohibit the rescission of health insurance coverage because of an illness. We will provide more affordable insurance choices through the health insurance exchange, including a strong public option to increase competition and choice. We will ensure that the policies families buy are good enough. We will require that all insurance policies sold in all markets provide adequate coverage for primary and preventive care, for screenings, maternity services, and many other services that women and their families need to stay healthy.

As has been said many times before, this bill will extend coverage to an additional 31 million Americans who are currently uninsured. As I said, 16 million women in America are uninsured. So that is why Senator MIKULSKI's amendment is so important, vitally important. That is why this bill is so vitally important.

We are going to talk a lot about Medicare. I see the Republicans are focusing on that, although a recent letter I read and had inserted in the RECORD from the National Committee to Preserve Social Security and Medicare says we ought to oppose the McCain amendment. We will hear a lot about that.

What about the women of this country and what is happening to them? The Mikulski amendment addresses that in a very profound way. But then this bill takes it even a step further by making sure that women, many of whom work for small businesses, who are sort of in an uncovered pool, so to speak, out there by themselves, now they can go on the exchange. Now they can get the kind of coverage they need. They will have choices available to them—not just maybe one option and in some States no option. They will have different options available. They will be able to join with other like women around so they will have a bigger pool and better coverage for themselves and their families.

Yes, I can honestly say the health care reform bill before us, the Patient Protection and Affordable Care Act, is a pro-woman bill. It is not talked about a lot, but many of the things in this bill will go to ease the dilemma so many women find themselves in, in this country—providing basic necessities for their children or trying to get health care coverage for themselves. I can tell you so many women whom I have met and talked to have given up on buying health insurance for themselves so they will have enough money to feed and clothe their kids and send them to school. Women should not be forced to make that kind of a choice.

This bill before us will enable women to not have to make that choice. They will be able to get the insurance coverage they need at an affordable price, with the tax credits that are included for low-income women, and they will be able to have the piece of mind of knowing that they and their kids are truly covered with the health insurance they need.

I will keep coming back to these two things, time after time, as we go through the bill: prevention and wellness. Keeping people healthy in the first place is a big part of this bill. If there is one thing that will bend the cost curve, it is putting more focus upfront on prevention and more focus on keeping people healthy in the first place. That will save us money in the future.

The second theme is what this is going to do for the women of America; how is it going to help them and their families to have peace of mind and to have the health insurance coverage they need.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. KAUFMAN). The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I ask unanimous consent that the next four Republican speakers to be recognized be Senators JOHANNS, ROBERTS, HUTCHISON, and CORNYN and for the Democrats to speak in an alternating fashion, with the next Democrats being Senators MURRAY and CANTWELL to speak on the tragic shootings in Washington, and that following Senator ROBERTS, I be recognized.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Wyoming is recognized.

Mr. ENZI. Mr. President, I yield to the Senator from Nebraska.

The PRESIDING OFFICER. The Senator from Nebraska is recognized.

Mr. JOHANNS. Mr. President, I rise to speak in support of the McCain amendment. I have been down here for a while, and I have listened to the debate on the Medicare cuts.

What strikes me about this debate is that reality sets in. It simply does. There will be a point at which hospitals, hospice programs, and skilled nursing facilities are going to see less money. That is simply the reality of what we are debating.

It is kind of remarkable to me that you could go from a period just a few years ago, where $10 billion over 5 years was described as immoral, and today we are talking about nearly $½ trillion in cuts. That is going to have a real impact on real programs that involve real people in our States.

From our standpoint, we try to look at this in a way that says: OK, if this were to happen, if, in fact, this gets the necessary votes, what impact will it have on real programs in Nebraska?

Let me walk down through that, if I might. For example, more than $40 billion in cuts from home health on the national level would translate back to the State I represent to the tune of $120 million in cuts. By 2016, according to our analysis back home, 68 percent of Nebraska home health agencies will be operating in the red.

In rural areas, as high as 80 percent will have negative margins. If you lose those services in rural areas, they are lost. In fact, they may be lost forever.

Skilled nursing facilities are already struggling to keep their doors open. I visit these facilities when I get back home. Many of us do that. They are already doing everything they can to make ends meet. We are already seeing them go under in community after community. I visit these facilities and they tell me: MIKE, we are just holding on.

Hospice programs in Nebraska have been very well received. Years ago, I might have predicted otherwise. The reality is, hospice has worked well in my State, and I am guessing it is also in other States in the country. A survey reported that 100 percent think access to hospice services is important. This bill cuts $80 billion nationally from hospice programs.

How can we legitimately expect little or no impact, or simply attempt to argue it away, when 38 Nebraska hospice programs are already operating right at the margin? If there is any reduction, they will go out of business.

Hospitals will also see negative impacts. Let me quote, if I might, from a Nebraska Hospital Association letter:

> Our 85 community hospitals have a unique stake in this debate. Not only are we providers of care to more than 10,000 patients per day, we are also one of the largest consumers of health care because we employ 42,000 people. . . . Hospitals are an economic mainstay of the community they serve and we (the NHA) are opposed to all measures that weaken our financial stability and viability.

The Nebraska Hospital Association indicates that disproportionate share hospital cuts will be $128 million. If other hospital cuts are factored in, Nebraska hospitals say they will see a total loss of $910 million.

I visit these little 25-bed hospitals. They have no room for error. There is no margin there. When they lose something such as this, they simply cease to exist. That community, then, is on its way to ceasing to exist.

Finally, it is very clear that Medicare Advantage is on the chopping block. That is 35,000 Nebraskans. No matter how hard you want to argue that, there are 35,000 Medicare Advantage beneficiaries in my State who will experience cuts in the very program that is such an important safety net to them.

CBO, the Congressional Budget Office, estimates reduced benefits from $135 to $42 a month. The so-called extra payments that would be cut are helping Medicare Advantage beneficiaries get very valuable benefits. Many who utilize Medicare Advantage are truly our most vulnerable citizens.

We cannot ignore that important fact. Seniors with a Medicare Advantage plan might receive vision or dental benefits or have their Medicare copayments reduced. In our State—I am guessing this is true of States all across the country—what you see is some of the poorest actually have Medicare Advantage.

If you don't believe me, just yesterday I received a letter from some Hispanic groups which said this:

> With the growing number of Hispanic seniors, one in four of whom have Medicare Advantage, the defunding of the Medicare Advantage program and other Medicare cuts proposed would result in fewer benefits and a significant disruption in the care and coverage senior Hispanic Americans receive.

I ask unanimous consent that this letter be printed in the RECORD.

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

NOVEMBER 16, 2009.

DEAR SENATOR: As organizations that represent Hispanic Americans, we are deeply concerned with the health care reforms currently being discussed. We do not support reforms that will lead to increases in taxes for all Americans but especially for small business owners, cuts in Medicare, and mandates on families and businesses.

Hispanic small businesses are among the fastest-growing sectors in the U.S.—growing at a rate of over three times faster than the national average. We have been hit hard by this slow economy and cannot afford a greater tax burden and mandates on our families and small businesses. The result will be more Hispanics out of work and reduced wages that directly impact low-income and minority communities.

With the growing number of Hispanic seniors, one in four of whom have Medicare Advantage, the de-funding of the Medicare Advantage program and other Medicare cuts proposed would result in fewer benefits and a significant disruption in the care and coverage senior Hispanic Americans receive.

Many of our families came to the United States to escape hardship, pursue business opportunities and enjoy its economic freedoms. We deserve the right to make our own health care choices and not be subjected to costly and inefficient government mandates.

More than 30 percent of Hispanics are currently uninsured, and we want real reform that would help them. These reforms must promote real competition and choice. We want to ensure that Hispanic families have affordable health care, more choices and that their direct relationships with their doctors remain intact and uninhibited by bureaucrats.

Competition-increasing solutions include allowing businesses and individuals to purchase health insurance across state lines, which would make it easier and less costly for small businesses to provide employees with coverage. Allowing groups to join together to purchase insurance—whether they be small business or church or community groups—would also have a significant impact on the affordability of insurance for Hispanics and increase choices.

Government-focused proposals where bureaucrats and not individual business owners will decide what coverage an employer should provide will not help our families or businesses. Also, individuals will be penalized with fines and higher taxes if they do not follow the rules in Washington.

We hope that you will consider these concerns and what is in the best interest of Hispanic Americans, and all Americans, as you vote on health care reform.

Sincerely,

Hialeah Chamber of Commerce & Industries, Hispanic Alliance for Prosperity Institute, Hispanic Leadership Fund, Hispanic Professional Women Association, CAMACOL—Latin Chamber of Commerce of U.S.A.

Patients' First (Pacientes Primero), The Latino Coalition, U.S. Mexico Chamber of Commerce, Virginia Hispanic Chamber of Commerce, Voces Action.

Mr. JOHANNS. How could any Member go back to their State and defend these cuts to services that provide very important health care needs? Americans simply deserve better than that. If we want serious Medicare reform, we should start with true waste and fraud and concentrate on Medicare insolvency—especially when we all agree insolvency arrives in 2017.

What we are doing in these days of debate is truly robbing from Peter to pay Paul—and Peter is soon to be broke. Unfortunately, that is exactly what we are doing. Americans deserve better than the bill we are debating. I can't stand silently and accept a bill that has such dramatic cuts in the services provided to Nebraska seniors.

I will conclude by saying I support the McCain motion to commit to remedy these problems and get us back on track with commonsense reform.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington is recognized.

LAKEWOOD, WA, POLICE SHOOTINGS

Mrs. MURRAY. Mr. President, we are obviously in the middle of a very important debate on health care. I thank the managers of this bill for allowing my colleague from Washington, Senator CANTWELL, and me to interrupt this important debate to talk for a few minutes about a very tragic event that

occurred in Washington over this past weekend.

Just 2 days ago, our State was shocked and saddened and appalled by news of the deadliest attack on law enforcement in Washington State's history. On Sunday morning, just after 8 a.m., a gunman walked into a coffee shop in Pierce County, WA, and opened fire, killing four members of the city of Lakewood Police Department who were going over the details of their upcoming shift.

It was a senseless and brutal killing. It specifically targeted the people who sacrifice each and every day to keep all of us safe—our police officers.

This terrible crime has not only left the families of these victims shattered, but it has shattered our sense of safety and left an entire community and State in disbelief.

It is also part of a shockingly violent month for my State's law enforcement community that has also included a senseless attack on October 31, which killed Seattle police officer Timothy Brenton and left another officer, Britt Sweeney, injured.

These attacks remind all of us of the incredible risks our law enforcement officers take each day and that even when doing the most routine tasks and aspects of their jobs, our law enforcement officers put themselves on the line for our safety.

Today my thoughts and prayers, like those all across Washington State and our Nation, remain with the families of the brave police officers who were killed on Sunday.

Officer Tina Griswold was a 14-year veteran who served in the police departments in Shelton and Lacey before she joined the Lakewood Police Force in 2004. She leaves behind a husband and two children.

Officer Ronald Owens followed his father into law enforcement. He was a 12-year veteran of law enforcement and served on the Washington State Patrol before moving to the Lakewood Police Department. He leaves behind a daughter.

SGT Mark Renninger was a veteran who wore the uniform of the United States before putting on the uniform of the Tukwila Police Department in 1996. He joined the Lakewood Police Department in 2004. He leaves behind a wife and three children.

Officer Greg Richards was an 8-year veteran who served in the Kent Police Department before he joined the Lakewood Police Department. He leaves behind a wife and three children.

Because of this senseless attack, nine children have lost their parents. These were officers—mother and fathers, husbands and wife—who woke up every day, put on their uniforms, and went out to protect our children, our communities, and our safety. On Sunday, they did not come home.

Already in news reports, Internet postings, and candlelight vigils thousands of tributes to these officers' dedication to their families and jobs have been shared. They paint a picture of brave officers who not only kept our communities safe but were also respected and revered members of our communities; a mother and fathers who in the wake of this tragedy will leave young families behind; neighbors and friends who coached softball and helped repair local homes and reached out to help those in need. They are police veterans who helped build the foundation of a new police force. They are public servants who put the safety of all of us behind their own every single day.

Already this year 111 police officers across our country have given their lives while serving to protect us. Each of those tragedies sheds light on just how big a sacrifice our police officers make in the line of duty. But these most recent attacks in my home State also offer an important reminder: that our officers are always in the line of duty, even when they are training other officers or out on routine patrols or simply having coffee.

There is no doubt these senseless attacks have left many law enforcement officers across my State and our country feeling targeted. But there is also no doubt that their willingness to put themselves on the line to protect us will continue unshaken. In fact, over the last 3 days, law enforcement officers from all across my State have risked their own lives in the successful search to find the man accused of this killing and to keep him from hurting more innocent people. That is a testament to the unwavering commitment they make to serve and protect each of us every day. It should remind all of us that these brave men and women deserve all the support we can provide to keep them safe.

No words are adequate to express the shock, the anger, and the disbelief that comes with such a brutal crime. No words will be enough to lessen the loss. Our law enforcement professionals put themselves between us and danger every day.

Right now, in light of such horrible events, we hold them even closer in our thoughts and our prayers.

Mr. President, I yield to my colleague from Washington State, Senator CANTWELL.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I rise today to join my colleague, Senator MURRAY, in expressing my sorrow over the tragedy that struck Washington State and the law enforcement community. I extend the prayers and condolences of the Senate and the entire Nation to the families, loved ones, and colleagues of the four police officers who lost their lives in the line of duty Sunday in Lakewood, WA.

Those four officers, part of Washington's best, are SGT Mark Renninger, Officer Ronald Owens, Officer Tina Griswold, and Officer Greg Richards.

Collectively, they served for 47 years in the line of duty. As Lakewood Police Chief Bret Farrar describes them, they were ''outstanding individuals'' who brought a range of talents to a 5-year-old department.

These heroes, who put their lives at risk for our safety every day, will be deeply missed and never forgotten. The men and women in blue who keep our communities safe make tremendous sacrifices daily, and so do their families.

The senseless tragedy that claimed the lives of these four officers, as my colleague said, the deadliest attack in Washington State history, reminds us of the risk that police officers take every day when they put on their badges.

The risks that police take every day was driven home again today when a Seattle police officer on routine patrol confronted, shot, and killed the person believed responsible for this crime. And at a time when we are all in shock over the loss of these officers, the police remain vigilant. They did not stop doing their job, even when tragedy struck close to home.

I thank all those who participated in the law enforcement's response since this tragedy happened. I thank the Pierce County Sheriff's Office and Sheriff Paul Pastor for the investigation they have led. My heart goes out to the Lakewood Police Department and Chief Bret Farrar.

I also thank the efforts of the Seattle Police Department and the interim Chief John Diaz for his efforts and his agency's work.

In a matter of days, police and public safety officers from all around the country will converge on Puget Sound. They will form a long blue line in a show of respect for those who have fallen—Mark Renninger, Ronald Owens, Tina Griswold, and Greg Richards.

This moving ritual, which happens all too often in our country, speaks eloquently of the solidarity all of us feel with those who risk their lives to keep us safe. This tragedy also struck our State earlier in October when Officer Timothy Brenton was struck down randomly while sitting in his police car.

I hope everyone in this country will take time today and tomorrow and next week, if they see a police officer, to thank them. Thank them for their service. Express your appreciation for the job they do putting themselves at risk for all of us. We did not have enough time to thank Mark, Ronald, Tina, and Greg, but we are thanking them in our thoughts and prayers, and we are sending strength to their families with much love and appreciation for what those officers and their families have done to serve us and their communities.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. I am sorry. I think Mr. ROBERTS is to be recognized.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. ROBERTS. Mr. President, I thank the distinguished Senator from Montana and my chairman of the Finance Committee.

Let me say first to the Senators from Washington State that I think all Senators appreciate both Senators bringing to the attention of the Senate the heartfelt feelings in regard to the tragedy that happened in their State. I share their dismay with regard to what has happened. I know the thoughts and prayers of all Senators are with them. I appreciate the remarks they have brought to the body at this time.

I would now like to discuss briefly the motion to commit in regard to Medicare and the tremendous cuts that are proposed in the bill—a bill I define not as the Finance Committee bill, not as the HELP Committee bill, but the bill that was done behind closed doors, which I think was most unfortunate.

This bill slashes—and I think that is the appropriate word—nearly $½ trillion from Medicare. Then it is used to establish a huge new government entitlement program.

Earlier this year during the Finance Committee markup of the health care reform legislation, I offered a nearly identical amendment to the McCain motion to commit we are now considering, which is a motion simply to send the legislation back to the Finance Committee with instructions to strike the cuts to Medicare in this bill. Unfortunately, my amendment during that time failed in committee on a party-line vote.

Let me see if I understand this correctly. Medicare is going broke. It has around $38 trillion in projected future unfunded liabilities. It is a huge, crushing entitlement program that threatens to bankrupt this country. But instead of owning up to this enormous threat and doing something about it for our financial future, instead of considering a Medicare reform bill to address this menace to future generations of Americans, instead of guaranteeing that the government-run plan we currently have remains solvent, instead we are actually cutting some $465 billion from Medicare in order to start a brandnew, huge, crushing entitlement program that makes no sense.

If Medicare needs to be reformed—and I certainly believe it does—then we should be considering a Medicare reform bill right now. We certainly should not be cutting Medicare for the purpose of financing a huge new entitlement program.

My friends on the other side of the aisle have the temerity—that is a pretty strong word, but I think it applies—to assert these huge cuts will actually make Medicare more solvent. Nothing could be further from the truth. I have news for them. Cutting reimbursements to doctors, cutting reimbursements to hospitals and other providers—all providers—and it has been mentioned by my distinguished colleague from Nebraska—home health care providers, hospices is not reform. These cuts will hurt Medicare beneficiaries, our seniors who have worked their entire lives with the promise that this program would support them through their older age.

Medicare already pays doctors and hospitals well below cost—70 percent approximately for hospitals, 80 percent for doctors approximately. The only saving grace is that these providers have the ability to shift their losses on to private payers to keep their doors open or their practices going. But there is a limit to their ability to cost shift. There is only so much the private sector is willing to absorb.

American families already pay—now get this—an extra $90 billion in a hidden tax to make up the Medicare and Medicaid underpayments that we in past years have provided each year. More cuts to reimbursements coupled with the massive increase to Medicaid this bill assumes will push these limits, meaning that fewer doctors will open their doors to new Medicare patients. They are doing that right now. We are rationing right now as to access to doctors who accept Medicare patients, and health care access and quality for our seniors will be compromised.

Take the $105.5 billion cut to hospitals as an example. I know the National Hospital Organization has signed off on these cuts. I don't know why, but they have signed off on these cuts. I also know for a fact they will harm Kansas hospitals. I asked my Kansas Hospital Association—I did, at my request—to run the numbers on how this bill will affect their bottom lines. Their findings are frightening.

According to the Kansas Hospital Association's outside experts, this bill will result in nearly $1.5 billion in losses to Kansas hospitals over the next 10 years. It may be true that some urban hospitals that currently have large percentages of uninsured patients may have some of their cuts offset by the potential reduction this bill will make to the uninsured population. But that is no consolation to a hospital in McPherson, KS, for example, that may be too large to qualify for the higher reimbursements allotted for what we call critical access hospitals, and has, unfortunately, the misfortune of serving a smaller than average uninsured base. Those hospitals will see huge cuts without seeing any of the gains. This bill's $100 billion cut will only hurt these hospitals and their ability to serve Medicare and even non-Medicare patients. Remember the cost sharing.

Medicare's own actuaries at CMS, the Center for Medical Services—sort of an oxymoron—have agreed that the Democrats' cuts to hospitals and other providers could be dangerous and could cause them to end their participation in Medicare. So why are we doing this?

Another huge cut to Medicare in this bill is that $120 billion cut to the Medicare Advantage Program. My distinguished colleague from Nebraska has already talked about that, the effects of Medicare Advantage to Nebraska. Let me talk about Kansas. Close to 11 million, or one-quarter, of Medicare beneficiaries are enrolled in Medicare Advantage; 40,000 of those beneficiaries are in Kansas. I want to read an excerpt from one letter I received from a very satisfied Medicare Advantage customer in Shawnee, KS. Ms. Lila J. Collette is enrolled in Humana Gold Plus, a Medicare Advantage plan. She writes:

> Please use everything in your power to let me and the many, many other people in Kansas who have chosen Humana Gold Plus to keep this wonderful plan.

Ms. Collette is not alone. Satisfaction rates among seniors enrolled in Medicare Advantage plans are very high. I know they are very unpopular to the other side and there are a lot of allegations made, but these people made that decision on their own, so why are we essentially gutting this program that provides quality and choice to our seniors?

I could go on about the cuts to hospice, home health care providers, nursing homes, but I think you get the point. I disagree with the failure to prioritize the solvency of Medicare over the establishment, again, of new government programs. And I certainly will never agree to financing these government expansions by bleeding the Medicare Program dry.

That is why, as I have said, I offered amendments in the Finance Committee markup that would have struck these Medicare cuts. Again, unfortunately, they were defeated on a party-line vote.

As the President is fond of saying, ''Let me be clear.'' This bill is funded on the backs of our seniors and those who provide Medicare to our seniors. This bill slashes Medicare by $½ trillion. This bill threatens access to care for seniors and health care for all Americans. I hope my colleagues will join me in opposing these cuts by voting for the McCain motion to commit.

This is the key vote. Don't kid yourselves, this is the key vote. You are either for protecting Medicare or not.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I wish to once and for all lay to rest this false claim that the pending bill is going to ''hurt seniors'' and is going to hurt providers; it is going to be this long parade of horribles that the other side likes to mention. It is totally, patently untrue, the claims they are making.

No. 1, all the crying allegations on the other side that the underlying legislation cuts Medicare, it cuts Medicare, it cuts Medicare—that is what they say. What they do not say is it does not cut Medicare guaranteed benefits. It doesn't cut benefits. It does reduce the rate of growth that hospitals would otherwise receive. It does reduce the rate of growth that medical device manufacturers might receive. All that is true. So it is true it is cutting the rate of growth of Medicare providers. It is not true that this legislation cuts Medicare benefits. That is not true. The other side would like you to believe that is true by using the words

they choose. By saying ''cutting Medicare,'' they want you to think that is cutting Medicare benefits.

But it is not cutting Medicare benefits. Rather, the underlying bill reduces the rate of growth of government spending on providers, on hospitals, home health, hospice—lots of other providers. That is what is going on here. Don't let anybody fool you. This bill does not cut Medicare benefits. It does not. But it does reduce the rate of growth of providers.

Why are we doing that? First of all, most of these providers, virtually all the providers say—gee, we don't like our rate of growth, the Federal dollars coming to us, cut, but they will go along with it. They are OK with it. Why are they OK with it? Why is the American Hospital Association OK with reducing the rate of growth of hospital payments by $155 billion? Why are they OK with that? They are OK with that because they are going to make it up on volume. This legislation provides coverage for many more Americans. They are going to have health insurance. Americans who do not have health insurance now often have to go to the emergency room of the hospital, the hospital has to provide the care, it is uncompensated care—nobody is paying for those hospital benefits—and that cost is transferred on to private health insurance premium holders. They have to pick it up. On average, that is about $1,000 per family per year.

No. 1, let me repeat, there are no cuts to Medicare benefits. There are reductions in the rate of growth to Medicare providers—which the providers agree with, by and large. I won't say totally, I wouldn't stand here and say they are jumping up and down and they are enthusiastic about it, but I am saying they realize they are not getting hurt. They are going to do OK. They are going to do OK because they are going to make up in volume what they might otherwise lose. That is a very important point for people to understand.

Second, if you listen to the other side, what they would have us do is virtually do nothing. What does doing nothing mean? Doing nothing means the solvency of the Medicare trust fund is just over the horizon. This legislation extends the solvency of the Medicare trust fund another 4 to 5 years. Man, if I am a senior—I am about to be a senior—I would sure like the Medicare trust fund to be solvent. I would like that very much. This legislation extends the solvency of the Medicare trust fund by another 4 to 5 years, to about the year 2017. So without this legislation, the actuaries say the Medicare trust fund is going to become insolvent 5 years earlier, 2012, somewhere there. That is not many years from now; not many years at all. So it is very important we extend the solvency of the Medicare trust fund.

You might ask why is the Medicare trust fund in a little bit of jeopardy? Why is that? The very basic reason is because health care costs are going up at such a rapid rate in America. Our health care costs are going up by 50 or 60 percent more quickly than the next most expensive country. We already are paying per capita 50 percent or 60 percent more than the next most expensive country. So there is a whole host of things we are doing in this legislation to make sure we have some limit over our health care costs.

I realize I misspoke earlier. Currently the Medicare trust fund is due to be insolvent about the year 2017. This legislation extends the solvency of the Medicare trust fund to the year 2022. The principle is the same, just the 5 years is tacked on a little later period of time rather than upfront.

But we are doing a whole host of things in this legislation to reduce the rate of growth of health care costs to people in this country. It is health care costs which are driving up the Medicare trust fund costs so we are doing all we can to extend the solvency of the Medicare trust fund.

People are saying the Medicare trust fund is getting insolvent because baby boomers are retiring, and that will increase the pressure on it. But the Congressional Budget Office did a study 6 or 8 months ago that said about 70 percent of the additional cost of the Medicare trust fund is due to cost increases, it is not due to more baby boomers retiring when they reach the age of 65.

What do some of the groups say about this legislation? Let me say what AARP says. We have a chart here which indicates what the American Association of Retired People says about the underlying bill. If it was cutting Medicare as the other side says, you would think they would not like this bill. You would think they would have problems with it.

AARP has not totally endorsed this bill, but they don't have problems with it because they know we are doing the right thing. What do they say? AARP says:

> Opponents of health care reform won't rest. [They are] using myths and misinformation to distort the truth and wrongly suggesting that Medicare will be harmed. After a lifetime of hard work, don't seniors deserve better?

That is what the AARP says, referring to the distortions, misrepresentations, and untruths, trying to scare seniors, mentioned by opponents of this legislation.

Here is another AARP quote. This is this month:

> The new Senate bill makes improvements to the Medicare program by creating a new annual wellness benefit, providing free preventive benefits, and—most notably for AARP members—reducing the drug costs for seniors who fall into the dreaded Medicare donut hole, a costly gap in prescription drug coverage.

That is a very important point. This bill not only does not cut benefits, it increases benefits for seniors. A big one is referred to right there and that is the so-called doughnut hole, the gap in coverage under the prescription drug program. This legislation in effect says that seniors now who have $500 of their drug benefit, prescription drug benefits paid for when they are in that doughnut hole period, and add to that this bill also says it is all paid for, at least for 1 year, in this doughnut hole. We have to worry about that in subsequent years, but this bill improves the benefits that seniors will get, not take away benefits as the other side would imply.

It is true that private programs, such as Medicare Advantage, are reduced from what they otherwise would be, just as hospitals are reduced in payments from what they otherwise would get. I have a chart here. Let me point out the next chart here, if I could, which shows that the provider groups, hospitals, et cetera, are actually going to do OK under this legislation. What does this chart show? This chart shows that Medicare spending will continue to grow under this legislation. It will grow, and grow by a lot. Here, in 2010, it is $446 billion and you see a steady growth through the 10 years of this bill.

I might say parenthetically, one of the previous speakers said rural health care is going to be hurt, rural hospitals are going to be hurt in this legislation. I do not think that is entirely true. I have a lot of hospitals in my home State of Montana, rural hospitals. They are not upset with this legislation. They say it is OK. They approve it.

In addition, there are no cuts to critical access hospitals. In rural America most of those hospitals are critical access hospitals. So they are going to be OK.

Basically, if we did not pass this legislation, these provider groups—hospitals, nursing homes, home health, hospice, Medicare Advantage, even Part B Medicare improvement—would all increase by about 6.5 percent over the decade. Under this legislation they all increase by about 5 percent over this decade, with a 1.5 percent cut which they basically agree to.

I want to make that point clearly. We are not cutting Medicare. We are not cutting Medicare benefits, but we are reducing the rate of growth of Medicare spending.

Another point I want to make, if I may, is there is nothing new here. Many of the Senators who are advocating killing this bill made the opposite statement not too many years ago. What did they say? They said: You have to reduce the rate of growth in Medicare spending in order to save Medicare benefits. That is what they said a few years ago, exactly what they said. Let me read:

> We propose slower growth in Medicare. Medicare would otherwise be bankrupt.

They are standing on this floor making the opposite statement today, the exact opposite statement today, trying to scare people to kill the bill.

Here is another Senator. I will not embarrass them by giving their names,

but they are Senators who currently serve in this body.

We do heed the warning of the Medicare Board of Trustees and limit growth to more sustainable levels to prevent Medicare from going bankrupt in 2002. That is what is necessary to ensure that seniors do not lose their benefits altogether as a result of bankruptcy in 7 years.

One Senator said that. When? About 14 years ago. Exact same thing that is going on today.

We know, experts know that if we are going to save Medicare benefits, we have to stop overpaying some of the providers, hospitals and so forth. We are overpaying them.

Let me tell you one small example of how we are overpaying them. Did you know that the updates—the fancy term for paying more for hospitals and so forth—did you know they don't take productivity into account when they make these update recommendations? The recommendations are basically made by an organization called MedPAC. MedPAC is a nonpartisan organization composed of doctors and experts that advise Congress on what the payment updates—what the payment increases should be for different groups over the years. We in Congress basically look at them. We try to decide what makes sense, what doesn't, and so forth. But MedPAC has said that this is what we have to do. We have to slow the rate of growth in some of these providers because they are getting paid too much. They are getting paid more than they need to be paid.

I repeat: We are still going to allow 5 percent growth for all the providers over the next 10 years. None of them are really crying wolf, I might say. That is the main point I wanted to make.

I mentioned what AARP is saying. Let me mention the American Medical Association:

[We are] working to put the scare tactics to bed once and for all and inform patients about the benefits of health reform.

That is the American Medical Association. They are referring to the scare tactics of the other side. The AARP and the American Medical Association and others know that no senior will see a single reduction in their guaranteed Medicare benefits under this bill, not a single one.

I might also say that this bill would reduce premiums seniors would have otherwise paid. Much of those savings to seniors comes from eliminating massive overpayments to private insurers; that is, private companies such as Medicare Advantage.

A small point here. When seniors hear the words ''Medicare Advantage,'' they tend to think that is Medicare. It is not. It is a private company. Those are private companies. They were basically enhanced. Under the 2003 Medicare Part D legislation, they were given a lot more money to encourage them to have competition in rural areas. It turns out we gave them way too much additional money. They know it. This legislation is trying to cut back on the excess they were provided back in the year 2003. The cut is about $118 billion over 10 years. I don't have with me how much is remaining. But that 5 percent figure I gave you of growth, that includes Medicare Advantage.

I mentioned already that this legislation would reduce prescription drug costs. That doesn't sound like a benefit cut to me; that sounds like an additional benefit for seniors. We also provide for new prevention and wellness benefits in Medicare. That is an addition. That is not a cut. That is an addition. We are also helping seniors stay in their own homes, not nursing homes. That is a benefit.

It is important to point out here that the opponents of health care reform do not have a plan to protect seniors and strengthen the Medicare Program. They say don't do what they said a few years ago. They say: Commit the bill, do nothing. They say: Go back and start from scratch again. That is basically what they say. If you listen to the music as well as the words, if you read between the lines, basically they are saying: Kill it. Don't do it. That doesn't make sense.

That is what they are saying. I hate to say this because I tend to be a pretty nonpartisan kind of a guy. But these are scare tactics. They are not truths. Sometimes you have to call a spade a spade, and that is exactly what is happening here.

I might say that MedPAC, the outfit that advises us, is nonpartisan. They can't help us decide what to do here. They think Medicare Advantage plans are overpaid by 14 percent. In addition, a typical couple will pay $90 more per year in Part B premiums to pay for Medicare Advantage overpayments even if they are not enrolled in these plans. That is not right.

Medicare home health providers—I gave that list earlier. One small part of that is Medicare home health providers. They have an average margin of 17 percent. That is a little high.

If we are trying to protect Medicare benefits, we have to make sure we are not overpaying the Medicare providers. That is just common sense. It is the right thing to do. So many seniors just need help with their Medicare benefits.

Nursing homes are making profits of 15 percent off of Medicare. In my judgment, that, too, is unacceptable. We have to bring those down within reason.

We have an obligation. This is a government program. We have an obligation to taxpayers to make sure we are not overpaying hospitals and providers. We have to do right by them, make sure they are doing OK, but just not overpay. That is a tough line to draw sometimes. It is a judgment call. But that is what we are doing here.

In addition, the Office of Inspector General has found rampant fraud and waste and abuse in the Medicare Program. There is a lot of fraud and waste in the Medicare Program. The last figure I saw was about $60 billion in fraud in Medicare—providers, frankly, just ripping off taxpayers and seniors. We have added additional provisions in here to outlaw that fraud—additional screening, additional certification, additional ways to make sure that Medicare does a better job, that CMS does a better job in knowing which payments to providers are right and which are not right.

What is the real impact of the Medicare policies here? Let's be clear: The real impact of these policies, even with the Medicare changes in the bill, overall provider payments will still go up. I don't want to beat that horse too much, but I want to make it clear. We are not cutting benefits. We are reducing the rate of growth of spending for health care providers, hospitals, and nursing homes, but we are reducing it in a moderate way. We are not reducing it by too much. As this chart shows, those providers still get at least a 5-percent net increase in payments over the years, and the groups themselves have not really complained about them. Take the pharmaceutical companies, hospitals, nursing homes, home health, hospice—they are not crying crocodile tears because they know they are going to do better under health care reform.

Remember that famous meeting down at the White House not too long ago. The industry came in and talked to the President. Remember what they pledged, all these providers, how much they can cut reimbursements to them? This is including the insurance companies, hospitals, and everybody. They said they would cut $2 trillion over 10 years—$2 trillion. This legislation doesn't come close to cutting $2 trillion. I think the figure is about $400 billion. That is not $2 trillion, that is $400 billion. So we are not hurting them that much. We are not hurting them, frankly. They are doing OK.

I have quotes from hospital associations. This is from Sister Carol Keehan, president of the Catholic Health Association:

Clearly, the Catholic Health Association thinks the possibility that hospitals might pull out of Medicare . . . to be very, very unfounded.

I have heard the claim over here that this legislation is going to cause providers to pull out of Medicare. That is totally untrue. I have so many quotes here from people in the hospital industry who believe this is OK. They are not going to pull out.

Chip Khan, president of the Federation of American Hospitals:

Hospitals will always stand by senior citizens.

I also know some providers are going to do very well under this reform legislation. Wall Street analysts have suggested that many providers, including hospitals, will be ''net winners,'' according to the basic feeling among Wall Street analysts. Under our bill, they estimate hospital profitability

will increase with reform because more and more hospital patients will have private health insurance.

Nobody is going to pull out. They are not going to cut Medicare benefits. It is true that there is a reduction in some of the private plan nonguaranteed benefits companies would give to seniors at the expense of private patients. That is true.

MedPAC has said it should be cut. MedPAC has said it should be cut more. We are giving these plans a break by not cutting them by what MedPAC says they should be cut.

Again, the reductions in this bill—for the providers, not beneficiaries—are far less than the health care industry itself said it could save over the next decade. A reminder: They pledged to save $2 trillion over 10 years. Under this legislation, they are going to be hit for $400 billion.

I mentioned before that the other side has often said this is exactly what we to have do, although today they say: No, no, no. I am not quite sure what the difference is between a few years ago when they said this is what we should do. Perhaps they can explain that.

I might mention, too—and this is very important, although we tend to lose sight of it—under this legislation, we provide delivery system reform.

There is a lot of waste in our health care system—estimates are 15, 20, 30 percent waste in the American system. Why is there so much waste, which means seniors are not given the benefits they should receive, which means private patients generally aren't getting the benefits they should receive because of all the waste? The waste is basically because of the way we pay for health care. We pay on the basis of quantity. We pay on the basis of volume. We do not pay on the basis of quality. To state it differently, a hospital tries to do the right thing, doctors try to do the right thing. They are paid on the basis of how many procedures they provide, basically, not outcomes, not quality. That is the basic root that has caused a lot of the waste in the current American system.

Health care is provided for differently in different parts of the country. The fancy term is ''geographic disparity.'' Health care in one community is practiced one way. Health care in another community is practiced another way. They are very different.

Many of us have read the June 1 New Yorker article written by Dr. Gawande comparing El Paso, TX, with McAllen, TX. I see the two Senators from Texas on the floor. Perhaps they can help us elucidate what is going on in El Paso and what is going on in McAllen. In El Paso, the cost of health care is about half per person what it is McAllen, another border town. Spending per person in El Paso is about half what it is in McAllen. Yet the outcome; that is, how well the patients do, is a little bit better in El Paso than it is in McAllen. Why? According to the author of the article, it is because of how medicine is practiced, what is the ethic, what is the sense in El Paso regarding health care and what is it in McAllen regarding health care. It may be dangerous for me to say so, but according to the author, his conclusion is that in El Paso, it is because the care is more patient centered, it is coordinated care, it is less on making a buck; whereas in McAllen, it is less coordinated care, more specialties in hospitals, a little bit more providers wanting to go make a buck.

The main point is that medicine is practiced so differently all over the country. There are geographic disparities. In Northern High Plains States, it is less spending per person and the outcomes are terrific. In some of the Sunbelt States—and I don't want to step on the toes of any Senators from Sunbelt States—there is more spending and the outcomes are worse. It is just because it is based on volume and quantity, not based on quality.

This legislation starts to put in place ways to move toward reimbursing based on quality, not volume. That, paradoxically, is going to result in lower costs and higher quality—lower costs but higher quality. Virtually all the folks in the health care community—the doctors, hospitals, and administrators I talk to—virtually all agree—I will be very conservative—80 percent agree, 85 percent agree, this is the direction in which we have to go.

This legislation goes in that direction. Failure to pass this legislation, which the other side wants, means we do not do any of that. It means we do not start putting in place ways to more properly reimburse doctors and hospitals and other health care providers.

This bill includes those patient-centered reforms I just mentioned. What are they? They include accountable care organizations, bundling is another concept, reducing unnecessary hospital readmissions, creating innovation centers. This bill starts to do that.

There is something else this bill does but which some on the other side get all exercised over and which I think they get exercised over improperly; that is, ways to start to compare one drug versus another, compare one procedure versus another, one medical device versus another. We have to start doing more of that with a nongovernment agency, with a private-public agency that works together so it gives good, solid information so we have more evidence-based medicine in America.

Right now, a lot of docs want to do the right thing, but what they do depends on the drug rep who comes in their office and starts peddling a certain drug. Docs feel uneasy about that, they do not like it, but they are so busy they see so many patients, it is hard to keep up to date. So we are trying to help them keep up to date with evidence-based medicine, and with a lot more health IT, health information technology, so they can get access to the best evidence through these various organizations.

There are just so many reasons this legislation is so important. I personally believe we have to move a bit toward what is called integrated systems. We hear about Geisinger, the Mayo Clinic, the Cleveland Clinic, Intermountain Healthcare. There is some home health out in Seattle where doctors and hospitals and nursing homes and pharmacists are more integrated, and that, therefore, cuts down on cost, increases quality. It is more patient centered. It is more care coordinated. This legislation helps us move in that direction.

We are just trying to get started with this legislation, get started in doing some of the right things we know we should do. We do not have all the answers. Nobody has all the answers. But if we get this legislation passed, in the next couple, 3 or 4 or 5 years, working with the basic underpinnings of this legislation, we are going to help correct some mistakes. We are going to see some new opportunities. We are going to be working on getting health care costs down, which we have to begin doing to help our people, help our companies.

We are going to work to get more coverage so more people have health insurance. It is an embarrassment today. It is an absolute embarrassment that the United States of America, an industrialized country, does not provide health insurance for its people. It is more than an embarrassment. It is a travesty. It is a tragedy. It is just wrong, it is morally wrong.

So this legislation gets us moving on the right track. It helps Medicare beneficiaries not hurt them, as the other side would like you to believe. It does not unnecessarily harm doctors and hospitals. They kind of go along with this. They kind of know it is the right thing to do. They are still getting big increases in payments, and there are other reforms here which I have not the time to mention tonight. But I strongly urge us to say: Hey, this is the right thing to do. Let's get started. Let's pass this legislation and certainly trounce this committal motion to stop what we are doing. It is not right to stop this. We are getting started. Let's keep going.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, I want to talk about health care legislation. That is what we have been talking about now on the Senate floor for the last week. I expect we will be talking about it for quite a long time.

We have just begun considering this bill, and the American people are growing in their opposition. According to a new Gallup Poll released yesterday, American independent voters now oppose this bill by an 18-point margin: 53 percent against it, 37 percent for it. This Gallup Poll states:

Despite the considerable efforts of Congress and the President to pass health insurance reform, the public remains reluctant to endorse that goal.

But this poll is just confirming what we have really known for months; that is, the bill before us—and the one that passed the House before that—is the wrong approach.

We are not against reform of health care; we need reform of health care. People are concerned about the rise of premiums in health care. So we ought to be looking at ways to address that issue. By doing what? By cutting the costs in the system and by allowing people to have more affordable health care options, none of which is in this bill.

Americans do not support $½ trillion in Medicare cuts. They do not support $½ trillion in new taxes. They do not support mandates. They do not support our growing national debt, which has hit its ceiling at $12 trillion. They certainly do not support a government takeover of our health care system.

Let's talk about the Medicare cuts. The Americans who are most impacted are those we are usually trying to protect: our seniors. I hear others on the Senate floor saying there are no cuts to Medicare. I am looking at the language in the bill. I am looking at the description of the bill, and the fact is there is $135 billion in cuts to hospitals, $120 billion in cuts to Medicare Advantage, $15 billion in cuts to nursing homes, $8 billion in cuts to hospice care. That is nearly $½ trillion in Medicare cuts. That is $500 billion.

In Texas, over half a million seniors are enrolled in Medicare Advantage. We know this bill will reduce their choices and the benefits they have today—benefits such as eyeglasses, hearing aids, dental benefits, preventive screenings, flu shots, home care, medical equipment, and more. So more and more seniors are not going to take the Medicare Advantage option which they now take and enjoy. This is not a solid approach.

I have heard others on the Senate floor on the other side of the aisle say it was Republicans who attempted to cut Medicare in previous years. The Republican effort to cut Medicare growth was $10 billion over 5 years. Not one Democrat voted for a $10 billion cut over 5 years. Yet today they are touting a $500 billion cut over 10 years.

Mr. President, $10 billion was out of the question, and $500 billion is now something that can be accepted? There is no reason to cut Medicare by $½ trillion. We should save Medicare. We should make it last longer and be more stable. But $500 billion in cuts is just going to make it worse. It is going to make it insupportable. Health care for our seniors will surely suffer on its face. That is a fact.

It is a fair question to ask: Well, what are Republicans for? Are you for health care reform? Well, of course we are for health care reform. Every one of us pays health insurance premiums, and we know people who are complaining about the rise in premium costs, especially small businesspeople. I sympathize with that. We all do.

So what is our approach? Step-by-step reform. What the American people are looking for is reform that does not cripple the health care industry in our country, that does not bankrupt our country, and that does not include a government takeover of the health care system.

There are commonsense, fiscally responsible reforms that Republicans have been promoting for years and would support today if we could have a bill that had any Republican input whatsoever, which this one does not—allowing small businesses to pull together and purchase insurance.

Sitting on the floor with us today is Senator MIKE ENZI. Senator ENZI was the chairman, previously, of the HELP Committee. He produced a bill. He produced a bill that would have given more people coverage than the bill before us today—allowing small businesses to come together and pool their risk pool, make it larger, and give much more affordable premiums to more small businesses so they could afford to do what every small business wants to do; and that is, offer health care coverage to their employees.

But the Democrats killed Senator ENZI's bill. That would have been the first step to health care reform. We could have passed that years ago and been on the right track increasing the number of people who have affordable options for health care.

No. 2, reducing frivolous lawsuits. Where States have taken the measure to reduce frivolous lawsuits, such as Texas and a few other States, it has been a phenomenal success. It has brought down the cost of medical malpractice premiums for doctors. It has increased the number of doctors who are willing to practice medicine again. It has increased the number of doctors who will go into rural areas that are underserved. It works.

The estimates are that if we had a part of this bill that would reduce frivolous lawsuits, it would save about $50 billion a year. If we could reduce $50 billion out of the cost in the system that is not going for anything productive, we could then put that into either helping shore up Medicare or give the Medicare reimbursements to doctors and health care providers, to hospitals. We could help the system by cutting those costs. That is something Republicans would support in a heartbeat.

How about tax incentives to people who are buying their own health care insurance? If we provided families with a tax credit worth $5,000, it would give them the ability to put that on a health care policy for their families. It would cut the cost and allow them to have an affordable option. Another is a tax deduction above the line or a tax credit, which would be a huge incentive to employers, as well as to individuals, who would be able to have that kind of help in covering the cost of health care. We are willing to support that.

Another is allowing individuals to purchase insurance across State lines; tear down that bureaucracy that keeps people from going across State lines and getting the very best deal for themselves and their families.

Even an exchange could work. That is something that is embedded in the bill, but it is an exchange that has so many mandates that it is going to raise the cost for everyone. Just a simple exchange that has competition and transparency could actually make a difference in cutting the costs of health care.

So I think there are many things we could do to reform health care, if we could have Republican input and a bipartisan bill that would offer more affordable health care coverage to more people in our country. These are ideas that would improve competition in the marketplace, reduce costs, increase access. We do not need a government-run plan to achieve that objective.

I will be offering an amendment that will allow States to opt out, without penalties, of this plan, if it passes, not just the government part of the plan, but all of the harmful measures. We should be providing choices, not forcing people into government plans. States should not be forced to participate in the government plan. They should not be forced to subsidize it. They should not pay for a plan through increased taxes, nor mandates on businesses.

We want businesses to grow. We want businesses to hire people. We want to have jobs created. This bill is a job killer. Has anyone noticed we have one of the worst recessions since the Great Depression in this country, that over 3 million people in this country have lost their jobs this year? Mr. President, 300,000 of them live in my home State of Texas. Yet we are talking about a bill that is going to increase mandates on businesses and surely will reduce the number of people who can be hired. There is a disconnect we need to put back together. We need to talk about options that can work, that can give more people health insurance coverage at a reasonable price and most certainly not be job killers, with mandates and taxes on small businesses that already are having a hard time staying afloat, creating jobs, and providing health care for their employees.

The first amendment we will vote on tonight is the Mikulski amendment that has to do with breast cancer screening and other preventive services for women. Senator MIKULSKI and I have worked together on women's health issues for a long time in this body. Two years ago, we championed the reauthorization of the National Breast and Cervical Cancer Early Detection Program, which provides screening and diagnostic services. So we know how important it is to address women's health care issues.

I was in complete disagreement with this new task force recommendation on

mammograms and the need for mammograms for women under the age of 50. But I am very concerned that with the recent recommendations of the task force and how this health care bill that is before us relies on the task force, that the amendment is not going to do anything to solve that problem. The health care reform bill relies on the task force 14 times, and it even allocates money to pay for advertising the task force recommendations. This amendment does not address the problem. Rather than severing the ties with that task force so it will not become the norm, the amendment now allows yet another government agency, the Health Resources and Services Administration, to interfere with the relationship between a woman and her doctor. So now coverage decisions will be dictated by both the task force and the Health Resources and Services Administration. Instead of letting doctors and their patients make the decision about when a woman needs a mammogram, we have now not one government task force but two that we will have to intervene in that decision. Oh, my gosh, that does not make any kind of common sense. While I agree with Senator MIKULSKI about the great importance of preventive care for women, I disagree with this approach because it still injects a government agency or task force into the decision that is going to determine whether women have access, easy access, full access to the health care of their choice.

The item we will be considering after the Mikulski amendment and the Murkowski amendment is the McCain motion. The McCain motion is going to strike the Medicare cuts from this bill. His motion, which I certainly endorse and support, would send the bill back for a rewrite. It would send it back to the Finance Committee with instructions to give us a new bill that does not include $½ trillion in Medicare cuts, a bill that would not be paid for on the backs of our seniors whom we should be protecting. As I mentioned previously, the bill that is before us would cut nearly $½ trillion—$500 billion—from Medicare. It will not make it stronger; it will fund more government spending, more government takeover in our health care system. Health care reform should not mean slashing Medicare by cutting $½ trillion from seniors' care. This is not reform.

If we can support the McCain motion to go back to the drawing board and look for a way we can have a bipartisan bill that would have Republican as well as Democratic input and agree to step-by-step reforms that would increase access, reduce costs and not take away choices of seniors and certainly not have a government takeover of health care, then I think we could produce something the President would sign and the American people would embrace. Right now, everyone I talk to in Texas is scared to death. They are scared to death of this big government takeover of our health care system because they know that when government gets involved, we are not going to have the quality we have known in the past, that the jobs are not going to be in the private sector, that we are not going to have the choice. When this bill—which relies on this task force 14 times to make the recommendations that would determine what the coverage is of the government plan—was put before us, all of a sudden people started to say women don't need mammograms before the age of 50, when we have always said it was after the age of 40; and after the age of 50, with a doctor's input, and that it would generally be on an annual basis.

The former head of the Red Cross, Bernadine Healy, and many of our health care agencies and task forces said that is going to kill women. That is going to kill women if they don't have early detection. Early detection is all we have for breast cancer right now. We don't have a cure. We only have early detection as a way to fight breast cancer. But all of a sudden, the task force that is relied on by this bill says we don't need mammograms before the age of 50; and after the age of 50, every 2 years, not every year; and after the age of 72, not at all. That is not health care reform. That is not what the President promised, and it is certainly not what Congress ought to assent to.

We can produce health care reform. We can lower the cost. We can give people access. We can give people choices. We don't have to mandate taxes and hurt businesses in this economic climate to do it. We have the capability to do something right. If we pass the McCain motion, we can go back to the drawing boards and do this right. That is the most important thing I hope we will do this week in the Senate for the American people, and they deserve it.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. DODD. Mr. President, I ask unanimous consent, if I may, that I be allowed to speak for 15 minutes and that that time include a colloquy with my colleague, the Senator from Minnesota.

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

Mr. DODD. Thank you, Mr. President. I wish to address a couple issues, if I may; one is this debate about Medicare cuts and savings. Let me put up one chart. I will not spend a long time on this, but I wish to make a point to my colleagues.

About a year ago, the Bush administration sent us a budget. According to the Congressional Budget Office and the Senate Budget Committee, the proposals in the Bush administration's budget in the last year alone called for $481 billion in Medicare savings and cuts. It was not in the context of a health care bill; that was part of a budget proposal. That was $481 billion, according to the CBO just last year. Literally, 12 months ago that was the proposal. In the context of the overall reform of the health care system, in which we are trying to achieve savings to make sure the dollars are going to go further and go for the things that are needed, our proposal calls for $380 billion in savings over the coming 10 years.

I think, again, people need to understand what we are talking about and that is the difference. So a year ago, $481 billion and no health care proposal—just to get to budget proposals. Here we are in the context of over 10 years of trying to put things in this bill to ensure a more solid footing.

The National Committee to Preserve Social Security and Medicare, representing millions of our fellow citizens, wrote a letter to the Senate, every Member, dated December 1, 2009. Senator HARKIN earlier put the entire letter in the RECORD. I am going to read just one sentence from the letter, signed by Barbara Kennelly, the President and CEO of this organization:

> Not a single penny of the savings in the Senate bill
>
> This bill we are debating—
>
> will come out of the pockets of beneficiaries in the traditional Medicare program.

This is an organization that does not bear a political label. It doesn't represent Democrats, Republicans, Independents. It merely spends every hour of every working day assessing what happens to Social Security and Medicare. That is all they do—all they do. Believe me when I tell my colleagues this organization would not make a statement such as this if it were untrue. I know the organization. I know the people involved. They are highly critical of Democrats and have been when they think we have gone too far in various areas. They state, categorically, what this bill does to Medicare.

I ask unanimous consent that the entire letter be printed in the RECORD.

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

NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE,
Washington, DC, December 1, 2009.

U.S. SENATE,
Washington, DC.

DEAR SENATOR: On behalf of the millions of members and supporters of the National Committee to Preserve Social Security and Medicare, I am writing to express our opposition to the amendment offered by Senator McCain which would recommit H.R. 3590, the Patient Protection and Affordable Care Act, to the Senate Finance Committee with instructions to remove important Medicare provisions.

Much of the rhetoric from opponents of health care reform is intended to frighten our nation's seniors by persuading them that Medicare will be cut and their benefits reduced so that they too will oppose this legislation. The fact is that H.R. 3590, the Patient Protection and Affordable Care Act, does not cut Medicare benefits; rather it includes provisions to ensure that seniors receive high-quality care and the best value for our Medicare dollars. This legislation makes important improvements to Medicare which are intended to manage costs by improving the delivery of care and to eliminate wasteful spending.

The National Committee opposes any cuts to Medicare benefits. Protecting the Medicare program, along with Social Security,

has been our key mission since our founding 25 years ago and remains our top priority today. In fact, these programs are critical lifelines to today's retirees, and we believe they will be even more important to future generations. But we also know that the cost of paying for seniors' health care keeps rising, even with Medicare paying a large portion of the bill. That is why we at the National Committee support savings in the Medicare program that will help lower costs. Wringing out fraud, waste and inefficiency in Medicare is critical for both the federal government and for every Medicare beneficiary.

The Senate bill attempts to slow the rate of growth in Medicare spending by two to three percent, or not quite $500 billion, over the next 10 years. However, it is important to remember that the program will continue growing during this time. Medicare will be spending increasing amounts of money—and providers will be receiving increased reimbursements—on a per capita basis every one of those years, for a total of almost $9 trillion over the entire decade. Even with the savings in the Senate bill, we will still be spending more money per beneficiary on Medicare in the coming decades, though not quite as much as we would be spending if the bill fails to pass.

America's seniors have a major stake in the health care reform debate as the skyrocketing costs of health care are especially challenging for those on fixed incomes. Not a single penny of the savings in the Senate bill will come out of the pockets of beneficiaries in the traditional Medicare program. The Medicare savings inclued in H.R. 3590, the Patient Protection and Affordable Care Act, will positively impact millions of Medicare beneficiaries by slowing the rate of increase in out-of-pocket costs and improving benefits; and it will extend the solvency of the Medicare Trust Fund by five years. To us, this is a win-win for seniors and the Medicare program.

The National Committee urges you to oppose the motion to recommit the bill to the Finance Committee with instructions to strike important Medicare provisions from health care reform legislation.

Cordially,

BARBARA B. KENNELLY,
President & CEO.

Mr. DODD. Thirdly, I wish to commend our colleague from Maryland, Senator MIKULSKI. Again, a lot has been said about her proposal dealing with women's health. Consider these two statistics as we try to get this right: Less than half the women in the United States have the option of obtaining health insurance through a job—less than half. They are forced either to purchase expensive insurance in the individual market or are dependent upon a spouse to provide health care.

Right now, today, whether you are a Democrat, Republican, conservative, liberal, whether you live in Connecticut, Texas or Minnesota, consider this: A healthy 22-year-old woman can be charged insurance rates 150 percent higher than a 22-year-old man in a similar condition. Our bill before us ends that—ends that. If you defeat the Mikulski amendment or recommit this bill, remember tonight or tomorrow, when the vote occurs, that 22-year-old woman and that 22-year-old man have a differential as much as 150 percent in health care premiums. That is what happens at this very hour. The Mikulski amendment changes that as well in our bill, among other things.

Lastly—and then I wish to turn to my colleague from Minnesota—just to remind my colleagues, again, what Senator BAUCUS has done with his committee in the Finance Committee and what we did in the HELP Committee to provide some meaningful advantages and help to people across this country immediately. One, our bill will provide $5 billion in immediate Federal support for a new program to provide affordable coverage to uninsured Americans with preexisting conditions. Coverage under this program will continue until the new exchanges are operating over the next few years.

Secondly, the bill creates immediate access to reinsurance for employer health care plans providing coverage for early retirees. Again, this will help protect coverage, while reducing premiums for employers and their retirees.

The bill also reduces the size of the doughnut hole immediately by raising the ceiling in initial coverage by $500 in 2010, the coming year—immediately. This will guarantee a 50-percent price discount on brand-name drugs and biologics purchased by low- and middle-income beneficiaries in the coverage gap. That is immediate.

Fourth, our bill will offer tax credits immediately to small businesses to make employee coverage more affordable. That is not a year or two or three from now, this is immediate. Tax credits of up to 50 percent of premiums will be available to firms that choose to offer the coverage as a result of the tax break.

Fifth, our bill will require insurers to permit children to stay on family policies until age 26. Right now, that ends at 23. Our bill extends it to 26 immediately, to have this benefit for people across the country who have families and children today who are staying home longer because of the absence of jobs out there for them.

Our bill will provide coverage for prevention and wellness benefits immediately and exempt these benefits from deductibles and other cost-sharing requirements in public and private insurance coverage. Not in a year, not 2 years, not 3 years but immediately when this bill becomes law.

Sixth, the bill would prohibit insurers from imposing lifetime limits on benefits and will restrict annual limits as well.

The bill also would prohibit group health plans from establishing eligibility rules of health care coverage that have the effect of discriminating in favor of higher wage employees.

In this bill, we also establish standards for insurance overhead to ensure that premiums are spent on health benefits. We also require public disclosure of overhead and benefit spending and require premium rebates from insurers that exceed established standards for overhead expenses.

Lastly, it would create new Web sites to provide information on a facilitated form of consumer choice of insurance options. And there are other immediate benefits to this legislation.

I think it is important, as we discuss the bill, that you understand there are substantial and meaningful improvements. We have debated this bill and debated these issues for months and months on end. The time has come to act. That is what we are proposing with this legislation.

With that, I appreciate the indulgence of my colleague from Minnesota. I yield to him for any additional comments he may wish to make.

Mr. FRANKEN. Mr. President, I thank Senator DODD for his leadership on this bill. I want to talk about Senator MIKULSKI's amendment.

First, a little bit about some of the claims that have been made on the floor today about Medicare. Senator DODD pointed out that in the Bush budget—the last Bush budget—there was a bigger cut to Medicare, but not in the context of any kind of health care reform. Senator BAUCUS said it so well about what the cuts are. They are to hospitals, and the hospitals are fine with it. They are not jumping-up-and-down excited about it, but they are fine with it because it comes in the context of health care reform.

We are covering 30 million more people. What does that mean to hospitals? When people come into the emergency room, they have coverage. The hospitals get paid. That is the context in which we are doing this; whereas, when President Bush was proposing those kinds of cuts, they were not in the context of insuring 31 million more people. When the uninsured were going into emergency rooms for the most inefficient care possible—and won't be now—it was costing every American family $1,100 in additional insurance costs. So they are comparing apples and oranges. We are doing so many things, and Senator DODD talked about some of the things this bill does. I want to talk about Senator MIKULSKI's amendment, because women are among the most severely disadvantaged in our current health care system. Right now, health insurance companies can and do discriminate against women solely on the basis of their gender.

Right now, it is legal in many States—again, not in all States, and this is why, when you are talking about getting health insurance from another State, you have to be careful. In Minnesota, we have stronger regulations. In other States, you don't. In many States, it is legal to charge women higher premiums, or deny them coverage at all, if they have had a C-section. It is a preexisting condition. If they have been the victim of domestic violence—in many States in this country an insurance company can deny a woman coverage because she has been the victim of domestic violence, because it is considered a preexisting condition. That is wrong.

I am immensely pleased that under this bill, for the first time, women will have access to comprehensive health

benefits, including maternity care, without having to pay more than their male counterparts. But we can do even more for women's health in this country.

Senator MIKULSKI's amendment improves the bill to make sure women can get the preventive screenings they need to stay healthy. Most important, the amendment will make sure that women have access to these lifesaving screenings at no cost. So it doesn't interfere with a woman and her doctor, as my distinguished colleague from Texas said a few minutes ago. It makes these screenings available at no cost. Why is this important? Because right now, women are delaying or skipping preventive health care because they cannot afford it. That is not just bad for women's health, it is bad for our system because it drives up costs unnecessarily. Even in Minnesota, where we generally do a good job at health care, there are women right now who are not getting the care they need. They are skipping their annual exam because they are uninsured. Women who are uninsured are twice as likely not to get the care they need.

Other women in Minnesota simply cannot afford the coverage they have now. Since 2007, the number of women who have delayed or avoided preventive care because of cost has doubled. The economic crisis has only made things worse. But the economic situation is no excuse. The reality is that women are forgoing preventive services that could save their lives because of the way insurance works now.

Make no mistake what that is about. From 2000 to 2007, the health insurance companies saw their profits increase 428 percent. Women are forgoing preventive measures that could save their lives. Is this the kind of country we want to live in?

There was some good news yesterday. The CBO confirmed what many of us already knew—that with the insurance market reforms and subsidies in our bill, women will be able to purchase better coverage at a lower cost than they would be paying without the bill. That is huge. With Senator MIKULSKI's amendment, we will go even further, guaranteeing that women receive preventive care when they need it, without barriers. These screenings catch potential problems such as cancer as early as possible. This saves lives and, by the way, it saves money.

For example, cervical cancer screenings every 3 to 5 years could prevent four out of every five cases of invasive cancer. Regular screenings could prevent more than half of the cases of infertility. Senator MIKULSKI's amendment will give women the care they need when they need it. This is a huge step forward for justice and equality in our country.

It is also a top priority for me that health reform includes another crucial women's health service, which is access to affordable family planning services. These services enable women and families to make informed decisions about when and how they become parents. Access to contraception is fundamental, a fundamental right of every adult American, and when we fulfill this right, we are able to accomplish a goal we all share—all of us on both sides of the aisle to reduce the number of unintended pregnancies. And so I believe that affordable family planning services must be accessible to all women in our reformed health care system.

We can't wait any longer, and I urge all of my colleagues to stand up with us and support this amendment.

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

Mr. FRANKEN. My apologies to Senator DODD. I guess I, as a freshman, am not necessarily familiar with all the rules. I think that means I must yield the floor, is that right?

The PRESIDING OFFICER. That is correct.

Mr. FRANKEN. I yield to my good friend from Texas.

Mr. BAUCUS. Mr. President, I didn't think there was a time agreement here.

Mr. DODD. Yes, I had asked consent for a time agreement. I suspect we are going to have a lot of time to talk about the bill.

I appreciate the comments of my colleague from Minnesota.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. CORNYN. Mr. President, I want to talk principally about the Medicare cuts in this bill and make sure that people understand the context in which this takes place and what it means in terms of benefits for seniors.

There has been a lot of parsing of language here in a way that I think can perhaps obscure the real impact of these proposals.

First, let me say there is broad agreement that our health care system needs reform. But I thought the purpose of that reform was to lower costs and make it more affordable—not raise premiums, raise taxes, and cut Medicare benefits.

Again, I say to our friends across the aisle, no one wants the status quo. But it is clear that our friends across the aisle are not interested in any proposals from this side of the aisle, as demonstrated by the party-line votes in the HELP Committee and the Finance Committee, and the product coming from the House of Representatives.

This is simply too important to do on a purely partisan basis. Yet that seems to be the intention of the majority. The American people want us to get this right because they understand this impacts 17 percent of our economy, and it affects all 300 million of us. This is important to them. As they have watched these debates and proposals, as they have learned more about them, it is no mystery why public opinion for these proposals has dropped like a rock. Again, it has dropped like a rock.

First of all, on cost, they realize that the proposals as made have masked the true cost of this bill, and there was celebration when the bill came in under $900 billion. Forget the fact it doesn't actually go into effect until 4 years into the 10-year budget window, so it was only 6 years of implementation; and never mind that it didn't include reversing the 23-percent cut in physician payments that go into effect at the first part of next year, unless Congress acts. That was left out intentionally to make this look cheaper than it is.

The Senate Budget Committee has pointed out that this bill, when fully implemented, would cost the American people $2.5 trillion. I have constituents who asked me: Do you know what a trillion dollars is? They say: I don't know. We used to talk about a million dollars being a lot of money, and then a billion dollars. Now we are into the trillions—hence, the bumper sticker ''don't tell Congress what comes after a trillion,'' for fear we will spend it.

This bill, written by the majority leader behind closed doors, increases taxes by nearly $½ trillion on American families and small businesses during the worst recession we have had since the Great Depression. Unemployment is 10.2 percent, and it is perhaps headed higher. This bill proposes to make it harder on businesses to retain employees, or perhaps maybe someday hire employees and bring down that unemployment rate.

This is a job-killing bill. That is why the American people, the more they learn about it, like it less and less. I predict that the longer this debate goes on, the more they learn about it, the less they will find to like about the bill for that and many other reasons.

This bill also, according to the CBO, increases health insurance premiums by $2,100 for American families purchasing insurance on their own. If you are fortunate and you have large group coverage, it is a little better. But for the millions who are not, it increases the cost of their insurance by $2,100 a year.

I want to focus primarily on the cuts in Medicare. When our colleagues celebrate the fact that this comes back budget neutral, let me explain that mystery. That means you have raised taxes so much and cut Medicare benefits so much, you can claim it is budget neutral. I daresay that is not cause for celebration. In order to create a $2.5 trillion new entitlement program—and that is what this is, at a time when the unfunded liabilities of our current entitlement programs go somewhere into the $40 trillion to $60 trillion range—this bill actually cuts $465 billion in payments from Medicare. These cuts include $135 billion to hospitals; $120 billion from 11 million seniors on Medicare Advantage, including a half million—or to be more precise, 523,000 Texans who depend on Medicare Advantage will see a cut in benefits because of this proposal if it passes.

Mr. President, $15 billion will be cut from nursing homes, $40 billion will be

cut from home health agencies and $8 billion from hospice care.

You can try to parse those words and say we really are not cutting Medicare, but we are cutting Medicare Advantage. Indeed, the Obama administration's own Actuary at the Center for Medicare and Medicaid Services said Medicare cuts of this size would hurt seniors' access to care for several reasons.

First, let me start with Medicare Advantage. Medicare Advantage provides benefits over and above Medicare fee for service. But I think we need to understand that with regard to Medicare fee for service in my State, the last time I checked, 42 percent of physicians will not see a new Medicare patient because the payment rate is too low for the doctors to be able to break even or maybe perhaps earn a small profit. Again, 42 percent of Medicare patients are denied access to a doctor in my State because Medicare payments are so low.

What we did a few years ago was pass the Medicare Advantage Program, which was created to give seniors choice. In other words, there has been so much celebration of the public option or the government-run plan. We have a government-run plan now—Medicare fee for service, which has, depending on where you read, somewhere between an 8- to 12-percent faulty payment rate. In other words, it pays somewhere around 7.8 to 12.4 percent of bills it does not owe to people who do not deserve it, diverting that money away from payment for beneficiaries.

We decided a few years ago to give Medicare beneficiaries a choice—something I thought we all were for—a choice that provided better care coordination and better benefits. Today, 11 million seniors, including the 532,000 I mentioned in Texas, have chosen Medicare Advantage. But this bill, if passed in its current form, will take away health care benefits from those 11 million seniors on Medicare Advantage by cutting $118 billion from the program.

During the Finance Committee markup, the Congressional Budget Office acknowledged that Medicare Advantage cuts would mean fewer services, such as dental or vision.

Senator MIKE CRAPO asked this question:

So approximately half of the additional benefit would be lost to those current Medicare Advantage policyholders?

Congressional Budget Office Director Doug Elmendorf said:

For those who would be enrolled otherwise under current law, yes.

So approximately half the additional benefit would be lost to those current Medicare Advantage policyholders.

What happened to the President's promise that if you like what you have now, you can keep it? This is another example of a promise that breaks under this bill, in addition to the $2,100-per-family premium increase for those who buy their insurance on the individual market.

Despite the fact that this bill cuts $465 billion from the Medicare Program, it also fails to deal with draconian cuts that will go into effect in January, unless Congress acts, which will further ensure that seniors will be less likely to see a doctor in 2012. We all know this is sometimes called the doc fix, but this is basically a misguided decision Congress made back in the late nineties to cut provider benefits, thinking that they could do so and it would not have any impact on access to care. But what it has done is while on one hand Congress can stand here and say: Yes, we kept our promise to seniors by providing Medicare coverage, seniors are finding it harder and harder to find a physician who will actually see them because of those low reimbursement rates. This bill does nothing to cut the 23-percent cut in those benefits in 2012 which will have an extremely negative impact on seniors' ability to see a doctor.

We know the majority leader tried, on a standalone bill, to address this issue earlier. But it was not paid for. On a bipartisan basis, Senators in this body rejected sending a bill for $200 billion more to our children. We said we need to be responsible and pay for the bill.

Then the President said health care reform would be paid for by dealing with waste, fraud, and abuse in Medicare. But that is not what this bill does. The Congressional Budget Office said the Reid bill only saves $5.9 billion from reducing waste, fraud, and abuse—$5.9 billion in a bill which over a full 10 years of implementation will cost the American taxpayers $2.5 trillion.

Instead of cutting Medicare, we should be addressing this problem. We know it is a serious problem. The Obama administration found that there was at least $47 billion in Medicare fraud, and that is a conservative estimate. According to Harvard professor Malcolm Sparrow, Medicare fraud may consume as much as 15 to 20 percent of the $454 billion Medicare budget. That means the amount lost to fraud each year in Medicare alone is $70 billion to $90 billion. As I mentioned, improper payment rates, depending on where you look, range anywhere from 7.8 percent of all Medicare payments paid improperly to as much as 12.4 percent, depending on where you look.

Defrauding Medicare has become so lucrative that even the Mafia and other organized criminals are getting into the act. According to the Associated Press last month, members of a Russian-Armenian crime ring in Los Angeles were indicted for bilking Medicare of more than $20 million, and a week after the FBI issued search warrants for a Medicare fraud investigation in Miami, the body of a potential witness was found in the backseat of a car, riddled with bullets.

Earlier this year, I introduced a bill which I hope our colleagues on the other side of the aisle will look at as a way to change the paradigm in terms of the way we address this problem of Medicare fraud. Rather than the pay-and-pursue model, we would have a model which would actually detect potential fraud on the front end by certifying payees and otherwise making sure that money is spent properly. We need to implement commonsense solutions such as this to fix fraud in Medicare before we simply cut in half or cut $½ trillion out of benefits in provider benefits to create a new entitlement.

We all understand Medicare is in miserable shape financially—miserable shape. If nothing is done, Medicare will go broke in 2017, according to the Medicare trustees. The Medicare part of entitlement problems has unfunded liabilities—promises Washington made but cannot keep and does not know how to pay for, nearly $38 trillion. Mr. President, $38 trillion is more than three times the current national debt of $12 trillion, and $38 trillion translated into the burden on every American family means that each American family owes $322,000—more than most American families' homes are worth.

The bottom line is, it is simply irresponsible, without fixing Medicare, without fixing the fraud and the waste—which I know the Presiding Officer is as concerned about as I am—and without dealing with the fact that Medicare promises coverage but denies access because of low payments, to pillage nearly $½ trillion from the bankrupt Medicare program to create a new budget-busting entitlement program.

There had been some talk on the floor about earlier attempts to reduce the rate of growth of Medicare. Interestingly, back in 2005, when there were some proposals to do just that—but, frankly, the numbers paled in comparison: about $10 billion in cuts compared to $500 billion in cuts—the majority leader called those cuts immoral. I have a long list of comments made by our friends across the aisle which stand in stark contrast to the comments they are making today.

Frankly, we need to do something about the insolvency of Medicare. Even if we did not do anything else, that would be a great benefit to the seniors to whom we promised health coverage but who are currently denied coverage because of the problems I talked about.

I know the distinguished chairman of the Finance Committee talked about the sterling endorsements that come from a variety of Washington-based advocacy groups. One of them is the AARP, the American Association of Retired Persons.

Mr. President, I ask unanimous consent to have printed in the RECORD an article about AARP dated October 27 at the conclusion of my comments.

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

(See exhibit 1.)

Mr. CORNYN. Mr. President, what this article demonstrates is that one reason AARP might be opposed to maintaining Medicare Advantage and

be for the cuts in benefits to current Medicare Advantage beneficiaries is because that group and its subsidiaries collected more than $650 million in royalties and other fees last year from the sale of insurance policies, some of which are designed to fill that gap between Medicare fee for service and what it actually costs to get to see a doctor. It is a conflict of interest for this association. Frankly, I don't think its endorsement is worth the paper it is written on, just like other associations that, contrary to the best interests of their members, have made a deal that is bad for the American consumer. The American consumers know it. They know a bad deal when they see it—a deal that includes increased premiums, higher taxes, and cuts in Medicare. Frankly, I think those people with such glaring conflicts of interest should not be in the position of trying to endorse something that is basically going to enrich them to the detriment of the American people.

I plan to offer amendments about this bill's provisions as currently proposed to cut $½ trillion from the Medicare Program. My first amendment would make Medicare play by the same financial solvency rules as private insurers.

We hear our friends on the other side of the aisle talk about insurance companies. I have no doubt that their desire is, frankly, to do away with private sector involvement in the health coverage field, which leaves, of course, only the Federal Government—ultimately a single-payer system making decisions out of Washington, DC, that affect the health care delivery of 300 million people—a bad idea.

My first amendment would make Medicare play by the same financial solvency rules as private insurers. Because private insurers are owned by their shareholders and have fiduciary responsibilities, they could not do business the way Medicare does. They could not tolerate high fraud, waste, and abuse rates. They could not function based on the same risk-based capitalization that private insurance companies do. My amendment would ensure that before we pillage $½ trillion from the Medicare Program to pay for yet another unsustainable entitlement program, the Medicare Program should be able to meet the same solvency and risk-based capitalization requirements private insurance plans meet.

My second amendment will be to strike the unelected, unaccountable board of bureaucrats known as the Medicare advisory board.

We have heard this Medicare advisory board extolled, but this is the same kind of unelected, unaccountable board that we saw just a couple of weeks ago issued a new order or recommendation on mammograms based on cost-benefit, which would have condemned some women between the age of 40 and 49, denied them access to a mammogram and, frankly, condemned them to an early, premature death because of breast cancer. When you put all the power to determine the coverage and also payment in an unelected, unaccountable board, such as the Medicare advisory board, then, frankly, you are going to get more of that rationing and that same sort of cost-benefit analysis which is going to consign too many Americans to a premature death because, frankly, the Federal Government doesn't care and is not going to see them get access to care.

After the Reid bill pillages $465 billion from the Medicare Program to create a new entitlement, it sets up this new Medicare advisory board, an unaccountable board of bureaucrats, to find more ways to cut billions of dollars from Medicare. Unsurprisingly, patients, providers, and even Congress don't always agree with experts, including the ones we have in place today. According to the Wall Street Journal, the Medicare Payment Advisory Commission, created by Congress in 1997, has recommended more than $200 billion in cuts in the last year alone, which lawmakers—that means Congress—has ignored.

Artificial and arbitrary budget targets leave little room for innovation as well. What if we were to find a cure for Alzheimer's in 2020 but because it would be too expensive, the Medicare advisory board would say the Federal Government is not going to pay for it?

Some have said this independent board would be a way to insulate Medicare payment decisions from politics. But the very creation of the Board was the result of a political deal with the White House that insulated hospitals from future cuts.

I wish to close by saying I hope my colleagues will reconsider and vote for the McCain amendment, which will reverse the pillaging of $½ trillion from the Medicare Program to create a new entitlement program. We should fix Medicare's unfunded liabilities of nearly $38 trillion and not steal from Medicare to create another unsustainable entitlement program that will, of course, have to be paid for by our children and grandchildren on top of all the other debt we are piling on them. At a time of insolvent entitlement programs, record budget deficits, and unsustainable national debt, this country simply cannot afford to spend $2.5 trillion on an ill-conceived Washington health care takeover.

I yield the floor.

EXHIBIT 1

[From the Washington Post, Oct. 27, 2009]

AARP: REFORM ADVOCATE AND INSURANCE SALESMAN

(By Dan Eggen)

The nation's preeminent seniors group, AARP, has put the weight of its 40 million members behind healthcare reform, saying many of the proposals will lower costs and increase the quality of care for older Americans.

But not advertised in this lobbying campaign have been the group's substantial earnings from insurance royalties and the potential benefits that could come its way from many of the reform proposals.

The group and its subsidiaries collected more than $650 million in royalties and other fees last year from the sale of insurance policies, credit cards and other products that carry the AARP name, accounting for the majority of its $1.14 billion in revenue, according to federal tax records. It does not directly sell insurance policies but lends its name to plans in exchange for a tax-exempt cut of the premiums.

The organization, formerly known as the American Association of Retired Persons, also heavily markets the policies on its Web site, in mailings to its members and through ubiquitous advertising targeted at seniors.

The group's dual role as an insurance reformer and a broker has come under increasing scrutiny in recent weeks from congressional Republicans, who accuse it of having a conflict of interest in taking sides in the fierce debate over health insurance. Three House Republicans sent a letter to AARP on Monday complaining that the group was putting its ''political self-interests'' ahead of seniors.

GOP lawmakers point to AARP's thriving business in marketing branded Medigap policies, which provide supplemental coverage for standard Medicare plans available to the elderly. Democratic proposals to slash reimbursements for another program, called Medicare Advantage, are widely expected to drive up demand for private Medigap policies like the ones offered by AARP, according to health-care experts, legislative aides and documents.

Republicans also question the high salaries and other perks given to some top AARP executives, who would not be subject to limits on insurance executives' pay included in the Senate Finance Committee's health reform package. Former AARP chief executive William Novelli received more than $1 million in compensation last year.

''We are witnessing a disturbing trend of handouts to special interests like AARP,'' said House Republican spokesman Matt Lloyd, referring to Democratic negotiations over health reform. ''In return, AARP is lobbying for a government-run health-care bill that will pad their own executives' pockets at the expense of its own members and other vulnerable seniors.''

AARP officials strongly dispute such allegations, arguing that the group's heavy reliance on brand royalties allows it to offer members a wide range of benefits—from lobbying for seniors in Washington to discount travel packages and financial advice. The organization notes that even though it offers a Medicare Advantage plan, it has long advocated curbing waste in that federal program.

''We're a consumer advocacy organization; we're not an insurance firm,'' said David Certner, AARP's director of legislative policy. ''That drives everything we do. It's got to be good for our members, or we don't endorse it.''

Added AARP spokesman Jim Dau: ''We spend far more time at odds with private insurers than not.''

AARP's ties to the insurance business date to its founding by former educator Ethel Percy Andrus, who started a group to help retired schoolteachers find health insurance in the years before Medicare; the effort led to the creation of AARP in 1958.

Now, the group relies more than ever on payments from auto, health and life insurers, according to financial statements. From 2007 to 2008, AARP royalties from insurance plans, credit cards and other branded products shot up 31 percent—from less than $500 million to $652 million—making such fees the primary source of revenue for the group last year, the records show. AARP's annual

financial report shows that 63 percent of that, or about $400 million, came from the nation's largest health insurance carrier, UnitedHealth Group, which underwrites four major AARP Medigap policies. Other carriers with AARP-branded plans include Aetna Life Insurance, Genworth Life Insurance and Delta Dental.

AARP is also a major powerhouse in Washington, spending more than $37 million on lobbying since January 2008. The organization's close ties with insurers have long attracted criticism from politicians of both parties.

During the health-care debate of the early 1990s, then-Sen. Alan Simpson (R–Wyo.) held hearings lambasting the group's business operations. Some Democrats criticized the group for supporting the Bush administration's expensive Medicare prescription-drug legislation in 2003.

Earlier this year, AARP and UnitedHealth said they were halting the sale of ''limited benefit'' health insurance policies after complaints from Sen. Charles E. Grassley (R–Iowa) that the plans were marketed in a misleading way.

Dean A. Zerbe, a former Grassley senior counsel who is now national managing director at the corporate tax firm Alliant Group, argues that AARP's involvement in the sale of insurance plans ''really hurts their credibility.''

''Either you're a voice for the elderly or you're an insurance company; choose one,'' Zerbe said. ''They put themselves forward in the public arena as nonbiased observers, but they're very swayed by business interests.''

Republicans renewed their attacks on AARP this year after the group emerged as a vigorous defender of many of the reforms under consideration by the Democrat-controlled Congress. Nancy LeaMond, an AARP executive vice president, appeared at a press conference Friday alongside House Speaker Nancy Pelosi (D–Calif.) to announce a new proposal for plugging gaps in coverage of Medicare prescription benefits.

Rep. Dave Reichert (R–Wash.), who has asked AARP to provide him with more details about its insurance-related businesses, said he believes the group is ''misleading'' its members about the alleged benefits of Democratic reforms. ''Right now there's a feeling among seniors that AARP may not be entirely forthcoming,'' he said.

AARP launched a ''fact check'' section on its Web site this year to counter GOP criticisms of reform, including the discredited ''death panels'' claim, and argues that wringing savings out of Medicare and closing gaps in prescription coverage will help older Americans.

Several top AARP officials also said they have no idea whether the group might gain insurance business as a result of the proposed reforms. ''We wouldn't know it, and we wouldn't really care,'' Certner said. ''The advocacy is what drives what we do here, and not the other way around.''

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I understand we have several Senators who wish to speak. First, the Senator from Michigan, Ms. STABENOW, then Senator HATCH; Senator CARDIN would be third. I don't want to tread on any toes. I say to Senator CARDIN, there is a little bit of time constraint.

We are alternating. We are respecting the alternating back and forth.

The Senator from Michigan is next, Ms. STABENOW.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

Ms. STABENOW. Mr. President, I, first, thank our distinguished leader on the Finance Committee. It is my pleasure to serve on the Senate Finance Committee. We have been working on this issue for well over a year—2 years now. I very much thank the Senator from Montana and appreciate his leadership in getting us to this point because I don't think we would have been here without his leadership. I very much appreciate that, as well as our leader, Senator REID, who has worked tirelessly, and, of course, the Senator from Connecticut, Mr. DODD, and Senator HARKIN from Iowa as well. We certainly appreciate their leadership.

The bottom line of the legislation in front of us is very simple. On behalf of the American people, we have put forward a health care reform bill that will save lives, it will save money, and it will save Medicare. It does that in multiple ways.

I wish to spend just a few moments this evening talking about Medicare because there is a very significant amendment in front of us that would undercut what we are trying to do to save Medicare. As we go through this next debate, as I have done many times, I am going to continue to talk about the ways in which we are saving lives and saving money.

The reality is, Medicare is a sacred trust with America's seniors, with people with disabilities. Our health care reform efforts, both in the House and the Senate, will help ensure that trust is never broken. That is what this is all about. In fact, I don't think I could look my 83-year-old mother in the eye, knowing how much she has benefited from Medicare, and be doing anything that would weaken Medicare—now or on into the future.

We are going to extend Medicare solvency while providing better, more affordable care for America's seniors and people with disabilities. In fact, we are going to add 5 years to the Medicare trust fund solvency, which is extremely important. In the long run, I expect, as we go forward, as we bring down costs, as we save money, we will, in fact, be adding years to the trust fund by what we are doing.

We are going to crack down on waste, fraud, and abuse in the Medicare Program and wasteful overpayments to insurance companies through a Medicare Advantage effort that essentially was set up to privatize Medicare—turn it over to primarily for-profit insurance companies.

Reform is going to make sure we have more affordable services for seniors. We are going to begin to close that doughnut hole, a gap in prescription drug coverage, right now. It was passed a number of years ago—and I might indicate not paid for—and our effort is entirely paid for. It does not add a dime to the national debt. In fact, it brings down the deficit. But we are closing a gap in coverage on prescription drugs by 50 percent. We are going to phase that in. We are going to keep going until we get that completely closed.

We are going to make sure preventive services do not have a cost connected with them—no deductible, no copay. We want people to be getting the cancer screenings, the mammograms, the wonderful colonoscopies, the other preventive services people need, as well as being able to have a yearly physical with their physician, without deductibles and copays. We are going to aggressively attack fraud and abuse that raises Medicare costs for seniors and for taxpayers.

Reform is also about improving quality of care. It will move Medicare toward a system of rewarding high-quality care, investing in innovations, more efforts in primary care, family doctors, better coordination of care, cutting down on duplication of tests and bureaucracy and all those things we so frequently complain about in the Senate—as we should.

It is going to make long-term care services more affordable. There is such a growing demand and need for long-term services.

It is going to eliminate the imminent physician payment cut that threatens to stop seniors from having full choice of seeing their own doctor. As my colleagues know, I am deeply committed to permanently fixing a flawed physician payment system, but in this bill we make sure the 21-percent cut that is scheduled to take place next year does not take effect, and we will continue. We are committed to working until we completely solve this problem.

It is not a surprise our Republican colleagues are opposing a plan that actually protects Medicare, it actually protects Medicare benefits for seniors, people with disabilities, and keeps Medicare finances in the black for 5 additional years. Just months, 7 months ago, nearly 80 percent of the Republican House Members voted to end Medicare as we know it by turning it into a voucher program that provides a fixed sum of money to pay to private insurance companies, which, by the way, has led—we are now trying to fix overpayments to private for-profit insurance companies at the expense of Medicare and services for seniors.

A top AARP policy official called this scheme that was supported by 80 percent of the House Republicans, just 7 months ago—called this scheme ''a very dangerous idea,'' saying it would raise costs for all beneficiaries and lower the quality of care for less-affluent seniors, lower income seniors.

Now faced with a plan that actually strengthens Medicare, actually saves Medicare for the future and makes sure money goes to Medicare beneficiaries rather than to insurance companies in high payments, some colleagues are pulling out all the stops to defend the health care status quo that sends hundreds of billions of dollars in overpayments to private insurance companies. That is, unfortunately, the result of the McCain amendment, which I strongly oppose.

Many Republicans are resorting to traditional scare tactics and falsehoods, myths. We have heard this over and over. You can go to the AARP Web site and see the fact that, time after time, they have put up falsehoods to try to scare seniors, which I think is outrageous. For proof of how politically motivated these attacks are on the President's proposal and our proposals to eliminate waste and insurance company overpayments in Medicare Advantage, you have to look no further than the fact that a group of Republican Senators actually introduced a similar proposal as recently as this past May.

These kinds of distortions, the fear tactics that have been used, would be offensive under any circumstance, but they are especially disingenuous coming from a group of people who have a long history—a party that has a long history of opposing Medicare and that very recently tried to kill the program as we know it. Their most recent assault was just the latest in a war that Republicans have been waging on the program since the beginning when a majority of them voted no on even establishing Medicare. The overwhelming majority of Republican colleagues voted no.

Last time we had a Democratic President, leading Republicans across the country launched a vicious attack on Medicare. They bragged about opposing the creation of the program in the first place. They called for huge cuts to Medicare and even the ''elimination'' of entitlement programs such as Medicare, as we know them. One even blamed seniors' greed for Medicare's budget problems.

As we now debate this issue, I find it so interesting that colleagues on the other side of the aisle are indicating that, after years of history of trying to cut, eliminate, change Medicare, Republicans having voted against even establishing Medicare, that somehow they are now the protectors of Medicare. As AARP has said, there is nothing in this proposal that is going to cut benefits or increase out-of-pocket costs for seniors. They would not be supporting the efforts we have been involved with if, in fact, it did. I think we all know that.

President Obama and the Democratic majority in this Congress are committed to protecting and strengthening Medicare, a program we created—I should say my predecessors. I was not here. I was not fortunate enough to be here, but it was Democrats who created that program. I am very proud of it because it is one of the great American success stories, Medicare and Social Security. It is a sacred trust with our seniors, and our health insurers reform plan will ensure that trust is never broken.

Health care reform is about saving lives, saving money, and saving Medicare.

I yield the floor.

The PRESIDING OFFICER (Mr. TESTER). The Senator form Utah is recognized.

Mr. HATCH. Mr. President, I am honored to be able to speak on the floor on this very important set of issues. I rise in support of Senator MCCAIN's motion to recommit in order to eliminate the Medicare cuts contained in the legislation.

I do have to say, having listened to my friend from Michigan—and she is a good person and good friend of mine—I have to say I do not see how in the world taking $500 billion from Medicare is good for the Medicare Program. When you start talking about: We are going to find it in fraud, waste, and abuse, that is the biggest dodge that has been used for years and years. Frankly, it is not good for the Medicare Program, it is not good for Medicare beneficiaries, and it is simply not true. How can cuts of that magnitude, $500 billion, $½ trillion, be good for the program?

I support Senator MCCAIN's motion to recommit the Reid health care bill in order to eliminate the Medicare cuts contained in this legislation. Throughout the health care debate, we have heard the President pledge not to ''mess'' with Medicare. Unfortunately, that is not the case with the bill before the Senate, H.R. 3590, the Patient Protection and Affordable Care act. Interesting name. To be clear, the Reid bill cuts Medicare by $465 billion to fund a new government program. Unfortunately, our seniors and the disabled are the ones who suffer the consequences as a result of these reductions. Medicare is very important to the 43 million seniors and disabled Americans covered by the program. Throughout my Senate service, I have fought to preserve and protect Medicare for both beneficiaries and providers. Medicare is already in trouble today. The program faces tremendous challenges in the very near future. The Medicare trust fund will be insolvent by 2017, and the program has more than $37 trillion, almost $38 trillion in unfunded liabilities. So we are going to take $500 billion more out of Medicare? That doesn't make sense. Every senior in this country ought to be up in arms about it.

The Reid bill is going to make a bad situation much worse. Why is that the case? Again, the Reid bill cuts Medicare to create a new government entitlement program. More specifically, the Reid bill will cut nearly $135 billion from hospitals, $120 billion from Medicare Advantage, and almost $15 billion from nursing homes, more than $40 billion from home health care agencies, and close to $8 billion from hospice providers. How can that be good for our seniors? These cuts will threaten beneficiary access to care, as Medicare providers find it more and more challenging to provide health services to Medicare patients. How can cutting $465 billion, almost $500 billion, out of Medicare strengthen the program? It defies logic. I do not know how people can stand on this floor and make that statement. The people out there have caught on to it. Senior citizens have caught on to it. All across the country they are up in arms, and they should be.

In addition, the proposed legislation permanently cuts all annual Medicare provider payment updates. Hospitals, home health agencies, and hospice facilities would face even more annual reductions over the next 10 years. Advocates of these reductions, known as ''productivity adjustments,'' will argue that today Medicare is overpaying certain providers because current payment updates do not take into account increases in productivity which actually reduce the cost of providing beneficiaries health care services. Come on. To me these permanent productivity adjustments will make it harder for Medicare providers to remain profitable, as Medicare payments fail to keep up with the cost of providing these health care services.

As a result of these payment reductions, I believe many doctors and other Medicare providers will stop seeing Medicare patients. In my home State of Utah, low Medicare reimbursement rates are already a serious problem for beneficiaries and their health care providers. These additional reductions will only make it more difficult. I want to stress to my colleagues that cutting Medicare to pay for a new government program is irresponsible. Any reductions to Medicare should be used to preserve the program, not create a new government bureaucracy or a new entitlement program. I believe it makes more sense to target the Medicare savings towards paying off Medicare's unfunded liabilities or preventing the program's future insolvency.

I wish to take a few minutes to talk about the Medicare Advantage Program and how it is affected by the Reid bill. As I stated previously, the Reid bill reduces Medicare by close to $500 billion. Almost $120 billion comes out of the Medicare Advantage Program. During the Finance Committee's consideration of the Baucus health bill, I offered an amendment to protect extra benefits currently enjoyed by Medicare Advantage beneficiaries. Unfortunately, my amendment was defeated. In other words, the President's pledge assuring Americans that they would not lose benefits was not met by either the Finance Committee bill or the Reid bill currently under consideration in the Senate. Here is how supporters of the Finance Committee bill justified the Medicare Advantage reductions. They argued the extra benefits that would be cut, such as vision care, dental care, reduced hospital deductibles, lower copayments, and premiums, were not statutory benefits offered in the Medicare fee-for-service program. Therefore, these benefits did not count. Well, they counted for the seniors receiving those benefits.

A few weeks back our President once again assured the American people

that they could keep their current health plan. Here is what he said:

The first thing I want to make clear is that if you are happy with the insurance plan that you have right now, if the costs you're paying and the benefits you're getting are what you want them to be, then you can keep offering that same plan. Nobody will make you change it.

I believe that promise should apply to all Americans, including those participating in the Medicare Advantage Program. Congress is either going to protect existing benefits or not. It is that simple. Unfortunately, under the Reid bill, if you are a beneficiary participating in Medicare Advantage, that promise does not apply to you.

I have some history with the Medicare Advantage Program. I served as a member of the House-Senate conference, as did the distinguished chairman of the Finance Committee. We both served as members of the Senate conference committee which wrote the Medicare Modernization Act of 2003. Among other things, this law created the Medicare Advantage Program. We did it because we wanted to provide health care choices to beneficiaries living in rural America. And it did. Medicare+Choice didn't do it. We knew it wouldn't do it. When conference committee members were negotiating the conference report, several of us insisted that the Medicare Advantage Program was necessary in order to provide health care coverage choices to Medicare beneficiaries. At that time there were many parts of the country where Medicare beneficiaries did not have choice in coverage. In fact, the only choice offered to them was traditional fee-for-service Medicare, a one-size-fits-all government-run health program.

By creating the Medicare Advantage Program, we provided beneficiaries with a choice in coverage and then empowered them to make their own health care decisions as opposed to the Federal Government making those decisions for them. Today every Medicare beneficiary may choose from several health plans for his or her coverage. Medicare Advantage works. It has worked. It will work in the future, if we don't louse it up with this bill.

On the other hand, Medicare+Choice and its predecessors did not, because many plans across the country, especially in rural areas, were reimbursed at very low rates by the Medicare Program. I fear history could repeat itself if we are not careful. Let me take a minute to talk about Medicare+Choice. I represent a State where Medicare managed care plans could not exist due to low reimbursement rates. To address that concern, Congress included language which was signed into law establishing a payment floor for rural areas, but it was not enough. In fact, in Utah all of the Medicare+Choice plans eventually left because they were all operating in the red. This happened after promises were made that Medicare+Choice plans would be reimbursed fairly and that all Medicare beneficiaries would have access to these plans.

So during the Medicare Modernization Act conference, we fixed the problem. First, we renamed the program Medicare Advantage. Second, we increased reimbursement rates so that all Medicare beneficiaries, regardless of where they lived, be it in Fillmore, UT or New York City, had choice in coverage. Again, we did not want beneficiaries stuck with a one-size-fits-all government plan. Today Medicare Advantage works. Every Medicare beneficiary has access to a Medicare Advantage plan. Close to 90 percent of Medicare beneficiaries participating in the program are satisfied with their health coverage. But that could all change should the health care reform legislation currently being considered become law. Choice in coverage has made a difference in the lives of more than 10 million individuals nationwide. The extra benefits I have mentioned are being portrayed as gym memberships as opposed to lower premiums, copayments, and deductibles. To be clear, the Silver Sneakers program is one that has made a difference in the lives of many seniors, because it encourages them to get out of their home and remain active. It has been helpful to those with serious weight issues, and it has been invaluable to women suffering from osteoporosis and joint problems. In fact, I have received several hundred letters telling me how much Medicare Advantage beneficiaries appreciate this program.

Additionally, these beneficiaries receive other services such as coordinated chronic care management, dental coverage, vision care, and hearing aids.

In conclusion, I cannot support any bill that would jeopardize health care coverage for Medicare beneficiaries. I truly believe that if the bill before the Senate becomes law, Medicare beneficiaries' health care coverage could be in serious trouble. We owe it to the 43 million Americans, seniors and disabled who depend on Medicare, to reject the nonsensical Medicare cuts included in the Reid bill. We must have better solutions that will not hinder their ability to see the doctor of their choice.

I have been in the Senate now for 33 years. I pride myself for being bipartisan. I have coauthored many bipartisan health care bills since I first joined the Senate in 1977.

Let me be clear: I want a health reform bill to pass this Chamber, but I want it to be a bipartisan bill that passes the Senate by 70 to 80 votes. If a bill involving one-sixth of the American economy cannot get 70 to 80 votes, that bill has to be a lousy bill, especially if it is a partisan bill, like this one.

If we could do it in 2003, when we considered the Medicare prescription drug legislation, we can do it today. There has never been a bill of this magnitude affecting so many American lives that has passed this Chamber on a straight party-line vote. In the past, the Senate has approved many bipartisan health care bills that have eventually been signed into law. The Balanced Budget Act in 1997, which included the Children's Health Insurance Program; the Ryan White Act; the Orphan Drug Act; the Americans with Disabilities Act; and the Hatch-Waxman Act are a few of these success stories, and I was a prime sponsor of every one of those bills. If the Senate passes this bill in its current form with a razor thin margin of 60 votes—or even 61, to be honest with you—it would be so partisan it wouldn't even be funny. This would be yet one more example of the arrogance of power since the Democrats have secured a 60-vote majority in the Senate.

There is a better way to handle health care reform. First and foremost, it must be bipartisan. We stand ready and willing to work on a bipartisan bill, without the restrictions that were placed on the distinguished Senator who chairs the Finance Committee. It should be bipartisan. Second, we cannot erode the existing system that has provided quality and affordable health care to most Americans for decades. While we all agree that the current system should be improved, this bill is certainly not the answer. If the Senate passes the McCain motion to recommit, we can begin to work on a bipartisan health bill that will eliminate the overwhelming Medicare payment reductions and at the same time address the serious issues facing the Medicare Program in the near future.

Look, we know that insurance should cover preexisting conditions. We know if we use 50 State laboratories by giving the States the money to address health care in accordance with their own demographics, not only will states resolve their own health care issues but we also will be able to learn from the successes of these States.

We all know if we address medical liability reform and eliminate approximately 90 percent of the frivolous cases that are filed—costing anywhere from $54 billion to $300 billion a year in unnecessary costs—we know those savings would help us pay for this bill.

We know there are so many things we could do on wellness and prevention that will work. I think all of us agree on most of these issues. Democrats could never agree on medical liability reform because the personal injury lawyers—and there is a limited group in what used to be the American Trial Lawyers Association—are high funders of Democratic races. So they are not willing to do anything about it. In fact, in the House bill, if you do not cooperate with the personal injury lawyers, you lose your money. It is unbelievable.

We know there are a number of other things we could do that both sides could agree on that would cut costs. We are currently spending in this country, without this bill, $2.4 trillion on

health care, all told. This bill will add, over a true 10-year period, another $2.5 trillion to the cost. So it will result in almost $5 trillion in health care spending. Why don't they admit it is going to be at least $2.5 trillion? They do not admit it because for the first 3 or 4 years they count the taxes that are charged, but they do not implement the program until 2014 in the Reid bill. It is 2013 in the House bill, and even 2014 in some aspects of the House bill. That is the only reason they can say it is about $1 trillion. It is actually $2.5 trillion according to figures from the Senate Budget Committee, using the figures of the Congressional Budget Office.

I hate to see $500 billion come out of Medicare, at a time when Medicare is going to go insolvent by 2017 or 2018. I think it is absurd. I think it is ridiculous. I do not blame the seniors for being upset, and they are very upset throughout this country. They have reason to be upset. I urge my colleagues to support the McCain motion to commit this bill, and let's get working on a truly bipartisan bill.

There are some of us who have the reputation of working with the other side in a bipartisan way. We want to do it. We want to get it done. We want the vast majority of the people in this country happy with the final bill. We want to have between 75 and 80 votes, as a minimum, to pass this bill. That way, there would be at least some assurance that it was a bipartisan bill and it might have a real chance to work. But if we pass this bill 60 to 40, let's be honest about it, you know it is a lousy bill.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, first, let me thank the Senator from Montana, Mr. BAUCUS, for bringing forward a bill that has been long overdue on the Senate floor.

This is a historic moment as we debate health care reform. Many of us have been looking forward to this moment for many years. As to this bill, the Congressional Budget Office has now confirmed, for the overwhelming majority of Americans, it will bring down their health care insurance premiums.

This bill will bring down the growth rate of health care costs. It will provide affordable options for millions of Americans who today have been denied the opportunity to buy health insurance.

The Congressional Budget Office tells us that it will insure 31 million Americans who otherwise would not have insurance, bringing down the uninsured rate. And, most importantly, the Congressional Budget Office—that objective scorekeeper; that is not Democrats, not Republicans; this is the objective scorekeeper—tells us this bill will bring down the Federal deficit.

So it is a responsible bill, a bill that will provide affordable insurance options for millions of Americans who are denied insurance today. It will reduce our deficit, and will start to get a handle on the escalating cost of health care. It saves money. It saves lives through prevention and early detection of diseases, and by expanded coverage. And it saves Medicare.

Why does it save Medicare? Because many of us who have been here for a long time understand that the only way you can bring down the cost of Medicare is to bring down the cost of health care. That is exactly what this bill does, providing for the long-term safety of Medicare for our seniors.

It also expands benefits for our seniors in prevention and helps to start to fill the doughnut hole in prescription drug coverage. The underlying bill moves us toward what we need to do in health care reform. It brings down health care costs. How? By managing diseases and understanding the way we pay for diseases today is where most of the cost in health care is. This helps us manage diseases. It expands insurance coverage, which will bring down costs. It provides for investments in health information technology so we can bring down the administrative costs, and it invests in wellness and prevention.

AMENDMENT NO. 2791

Mr. President, I rise today to encourage my colleagues to support the Mikulski amendment, which will ensure women have access to essential preventive services. The leading causes of death for women are heart disease, cancer, and stroke. Early screening for risk factors could prevent many of these deaths and lead to improved health and quality of life for women. But despite the benefits of early screening, many insurers do not cover them, and too often women skip them because the costs are prohibitive. We know early detection of disease saves lives, and so we must ensure that needed preventive services are available to all Americans, regardless of gender.

I have long worked to improve access to preventive services. Knowing what we do now about the importance of prevention, it seems hard to believe that before 1998 Medicare did not cover cancer screenings or other preventive services. I am proud of a bill I authored in 1997 as a Member of the House of Representatives. It established the first package of preventive benefits in traditional Medicare. It was part of the 1997 Balanced Budget Act, and it would not have passed but for strong bipartisan support.

Medicare now covers screenings for breast, colon, and prostate cancer, bone mass measurement for osteoporosis, diabetes testing supplies, glaucoma, and more. Last year's bill, the Medicare Improvements for Patients and Providers Act, gave HHS the authority to expand the list of covered services so that as new, highly effective procedures are discovered, they can be made available to beneficiaries without having to wait the length of time for Congress to act. This bill wisely builds on the benefit package for seniors and expands it to cover all Americans as part of their insurance coverage. We are expanding prevention and making sure it is available so all Americans will have a better insurance product that will cover preventive services.

Basic screenings can have an enormous impact on health and save money in the long run. Chronic disease incurs a huge cost for our health care system. Today, more than half of Americans live with at least one chronic condition, accounting for 75 percent of all health care spending each year. To bend the cost curve, we need to reduce the onset of chronic diseases before they become much more expensive to treat.

The American Cancer Society reports that the incidence of cervical cancer and mortality rates have decreased by 67 percent over the past three decades. This is mainly attributable to the introduction of the Pap test. The average cost for normal cervical screening in 2004 was $31. In contrast, the treatment for early-stage cervical cancer averaged $20,255, and the treatment for late-stage cervical cancer was almost $37,000. Screening saves lives, saves money. The bill before us invests in prevention. It will save money. It will save lives.

Breast cancer screening has also been shown to reduce mortality. Early-stage diagnosis gives a 5-year survival rate of 98 percent, and statistics compiled by the American Cancer Society indicate that 61 percent of breast cancers are diagnosed at this stage, largely due to mammographies and other early screening methods.

The bill before us guarantees coverage for a number of services to promote public health and wellness and to prevent devastating chronic disease. Some of these measures include providing coverage for everyone for services that have an ''A'' or ''B'' rating by the U.S. Preventive Services Task Force. These tests and screenings are either recommended or strongly recommended and include screenings for osteoporosis, colon cancer, and would be covered with no cost sharing—a strong incentive for people taking advantage of these screenings.

Covering immunizations recommended for adults by the Advisory Committee on Immunization Practices of the CDC is also covered. Preventive care services and screenings for infants, children, and adolescents that are supported in comprehensive guidelines from the Health Resources and Services Administration—all that is in the underlying bill that will save us money and will save us lives.

In addition to these vital services, the women's preventive health services must also be covered, the Mikulski amendment. The Mikulski amendment extends the preventive services covered by the bill to those evidence-based services for women that are recommended by the Health Resources

and Services Administration. HRSA, a division of the Department of Health and Human Services, has as its goal to improve access to primary and preventive care services to uninsured and underinsured individuals.

It focuses on maternal and child health, HIV/AIDS care, recruiting doctors in underserved areas, health care in rural areas, and organ donation. HRSA strives to develop ''best practices'' and create uniform standards of care, including eliminating health disparities among minority populations.

Some of the additional services for women that will be covered under the Mikulski amendment include mammograms for women under 50. In 2000, breast cancer was the most common cancer affecting Maryland women, and nearly 800 women died from the disease, according to the Maryland Department of Health and Mental Hygiene. According to the Kaiser Family Foundation, 76.6 percent of women aged 40 and over had a mammography within the past 2 years. This amendment would ensure that all of these women would have access to mammography with no out-of-pocket cost.

Also covered under the Mikulski amendment are cervical cancer screenings for all women, regardless of whether they are sexually active, and ovarian cancer screenings—all those will be made available under the Mikulski amendment. Ovarian cancer is the fifth leading cause of cancer deaths among women in Maryland. General yearly well-women visits would be covered; pelvic examinations, family planning services, pregnancy, and post partum depression screenings, chlamydia screenings for all women over 25. Chlamydia is the most prevalent sexually transmitted disease diagnosed in the United States. Approximately 4 million new cases of this disease occur each year, and up to 40 percent of the women infected with this disease may be unaware of its existence. It is the leading cause of preventable infertility and ectopic pregnancy.

Also included are HIV screenings for all women regardless of exposure to risk. According to the Kaiser Foundation, among those women who are HIV positive, 33 percent of the women were tested for HIV late in their illness and were diagnosed with AIDS within 1 year of testing positive.

We need to do a better job here. This is International Aids Awareness Day. I think it is very appropriate we have the Mikulski amendment on the floor today.

Studies reported by the Kaiser Foundation indicate that women with HIV experience limited access to care and experience disparities in access, relative to men. Women are the fastest growing group of AIDS patients, accounting for 34 percent of all new AIDS cases in 2001, compared with 10 percent in 1985. So this amendment will help in regard to that issue for our women.

Also included is sexually transmitted infection counseling for all women. Women disproportionately bear the long-term consequences of STDs. Screenings for domestic violence are covered. The Maryland Network Against Domestic Violence reports that one out of every four American women—one out of every four American women—reports she has been physically abused by a husband or a boyfriend at some time in her life. Well, the Mikulski amendment provides screenings for domestic violence.

Also included are overweight screenings for teens, gestational diabetes screenings, thyroid screenings.

Much of the debate on health care reform has focused on quality—how do we make our health care system work better and produce better outcomes for the money we spend. Ensuring that women have access to preventive services that are recommended by experts on women's health is absolutely essential to providing quality care.

This amendment protects the rights of a woman to consult with a doctor to determine which services are best for her and guarantees access to these services at no additional cost. Preventive health care initiatives is one area I hoped we could all agree upon. The Senate has a long history of bipartisan support for women's preventive services. I hope the string remains unbroken with this amendment.

I strongly support the efforts spearheaded by Senator MIKULSKI to extend the services that are covered for women. I strongly urge my colleagues to support this very important amendment that makes a good bill better. This bill is desperately needed. Let's vote for those amendments that improve it, such as the Mikulski amendment, and let's move forward with this debate.

With that, I yield the floor.

Mrs. FEINSTEIN. Mr. President, I rise in support of the Mikulski amendment and to discuss the importance of preventive health care for women.

All women should have access to the same affordable preventive health care services as women who serve in Congress.

The Mikulski amendment will ensure that is the case.

It will require plans to cover, at no cost, basic preventive services and screenings for women.

This may include mammograms, pap smears, family planning, and screenings to detect heart disease, diabetes, or postpartum depression—in other words, basic services that are a part of every woman's health care needs at some point in life.

We often like to think of the United States as a world leader in health care, with the best and most efficient system. The facts do not bear this out.

The United States spends more per capita on health care than other industrialized nations but has worse results.

According to the Commonwealth Fund, the United States ranks 15th in ''avoidable mortality.'' This measures how many people in each country survive a potentially fatal, yet treatable medical condition. And the United States lags behind France, Japan, Spain, Sweden, Italy, Australia, Canada, and several other nations.

According to the World Health Organization, the United States ranks 24th in the world in healthy life expectancy. This measures how many years a person can expect to live at full health. The United States again trails Japan, Australia, France, Sweden and many other countries.

These statistics show we are not spending our resources wisely. We are not finding and treating people with conditions that can be controlled.

Part of the answer, without question, is expanding coverage. Too many Americans cannot afford basic health care because they lack basic health insurance.

The Mikulski amendment, and providing affordable access to preventive care, is another part of the answer.

Women need preventive care, screenings, and tests so that potentially serious or fatal illnesses can be found early and treated effectively.

We all know individuals who have benefited from this type of care.

A mammogram identifies breast cancer, before it has spread.

A pap smear finds precancerous cells that can be removed before they progress to cancer and cause serious health problems.

Cholesterol testing or a blood pressure reading suggest that a person might have cardiovascular disease, which can be controlled with medication or lifestyle changes.

This is how health care should work: a problem found early and addressed early. The Mikulski amendment will give more women access to this type of care.

Statistics about life expectancy and avoidable mortality can make it easy to forget that we are talking about real patients and real people who die too young because they lack access to health care.

Physicians for Reproductive Choice and Health shared the following story, which comes from Dr. William Leininger in California.

He states:

> In my last year of residency, I cared for a mother of two who had been treated for cervical cancer when she was 23. At that time, she was covered by her husband's insurance, but it was an abusive relationship, and she lost her health insurance when they divorced.
>
> For the next five years, she had no health insurance and never received follow-up care (which would have revealed that her cancer had returned). She eventually remarried and regained health insurance, but by the time she came back to see me, her cancer had spread.
>
> She had two children from her previous marriage—her driving motivation during her last rounds of palliative care was to survive long enough to ensure that her abusive ex-husband wouldn't gain custody of her kids after her death. She succeeded. She was 28 when she died.

Cases like these explain why the United States trails behind much of

the industrialized world life expectancy. For this woman, divorce meant the loss of her health care coverage, which meant she could not afford follow up care to address her cancer, a type of cancer that is often curable if found early.

This story shows the need to improve our system, so women can still afford health insurance after they divorce or lose their jobs, and it shows why health reform must adequately cover all the preventive services that women need to stay healthy.

I urge my colleagues to join me in supporting the Mikulski amendment.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. BUNNING. Mr. President, is the pending business still the health care reform bill?

The PRESIDING OFFICER. It is, and the motion to commit.

Mr. BUNNING. Mr. President, Republicans and Democrats alike agree that Congress needs to look at ways to reform our health care system. Too many Americans are uninsured, underinsured, or cannot afford the health insurance they have.

Reforming health care, which amounts to over 17 percent of our gross domestic product, is no easy task, and it is a process that should not be rushed. I believe Congress should move in an incremental approach to reforming health care. We are restructuring one-sixth of our national economy with this bill, and we should be darn sure we know what we are doing. I believe Congress should work in a bipartisan way to draft reform legislation instead of working in secret behind closed doors.

I support measures such as passing medical malpractice reform, allowing small businesses to band together to buy insurance, and allowing individuals to buy insurance across State lines. These strategies will help lower costs, make insurance more affordable, and increase coverage. That should be the goal of health care reform, and we can do this without putting Washington bureaucrats and Members of Congress in control of our health care. This seems like a win-win situation to me.

I also support the bill introduced earlier this year by Senators COBURN and BURR called the Patients' Choice Act which reforms the health care system. This bill helps States establish State-based exchanges, helps low-income families with health care costs, and improves health care savings accounts. I have heard members of the majority party claim that Republicans don't have a health care plan. They couldn't be more wrong. We just don't have a 2,000-plus page bill as they do that will drive up premiums, cut Medicare by $½ trillion, and raise taxes on all Americans. We just don't have a bill as they do that costs $2.5 trillion and will threaten the future of our children and grandchildren as they struggle to pay the debts we are leaving them.

I wish to take a few minutes to explain my concerns with the bill that Senator REID has laid out before us. Unfortunately, it is hard to even know where to start. As I said, this bill is over 2,000 pages long. Its table of contents—the table of contents—is 13 pages long. It was written behind closed doors by a small group of handpicked people by the majority leader, so most of us in the Senate, and the American people, had no idea what was in it before it was released. For a majority party that billed itself as being transparent, they certainly failed in writing this bill.

The bill we have before us changes the way health care is delivered in this country. It will affect every American regardless of whether they have insurance, regardless of whether they are satisfied with their insurance, or even if they are on Medicare. We need to make sure we know what we are doing and know what the long-term consequences are of any changes we make. At this point, I am not confident that we do.

This bill will cost $2.5 trillion over 10 years when fully implemented. It raises taxes by almost $½ trillion. It cuts almost $½ trillion from the Medicare Program. Yet it still leaves 24 million people uninsured. The bill jeopardizes the ability of Americans to keep their own doctor and will lead to the rationing of care.

The recent recommendations of the U.S. Preventive Services Task Force on breast cancer screening should be a wakeup call to all Americans about Washington bureaucrats meddling in their health care. Under this bill, health care premiums will rise, 5 million Americans will lose their employer coverage, and 15 million more will be added to Medicaid and the CHIP program. I think this is a move in the wrong direction.

Medicaid often underpays medical providers for treating patients which makes it hard for doctors who want to treat these patients and hard for patients to find doctors to treat them. We should be finding ways to help people better afford private insurance, not simply adding them to the public dole. This bill puts Washington bureaucrats and Members of Congress in control over many aspects of our health care which should scare everyone within the sound of my voice.

For example, starting in 2014, Washington will require most Americans to prove they have health insurance or pay a penalty tax. The penalty will be phased in over a couple of years, but in 2016, the penalty will be $750 per person with a maximum of $2,250 for a family. These amounts are indexed in future years, however, so the penalty will continue to increase.

If you aren't in one of the bill's special exemption categories, you will have to prove that you and your family have insurance when you sit down to fill out your taxes. If you don't, then you will get to send Uncle Sam an additional $750 or $2,250 on April 15.

I know the authors of this bill will try to argue that since their bill leads to nearly universal coverage, most Americans would not be affected by this tax. That couldn't be further from the truth. According to the Congressional Budget Office, the official scorekeeper, this bill leaves 24 million Americans uninsured. Twenty-four million Americans without insurance is not ''universal coverage'' or anything close to it. Also, Members of Congress are going to be telling people what type of insurance they have to buy, and we will not even be giving every American access to the cheapest plan on the market.

The bill requires that only four types of health care insurance can be offered in the exchange: bronze, silver, gold, and platinum. All the plans would have to offer certain benefits and meet certain criteria. However, the bill creates a special catastrophic plan for only special groups of people: those under the age of 30 and those who don't have affordable coverage. It doesn't matter that many more people want this level of coverage. If they aren't under 30 or meet some type of income eligibility test, they are just out of luck.

Catastrophic coverage is the right type of coverage for many different types of Americans, including singles, younger people, and the healthy. It is very likely to be the cheapest plan affordable on the exchange. Think about this: a young woman in her thirties, she eats right, she exercises, doesn't smoke, takes good care of herself. She wants a catastrophic plan, and it is all she needs. Under this bill, she couldn't buy into the catastrophic plan because of her age. Members of Congress tell her she isn't entitled to the cheapest plan on the market because she is too old. She is in her thirties. Or think of the 29-year-old male who has been enrolled in this catastrophic plan in his early twenties. On his next birthday, the Federal Government has a big birthday surprise for him. He will get kicked out of the insurance plan he has enjoyed for years and will be forced to join a more expensive health care plan. That is a wonderful birthday gift.

I don't think Congress's role is to require all Americans to buy insurance. I don't think Washington bureaucrats and elected Members of Congress should be dictating what health care options are available for the entire country.

I understand the importance of insurance. I think everyone should have insurance, but I don't think it is the Federal Government's responsibility to force people to buy it or micromanage what insurance looks like.

This bill also makes huge cuts in Medicare which will affect every senior. The bill cuts—and we have heard it many times today—$465 billion from the Medicare Program. These cuts would not be used to shore up the Medicare Program which will be insolvent in just about 8 years. Instead, these cuts will be used to fund new government spending. This move further jeopardizes the viability of the Medicare Program.

I know AARP and the American Medical Association are trying to tell seniors these cuts will actually be good for the Medicare Program and the program would not be harmed, but let's be honest. When you think about it, does it really make any sense? Congress is going to cut $465 billion from a program that is already facing bankruptcy, and it will somehow make it stronger? If you believe that, I have some oceanfront property to sell you in Arizona.

Under this bill, hospitals will be cut, nursing homes will be cut, health home agencies will be cut, hospices will be cut, and Medicare Advantage programs will be cut. By cutting the reimbursement rate for providers, they are making it harder for seniors to find medical providers to treat them. Plain and simple: Seniors will have the same benefit, but if they cannot find anyone to treat them, then their benefits don't do them any good, do they?

I have to tell my colleagues there isn't one medical provider who walks in my office each year who is happy with their reimbursement rate under Medicare. I cannot think of one. Hospitals are not happy. The doctors are not happy. Hospice care providers who provide such valuable services to dying Americans and their families are not happy. No one is happy.

What do you think is going to happen to these reimbursements when the cuts go into effect? How happy will the providers be then?

Another problem with this bill is the creation of a government plan. I can say I do not support a government-run plan in any form. I have already described the significant problems with Medicare and Medicaid. Creating a new government-run health program will lead to the same sort of problems that plague these plans.

I fear it will eventually undermine private insurance enough so we are left with a single-payer, government-run system. I have been in Congress long enough to know it will be a disaster for this country.

Finally, this bill imposes an unprecedented tax increase on Americans. The tax hikes in this bill would start hitting Americans next year, while the spending and benefits will not start, in many cases, until 2014. That is how the majority is hiding the true cost of the bill—using 10 years of tax hikes to offset 6 years of spending.

Everybody knows tax increases are deadly in a fragile economy. But that is not preventing the majority from pushing through $½ trillion in tax hikes in this bill. In further defiance of logic, these tax increases will actually drive up the cost of health care. I was under the impression the goal of health care reform was to reduce costs, not increase them.

As I mentioned earlier, if you have the misfortune of being uninsured, you will be further punished under this bill by paying a penalty tax. If you are an employer that hires a low-income worker and cannot afford to provide health insurance, you probably will be punished with a penalty tax. If you are an employer that offers retirees prescription drug coverage, your taxes will go up. If you have extremely high medical costs and use itemized deductions for medical expenses to defray your costs, your taxes will go up. If you use a flexible spending account, health reimbursement account or health savings account for over-the-counter medicines, your taxes will go up. If you have a flexible spending account, it will be capped and then probably disappear in a few years because of the high-cost plan tax, so your taxes will go up.

This bill also creates a new marriage penalty in the Medicare payroll tax and uses the money to pay for a brandnew entitlement program. It also imposes a new tax on cosmetic surgery. If a family is forced to liquidate a health savings account because of tough economic times, the government will confiscate even more money.

The bill also imposes new taxes on brand-name drugs, medical devices, and health insurance, all of which will increase health care costs and drive up premiums. Now that the government has succeeded in driving up premiums, the government will hit you again by taxing high-cost insurance policies. It makes perfect sense—drive up the cost of insurance premiums with new taxes and then tax them again for being too costly.

We could have health care reform that reduces health care costs for families and businesses. We could have health care reform that didn't raid $½ trillion from Medicare. We could have health care reform that allows people who like the coverage they have to truly keep it. We could have health care reform that doesn't drastically expand government spending on health care or push people into government programs. We could have health care reform that does not increase taxes on the American people at the worst possible time, during a recession. We could have health care reform that is done in the light of day rather than behind closed doors.

The American people deserve better, and we ought to defeat this bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, as I understand it, there are a couple Senators left, besides myself, Senator SESSIONS and Senator BURR. There may be others, but I see them at the moment.

America's health care system is in a crisis. It is a crisis not just for the 46 million Americans who lack health insurance; it is also a crisis for those who have health insurance but are worried they cannot afford to keep it. It is also a crisis for those who are underinsured and those who have poor health insurance.

Rising health care costs affect families and American businesses. That we know. Health insurance premiums continue to outpace wages and inflation by a large margin. Between 1999 and 2008, premiums for employer-sponsored health benefits more than doubled. In that 9-year period, they increased 117 percent for families and individuals, and they increased 119 percent for employers. In each case, both for families and for employers, health insurance premiums doubled. Clearly, that is outpacing wages. I think the margin is 5 or 6 to 1, with premiums going up compared with wages for Americans.

Health care coverage for the average family now costs more than $13,000 a year. If the current trend continues, by 2019, the average family plan will cost more than $30,000. That is over a 10-year period—from $13,000 for the average family today to $30,000 that family will pay then.

Annual health spending growth is expected to continue to outpace average annual growth in the overall economy by 2 percent over the next 10 years. Health care spending is going up faster than the economy is growing. Add to that the insult, frankly, that this year alone not only would health spending increase 5 percent but GDP is expected to decrease two-tenths of a percent. So the gap is widening even further.

Americans spend $4.5 million in health care every minute of every day. Think of that. We, in America, spend about $4.5 million in health care every minute. That is $2.5 trillion a year. It is pretty hard for anybody to get his or hands around 1 trillion, but we are talking about $2.5 trillion that Americans spend on health care every year. Without reform, health care expenditures will increase to $4.4 trillion in just the next 9 years. That would be more than one-fifth of our economy. So health care is taking a bigger and bigger bite out of our economy. These are not just numbers.

Every 30 seconds, another American files for bankruptcy after a serious health problem. Think of that. Every year, about 1.5 million families lose their homes to foreclosure. Why? Because of unaffordable medical costs. In America, nobody should go bankrupt because they are sick. That is immoral.

These numbers tell us what we have to do. We have to do two things at once. First, our health care reform bill must provide health care for millions of Americans who today don't have health insurance. At the same time, we must reduce the rate of growth in health care spending. We must do both. To be successful, health care reform must rein in the cost of health care spending, and we must succeed. Millions of Americans depend on it.

Our plan is to reduce the Federal budget deficit by $130 billion over the next 10 years. Think of that. Many have said an economic recovery is through health care reform. We have to get control of our deficits. One way to do that is to get control of our health care spending. The bill before us now reduces the deficit by $130 billion over the next 10 years.

We need to go much further, clearly, but that reduction is sure a lot better than no reduction. At the same time, our plan would reduce the number of uninsured by 31 million. It would reduce the number of Americans who are uninsured and, at the same time, we will cut the Federal budget deficit. So we are doing both.

This bill reins in costs through changes in spending, reforms how providers deliver health care, and it changes the tax treatment of health care. Savings from this bill are estimated to total $106 billion in 2019. The CBO, Congressional Budget Office, which we all rely upon, expects that, in combination, it would increase 10 to 15 percent in the next decade; that is, savings growth, creative savings would grow by that much. That is what CBO says. That is a strong rate of savings. Those are all provisions to control the excessive growth in health care spending.

Our plan also reevaluates the tax treatment of health care. The current Tax Code includes numerous health care subsidies and incentives. The current tax treatment of certain health care expenses encourages people to spend more on health care than they need to. Why? Because there is no limit under the law, none; that is, all employer-provided health care benefits in America today are totally tax free. The more the benefits are, if a company wanted to provide not only a Cadillac policy but diamond and gold benefits—great benefits—it is not needed tax free. That tends to encourage excessive health care spending. These indirect health care costs totalled nearly $200 billion in 2008. That makes health care the largest Federal tax expenditure. Health care today is the largest Federal tax expenditure. Our laws changed about 60 years ago and moved in that direction, limiting subsidies for expensive insurance plans. Our bill limits incentives to overspend on health care. Our bill will help to slow the growth of health care spending.

Also, the CBO, in a letter they sent to the Congress yesterday, concluded there is about—this provision, the tax on so-called Cadillac plans, would result in a reduction in premiums those persons would otherwise pay—a reduction of, I think, about 5 to 7 percent. There has been a lot of concern in this body and beyond this body that that provision—the Cadillac plan provision—would raise costs for those folks who have those plans. The CBO concluded that the premiums for those kinds of plans would be reduced, I think, by 5 to 7 percent, rather than compared with current law. Several parts of our plan have the effect of reducing costs. I mentioned excess tax on high-cost insurance premiums, and that is a powerful one.

Our plan also caps flexible health savings accounts. It puts a cap on them so it is not unlimited. There is no cap, so the Tax Code tends to encourage excessive use of that provision.

Our plan would also conform with the definition of qualified medical expenses, the definition used by the itemized deduction for medical expenses. That, too, will help.

Reducing existing tax expenditures for health care costs is one of the best ways to slow the growth of health care spending. We could use our code, all the tools available. Our goal is not only to reduce costs but also improve quality. There are many provisions in the bill that accomplish that result, which would improve the quality of health care. A lot of people hear us talk about how costly health care in America is today. It is costly—too costly. There is a lot of waste. We are enacting provisions to cut out the waste.

I sense some Americans are thinking: Gee, maybe they are going to cut my Medicare benefits and reduce the quality back there in Washington, where they are worried about excessive health care costs. The exact opposite is the case. All the provisions in here enhance the quality of health care. The list is very long. One that immediately comes to mind is additional spending for primary care doctors. We all know they are underpaid in America. They are not taking Medicare patients, and they are going out of practice, especially in rural areas. This legislation adds 10 percent additional payment to primary care doctors in each of the next 5 years. That will help primary care doctors continue to practice.

I might mention that health information technology will also help improve quality. There are lots of demonstration projects and pilot projects to improve quality through bundling, care organizations, reining in excessive readmission rates some hospitals have. We also have an outfit that compares how drugs work compared with other procedures. All that is going to help address quality.

I want folks to know that while we are reducing costs—that is true because costs have to be reduced—we are also increasing the quality of health care in America. There are many other incentives in this bill that I don't have time to mention tonight that accomplish that result.

In response to the excise tax on high-cost insurance, insurance companies will offer lower cost plans that fall under the thresholds. I think that is one of the reasons why premiums for those folks will fall. This will give consumers a lower cost alternative. These plans will still have the minimum level of benefits that will be required by law under the health care system.

Other changes to the tax treatment of health expenses will also help individuals make more cost-effective health care decisions. For example, our plan would require employers to tell their employees the value of their health insurance.

That reminds me two of the other provisions for increasing transparency so hospitals tell people what they charge for various procedures. I think the same should also apply to physicians so people have a better idea what they will pay or their insurance company will pay for these procedures.

As I said, our plan will require employers to tell their employees the value of their health insurance. This will help people to know how much they are actually spending.

I mentioned changes to flexible savings accounts, health savings accounts, and the definition of ''medical expenses.'' That will all help. It will also help to reduce costs by increasing competition. That has not been mentioned enough on the floor. This bill increases competition. We all know that in too many of our States, there are too few health insurance companies. In my State of Montana, Blue Cross/Blue Shield provides at least half the market. There is another company that is basically the rest. In some States, Blue Cross has the entire market. It is wrong. There is not enough competition. The exchange we are putting in place will encourage competition.

Do you know what else will encourage competition? That is all the insurance market reforms—all of them—telling companies they cannot deny coverage based on a preexisting condition, telling companies they cannot rate according to health status, dealing with rules in the States, which means when you go to buy insurances—especially as an individual—there will be competition based on price. Companies will basically offer many of the same products, but they cannot deny coverage for preexisting conditions. The effect of that will be prices should come down because there will be more competition when insurance companies base it on price.

Then there is the public option. That is another addition. That is in this bill. We don't know if it will or not. There are a lot of ways we help provide competition. It will help more competition, and transparency will help more competition. Competition is going to help bring down the costs.

Our bill will reduce costs also by reforming health care delivery system—I mentioned a lot of that already—including how we pay for doctors.

The bill is balanced. It finds savings in health care outlays—savings that are realistic, that make sense. It looks to reduce health tax expenditures. That is a fancy term for deductions. The bill reduces the Federal deficit in the first 10 years. That point needs to be driven home. This bill reduces the Federal deficit in the first 10 years and the subsequent 10 years will have a positive effect bringing down the budget deficit. In fact, CBO says the second 10 years of our plan will cut the deficit by a quarter of a percent of the gross domestic product. That is about $450 billion. That is nearly $½ trillion in deficit reduction.

We need to remember the cost of doing nothing is unacceptable. Basically, we have two choices in life: try

or do nothing. To ask the question is to answer it. Of course, we tried. Our Nation is in crisis. We have a health care crisis. It is a formidable task. It is exceedingly complex and difficult. But we have an obligation to try, at least try, to fix it.

If we try, then that poses a second question. If we try, we ask the question: Do we try our best or not? The answer is obvious: We try our best.

This legislation is a combination of a year or two of work by folks in the medical profession, of health care economists—Americans who are trying to find ways to get control of costs and improve quality. There are not a lot of new ideas here. They are ideas that have been percolating around for the last year or two. Some are in Massachusetts, some in other States. Some of it is going into integrated systems, such as Geisinger and Intermountain. The idea of bundling is already practiced by other institutions. There is not a lot that is terribly new.

We are pulling together, we are helping establish a policy in our country that comes up with a plan, a system in America that allows doctors and patients to have total free choice. They choose. We are helping doctors with the best evidence, the best information so they can focus on the patient care even more than they are now. We are cutting down the budget deficits. That is very important. And we are also helping Medicare by extending the solvency of Medicare another 5 years. These are things we pulled together and have to do.

I very much hope we can move on and get this legislation passed and work with the House and the President signs a bill that we can start finally putting together something of which we will be very proud. Our country does not have a health care system today. It is a free-for-all. It is a free-for-all for all kinds of groups. This is the first effort to get something together that works, giving doctors and hospitals and patients the choice they want to have and they should have. We are also bringing costs down and improving quality of health care.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, I appreciate the statement of the chairman of the Finance Committee. It is one of the most well-reasoned statements we have had. And rightfully so. No one worked harder on this matter than Senator BAUCUS. I appreciate his dedication, hard work, and the way he handles that Finance Committee.

Mr. President, I ask unanimous consent that the time until 2:15 p.m. tomorrow, Wednesday, December 2, be for debate with respect to the pending Mikulski amendment and the McCain motion to commit; that during this period, Senator REID or his designee be recognized to offer an amendment as a side-by-side to the McCain motion, and Senator MURKOWSKI or her designee be recognized to offer an amendment as a side-by-side to the Mikulski amendment; that the debate time be divided equally among the four principals listed above; that no other amendments or motions to commit be in order during the pendency of these amendments and motion; that at 2:15 p.m. tomorrow, the Senate proceed to vote in relation to the above noted in the following order; that prior to each vote there be 2 minutes of debate equally divided and controlled in the usual form, and after the first vote, the remaining votes in the sequence be 10 minutes in duration; further, that all amendments and motion provided under this consent require an affirmative 60-vote threshold for adoption, and that if those included in the agreement do not achieve that threshold, then the amendments and motion be withdrawn:

Mikulski amendment No. 2791; Murkowski amendment regarding preventive care; Reid or designee amendment regarding Medicare; McCain motion to commit regarding Medicare.

Mr. President, before I put this to a final consent request, let me say, we have been trying to get some votes today. It would be very good if we could move this bill along, have some votes tomorrow afternoon. We would have four votes. We have two amendments pending. This, in fact, would dispose of those amendments.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. Mr. President, reserving the right to object, and I will have to object, I wish to say to my good friend, the majority leader, I thought over the last couple of hours we would be able to get consent to have votes on the Mikulski and Murkowski amendments. But I had indicated to him, and I want to say publicly, that we have a number of speakers interested in speaking on the Medicare issue and the McCain motion. So I will not be able to lock in the McCain motion or the side-by-side that I gather under this consent request my good friend, the majority leader, may offer.

I would still like to be able to get the two votes earlier referred to—the Mikulski and Murkowski amendments—but regretfully I cannot even lock those in right now. But I want to do that as soon as possible so at least we can get those two votes at some point reasonably early in the day and turn back to debate on the McCain motion.

I might say, we want to vote on the McCain motion. We certainly have no desire to delay that vote. But we do have a number of people who want to speak to it. With that understanding and with the point I want to make to my good friend that I want to get the two amendments by MIKULSKI and MURKOWSKI locked in as soon as possible, I must object.

The PRESIDING OFFICER (Mr. UDALL of Colorado). Objection is heard.

The Senator from Alabama.

Mr. SESSIONS. Mr. President, I wish to share a few thoughts as we go forward on the health care debate and remind our colleagues what we have been hearing at the town meetings that most of us have been having around the country and what people are concerned about.

Part of it is they think we don't have a very good perspective on what is going on in America. They are not happy with us. They think we are losing our fiscal minds, that we are ignoring the fact that we are facing a soaring debt. We passed on top of the debt we already had an $800 billion stimulus package—$800 billion—the largest spending bill in the history of America on top of all our other baseline bills.

Our baseline appropriations bills, not even including the additions by the stimulus, are showing double-digit increases. These increases are far more than President Bush ever had, and he was criticized for reckless spending. He never had the kind of baseline spending increases that were passed a few months ago, a few weeks ago in some cases.

This year, as of September 30, we acknowledged and accounted for a $1.4 trillion budget deficit in 1 year—1 year, $1.4 trillion, September 30. The Republicans never had a deficit so large in 1 year. And in the next year, it is projected to be over $1 trillion, and continue to average $1 trillion each year over the next 10 years. In the 8th, 9th, and 10th years of the President's 10-year budget, the deficit goes up. It does not ever go down, it continues to go up. Therefore, we end up with a huge debt. That is according to our own Congressional Budget Office hired by the Congress—approved by the majority of our colleagues who are, of course, Democrats. They approve the Budget Director, and he tries to do a pretty good job of giving us honest numbers.

This is what the numbers show. In 2008, we had $5.8 trillion in debt in America since the founding of the Republic. By 2013, 5 years down the road, that will double to $11.8 trillion. And in 10 years, the 10-year budget the President submitted to us—I did not submit this budget, President Obama submitted it and it was passed by the Congress—increases that debt to $17.3 trillion, tripling the debt of America in 10 years. That is what the people are very concerned about, among other things.

What does all this pending mean also? It means government power, government reach, government domination, government takeover. People are concerned about it. They are asking: Are you not getting the message? What is the matter with you? That is what I am hearing. I think people have a right to be concerned.

One of the issues I have raised is the fact that the interest on the debt in 2009 was $170 billion for 1 year—that is for interest alone. By 2019, interest on the debt, according to CBO, in 1 year, will be $799 billion. That number is higher than the budget for defense. It is larger than any other program. We

spend about $100 billion a year on education, and $40 or so billion on highways. But in 10 years, we will be spending $800 billion on interest alone. And how much of that is owned by foreign governments, many of whom are not our friends and not our allies?

So even the President has said this debt is unsustainable. The economists say it is unsustainable. Every politician I know of says that it is unsustainable. Yet we continue outrageous spending, and in the midst of this financial tempest, what do we now have before us? The promise of a $2.5 trillion new health care program—$2.5 trillion as it will cost when fully implemented.

The question I have heard asked of the President, and I have heard asked of the Democratic leadership and the Congress: But, Congressman, Senator, we don't have the money. What do you say about that?

They say: Oh, don't worry. We have this great new program that is going to help you in so many ways. We are going to spend a lot of money, true, but it is going to be deficit neutral. My goodness, it is not even going to be budget neutral, it is going to save us $130 billion in 10 years. Will you guys just relax? Don't worry about it. We are going to save $130 billion. Thank us. We are going to give you this program, save $130 billion, and you will get a lot more health care out here—still with 24 million uninsured, but we will have a lot of money spent to help you with your health insurance, they will say.

The President said he would not sign a bill into law that would add one single dime to the national debt. Well, people say: How are you going to do that? That sounds pretty good, if we can make that happen. How are we going to do it? Well, the answer is we are going to raid Medicare, we are going to raise taxes, and we are not going to pay the doctors who do our work. There will be $494 billion in tax increases, $465 billion in Medicare cuts—and Medicare is already on a glide path to insolvency by 2017—and a $250 billion shortfall for our physicians. Those are payments they have been promised and they thought they were going to get as part of this fix.

So I would just make the point that we can give everyone in America a new car if we just raised taxes and raided Medicare. That would be pretty easy, wouldn't it? Anything can count as deficit-neutral if you raise taxes high enough. So this is not a deficit-neutral program. Just because we raise taxes, does it have to be that we should prioritize first to use that money to start a new program? What about addressing the shortfall in highway funding that we are hearing so much about? What about the cost of our effort in Afghanistan? What about other expenses we have? What about saving Medicare, a program our seniors depend on? If we are going to raise taxes, why don't we use the money for that? Who says we have to raise taxes to start a new program?

Well, I suggest to you that based on the omission of doctors fix alone we don't have a $130 billion surplus in this bill. The fact that it is unpaid for, we have a $130 billion net deficit because the bill fails to pay $250 billion in doctor fees that I predict we will eventually pay, one way or another. The way we have done it in the past is we have just socked it to the debt. We have just paid the doctors, raised no revenue, and changed the law. We have just paid them and increased our debt that much each year.

So I say these are not sound numbers. I am telling you, the American people's instincts are right about this. We are not being responsible about how we manage the people's business, promising that this bill is going to be better for everybody. But let me ask for the average American who is doing the right thing, who is struggling and scraping together money to make insurance premiums each month, will that person pay less for their health care? CBO basically says no. If that individual is not in an employer-provided group plan already, if he's among those who are already paying the highest costs for health care in the country, then he is one of the people who are going to pay as much as 10 to 13 percent more under this bill than he currently pays.

Will health care, as a percentage of our total economy, our total GDP, will it be reduced by this bill, therefore getting more health care at a better cost? Not according to the scoring we have seen. In fact, just the opposite is the case. If this bill passes, a larger percentage of our GDP will go to health care than before.

So I just raise concerns. This is a plan to create an entirely new government-dominated health care plan. This is a new program. How are we going to do it? By raiding Medicare, raising taxes, and not paying doctors, among a bunch of other flimflammery that is in the bill. We talk about this public option. Well, Senator BAUCUS says we may not have a public option. It is in the House bill, and it is in this bill that is on the Senate floor.

So we don't have the money for a monumental new health care program. We could do a lot of things to improve health care in America that could help contain the rising cost of health care, that could be done in a way that would not diminish the circumstances we are in today. What about Medicare? Do you remember when President Bush proposed fixing Social Security and many Senators—Democrats as well as Republicans—said: Well, President Bush, if you want to do something, why don't you fix Medicare? That is the one in the biggest trouble?

In truth, Medicare is sinking faster than Social Security. Medicare will decline by 2017 and go into deficit. We have a shortfall in Medicare now. What we should do is focus on Medicare every way that we can to create efficiencies and more productivity, contain growth and cost and extend that period of time before it goes in default. The last thing we should be doing is taking $465 billion from Medicare. It is only going to accelerate its decline. That is common sense.

Mr. President, I would just like to read a letter I received from one of my constituents—Mr. Bill Eberle in Huntsville, AL. He said:

> I strongly urge you to vote against the health care bill passed by the House. The worst part of this bill is that much of the cost will be paid by cuts to Medicare. I am 68 years old, and I have paid into Medicare for 40 years believing that it would cover much of my health care costs when I became 65. Now I am being told that the government has found people who need coverage more than I do, and they will cut the care for which I have paid for 40 years in order to cover people who have paid nothing. It is not the government's money. The money belongs to those of us who have paid into it for so many years and we are watching as it is being taken from us.

Well, I think that is a pretty fair statement of it. Medicare is heading to insolvency in 2017. We have had a number of proposals to try to help on that front. We haven't had much support from our colleagues on the other side of the aisle even for modest fixes.

I remember one bill that was going to reduce Medicare spending by $10 billion over 5 years, and you would have thought we were going to savage the whole program, although we were trying to make it more sustainable in the long run. It was a big mess. But now we are talking about $465 billion being taken from Medicare.

So, Mr. President, Medicare is a big problem. We need to work hard to bring it under control and honor our seniors who have been paying into this program and not drawing a dime from it on the promise that when they turned 65 they would start being able to draw on Medicare and it would take care of their health care needs in their senior years. That was a solemn commitment. Before we start some monumental new program, we need to make sure we are prepared to honor that commitment because they paid their money. They have paid their money. So if we raise taxes, why shouldn't we pay the Medicare bill first? If we raise taxes, why shouldn't we pay our doctors the money we owe them or some of the other priorities that we have in our country?

Mr. President, I feel strongly that the American people are sending us the right message. They are acting like good public-minded citizens would. They are seeing a reckless new spending program that they rightly anticipate will grow and grow and grow and expand far beyond all the projections we have today; that it will result in a government takeover of a whole large portion of our economy, and they have not been impressed that the government can run these kinds of things very effectively and they are not in

favor of it. So they are rightly concerned, and that is why polling numbers show the American people don't favor this legislation.

I think their instincts are right. I think we should listen to them.

I appreciate the effort to improve health care in America. I support a number of reform provisions, some of which are in this bill, but others could be a part of this bill to make health care more affordable, more effective, and help people who are having a hard time financing their insurance premiums. But the truth is, the bill doesn't really reduce the premium cost for most people. Many people who are paying their bills today are not going to get any reduction. In fact, they may see an increase. So for these reasons, I oppose the legislation, I thank the Presiding Officer, and I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I believe Senator DURBIN may be coming to the floor. In the meantime, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

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

Mr. DURBIN. Mr. President, today, all day, we have been debating the health care reform bill, which has been a matter worked on in the Senate and the House for a solid year. I wish to salute the Senator from Wyoming, Mr. ENZI, who joined with several other Senators in, I understand, 61 separate meetings talking about this bill, in an effort which did not bear fruit as they hoped but was a bipartisan effort to come up with some solution to our health care situation in America. I hope we can still reach some bipartisan accommodation before this bill passes.

At this point in time, only one Republican Senator has voted for any form of Senate health care reform and that was Senator SNOWE in the Senate Finance Committee. We hope others will join us before this bill comes to final passage in the Senate, but that is the reality of the political situation.

The bill before us is over 2,000 pages long. Some have criticized its length. I defy anyone to write down, in 2,000 pages or less, a description of the current medical system in America. I think it would take many more pages to explain the complexity of the situation. But people across America understand a few basics.

Health insurance is reaching the point where it is not affordable. Families cannot afford to pay for it anymore, businesses cannot. Fewer people have coverage at their workplace, and many who go out into the open market cannot afford to pay the premiums. Today we have reached a point where our COBRA plan, which is health insurance for those who have lost their job—we provided a helping hand to many unemployed people across America—it expired today. It picked up two-thirds of the premiums. I ran into people who said, even with the two-thirds picked up by the Federal Government, I still cannot afford it. So it is understandable that health insurance is no longer affordable, and it is not getting any better.

In the last 10 years, health insurance premiums have gone up 131 percent. We estimate that, in the next 8 years, the cost of health insurance will double. In 8 years, it is anticipated that families will spend up to 45 percent of their income on health insurance. That is not sustainable.

So the starting point is to find ways to bring down cost. The Congressional Budget Office gave us a report yesterday and said we are on the right track. I can come up with other ideas which I think might be more helpful, but this is the art of the possible. I think we are moving toward a model which will start to bring down costs.

The second thing we do that is critically important is, we expand coverage so it reaches 94 percent of Americans. Currently, there are about 50 million Americans without health insurance. These are people who are unemployed, folks who work at businesses that cannot afford health insurance or folks out on their own who cannot afford to pay for their own health insurance. We now reach a point with this bill where 94 percent of Americans have coverage. That is a good thing.

We also do it in a fiscally responsible way because this bill, according to the Congressional Budget Office, which is the neutral referee in this battle, according to that office, we will save, in the first 10 years of this bill, $130 billion or more from our deficit. It will be the biggest deficit reduction of any bill considered by Congress. In the second 10 years, they estimate $650 billion in savings. To think we have $¾ trillion dollars in deficit reduction in this health care reform says to me, in the eyes of the Congressional Budget Office and most observers, it is a fiscally responsible bill.

There is a section of the bill which I think is critically important too. Many people with health insurance find out that when they need it the most it is not there. The health insurance companies will deny coverage, saying they are dealing with preexisting conditions that were not covered, there is a cap on the amount they will pay, your child is now age 24 and is not covered by your family plan. All these things are excuses for health insurance companies to say no. When they say no, they make more money. We start eliminating, one by one, these perverse incentives for health insurance companies to say no.

We give consumers and families across America a fighting chance, when they actually need health insurance, that it will be there. Two out of three people filing for bankruptcy today in America file because of medical bills. That reflects the reality, that we are each one accident or one diagnosis away from a medical bill that could wipe out our life savings. The sad reality is 74 percent of people filing for bankruptcy because of health care bills have health insurance, and it turns out it is not worth anything. When they needed it, it failed them.

We need to move to a point where the health insurance companies are held accountable, where when you pay premiums for a lifetime, the policy is there to cover you when you need it. That is what this is about.

We eliminate some of the most egregious discrimination in insurance premiums. The insurance industry is one of two businesses in America exempt from antitrust laws. So they literally get together, they collude and conspire when it comes to setting premium costs and allocating markets, and they can do it legally under the McCarran-Ferguson Act. Because of that, what they have done is to create discrimination against some people—women, certain age groups, people living in certain places—when it comes to premiums. We eliminate, by and large—not completely but by and large—this type of discrimination.

The other point that has been raised repeatedly is about Medicare. There is a pending amendment by Senator MCCAIN. As a Democrat, we take great pride in Medicare. It was a Democratic President, Lyndon Baines Johnson, who led a Democratic Congress in passing it. Very few, if any, Republicans supported it. Over the years, it has been a program we have stood behind as a party because we believe it has provided so much well-being for 45 million American, now today, seniors.

This bill starts to move us toward a place where you can basically say there is a sound economic footing for Medicare in the future. If we don't do something today, in 7, 8, or 9 years, the Medicare Program could go bankrupt. If we wait 5 years to do it, imagine what we will have to do then.

This bill moves in the direction of making Medicare more sound by eliminating some of the waste that is currently in the program.

There was a time when our friends on the other side joined us in saying this program could be more efficient. But now the McCain amendment says basically there should be no cuts in Medicare, even if the cut is in wasteful spending. Senator MCCAIN has a strong record on the Patients' Bill of Rights, but I think his amendment goes too far when it comes to Medicare. I hope that we can defeat it or that he will reconsider it.

The last point I want to make is that this debate will continue. We hope to move to amendments. If we get to a point where we are dealing with filibusters and slowdowns in an effort to run out the clock and make us all leave on Christmas Eve with the job not finished, many of us are going to get tired

of that approach. If there are honest amendments offered in good faith, debated, and brought for a vote, that is what the Senate is about. But if we continue to delay indefinitely the consideration of these amendments, our patience will grow thin, and we will have to move this toward a point where the bill is honestly considered.

FURTHER CHANGES TO S. CON. RES. 13

Mr. CONRAD. Mr. President, section 301 of S. Con. Res. 13, the 2010 budget resolution, permits the chairman of the Senate Budget Committee to adjust the allocations of a committee or committees, aggregates, and other appropriate levels and limits in the resolution, and make adjustments to the pay-as-you-go scorecard, for legislation that is deficit-neutral over 11 years, reduces excess cost growth in health care spending, is fiscally responsible over the long term, and fulfills at least one of eight other conditions listed in the reserve fund.

I have already made one adjustment pursuant to section 301(a) on November 21, for S.A. 2786, the Patient Protection and Affordable Care Act, an amendment in the nature of a substitute to H.R. 3590. I now file further changes to S. Con. Res. 13 pursuant to section 301(a) for S.A. 2791, an amendment to clarify provisions relating to first dollar coverage for preventive services for women. I find that that in conjunction with S.A. 2786, this amendment also satisfies the conditions of the deficit-neutral reserve fund to transform and modernize American's health care system. Therefore, pursuant to section 301(a), I am further revising the aggregates in the 2010 budget resolution, as well as the allocation to the Senate Finance Committee.

I ask unanimous consent to have the following revisions to S. Con. Res. 13 printed in the RECORD.

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

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2010—S. CON. RES. 13; FURTHER REVISIONS TO THE CONFERENCE AGREEMENT PURSUANT TO SECTION 301(a) DEFICIT-NEUTRAL RESERVE FUND TO TRANSFORM AND MODERNIZE AMERICA'S HEALTH CARE SYSTEM

[In billions of dollars]

Section 101	
(1)(A) Federal Revenues:	
FY 2009–	1,532.579
FY 2010–	1,623.888
FY 2011 –	1,944.811
FY 2012 –	2,145.815
FY 2013–	2,322.897
FY 2014	2,560.448
(1)(B) Change in Federal Revenues:	
FY 2009–	0.008
FY 2010–	−42.098
FY 2011 –	−143.820
FY 2012 –	−214.578
FY 2013–	−192.440
FY 2014	−73.210
(2) New Budget Authority:	
FY 2009	3,675.736
FY 2010–	2,910.707
FY 2011 –	2,842.766

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2010—S. CON. RES. 13; FURTHER REVISIONS TO THE CONFERENCE AGREEMENT PURSUANT TO SECTION 301(a) DEFICIT-NEUTRAL RESERVE FUND TO TRANSFORM AND MODERNIZE AMERICA'S HEALTH CARE SYSTEM—Continued

[In billions of dollars]

FY 2012 –	2,829.808
FY 2013 –	2,983.128
FY 2014–	3,193.887
(3) Budget Outlays:	
FY 2009	3,358.952
FY 2010–	3,021.741
FY 2011 –	2,966.921
FY 2012 –	2,863.655
FY 2013 –	2,989.852
FY 2014 –	3,179.437

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2010—S. CON. RES. 13; FURTHER REVISIONS TO THE CONFERENCE AGREEMENT PURSUANT TO SECTION 301(a) DEFICIT-NEUTRAL RESERVE FUND TO TRANSFORM AND MODERNIZE AMERICA'S HEALTH CARE SYSTEM

[In millions of dollars]

Current Allocation to Senate Finance Committee:	
FY 2009 Budget Authority	1,178,757
FY 2009 Outlays ——	1,166,970
FY 2010 Budget Authority —	1,249,836
FY 2010 Outlays ——	1,249,342
FY 2010–2014 Budget Authority –	6,824,797
FY 2010–2014 Outlays —	6,818,905
Adjustments:	
FY 2009 Budget Authority	0
FY 2009 Outlays ——	0
FY 2010 Budget Authority —	0
FY 2010 Outlays –	0
FY 2010–2014 Budget Authority –	20
FY 2010–2014 Outlays —	20
Revised Allocation to Senate Finance Committee:	
FY 2009 Budget Authority	1,178,757
FY 2009 Outlays ——	1,166,970
FY 2010 Budget Authority –	1,249,836
FY 2010 Outlays ——	1,249,342
FY 2010–2014 Budget Authority –	6,824,817
FY 2010–2014 Outlays —	6,818,925

MORNING BUSINESS

Mr. DURBIN. I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

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

CARTAGENA LANDMINE BAN TREATY REVIEW CONFERENCE

Mr. LEAHY. Mr. President, I want to speak briefly on a subject that many Members of Congress—Democrats and Republicans—have had an abiding interest in over the years.

Throughout this week, delegates from countries around the world will gather in Cartagena, Colombia, to participate in the Second Review Conference of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction.

The Cartagena review conference would have been the perfect opportunity for the Obama administration to announce its intention to join the 156 other nations that are parties to the treaty, including our coalition allies in Iraq and Afghanistan.

In fact, every member of NATO and every country in our hemisphere, except Cuba, is a party to the treaty. The United States is one of only 37 countries that have not joined, along with Russia and China.

By announcing our intention to join the treaty in Cartagena, this administration would have signaled to the rest of the world that the United States is finally showing the leadership that has been wanting on these indiscriminate weapons that maim and kill thousands of innocent people every year.

The U.S. military is the most powerful in the world. Yet we have seen how civilian casualties in Afghanistan have become one of the most urgent and pressing concerns of our military commanders, where bombs that missed their targets and other mistakes have turned the populace against us.

Despite this, one of the arguments the Pentagon makes for resisting calls to join the Mine Ban Treaty is to preserve its option to use landmines in Afghanistan, even though we have not used these indiscriminate weapons since 1991.

Since the Pentagon has never voluntarily given up any weapon, including poison gas, which President Woodrow Wilson renounced in 1925, perhaps this is to be expected.

But can anyone imagine the United States using landmines in Afghanistan, a country where more civilians have been killed or horribly injured from mines than any other in history?

A country which, like our coalition partners, is itself a party to the treaty?

A country where if we used mines and civilians were killed or injured the public outcry in Afghanistan and around the world would be deafening?

Can anyone imagine this President, who has been awarded the Nobel Peace Prize which only a few years ago was awarded to the International Campaign to Ban Landmines, having to publicly defend such a decision?

I wonder if anyone at the Pentagon has thought of the military and political implications of that.

Last Tuesday, the State Department spokesman announced that the administration had completed a review on its landmine policy and had decided to continue supporting the Bush administration's policy, which was, in key aspects, a retreat from the policy of President Clinton.

This was a surprise to me and others, as I had encouraged the administration to conduct such a review and then heard nothing for months. In fact, I had spoken personally with President Obama about it just a few weeks before.

I did not hesitate to express my disappointment, as did many others. Thereafter the State Department corrected itself, and announced that a ''comprehensive review'' is continuing and reaffirmed its earlier decision to send a team of observers to the Cartagena review conference this week.

It is unfortunate that the State Department spokesman misspoke. However, the administration's approach to