

Medicare fraud—the bill I have with Senator MARTINEZ—would require direct depositing of all payments to providers under Medicare and Medicaid so they are not ripping off the system or scamming the system; that it is going to the people who need it. The bill has been endorsed by the AARP, the National Association of District Attorneys, and the Credit Union National Association. Representative PATRICK MURPHY is carrying the legislation in the House.

It is no small task, but we must reform America's health system. I strongly believe in reaching this goal to reform, making sure we don't have the status quo, where it is becoming harder and harder and harder for people in this country to afford health care. We need a system that depends on rewarding and controlling costs, that rewards quality and stopping fraud and making the system work for the people of this country.

For the sake of our fiscal health and for the sake of the millions of Americans struggling to afford the care they need, enacting effective health care reform in this country is essential. We know it is not easy and it will not happen overnight. It is 17 percent of this economy. But we also know that doing nothing and saying no to everything and calling things names, when we are effectively trying to find a solution, is the wrong way to go.

I hope my colleagues in the Senate will start working on this bill constructively so we can get something done for the people of this country.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Illinois.

Mr. DURBIN. Madam President, I see the Senator from Nevada is on the floor, and I would like to ask, before I seek recognition here—I would be happy to yield the floor to the Senator, with the understanding that I would follow him, if the Senator from Nevada would give me an indication of how long he might be speaking.

Mr. ENSIGN. At the most, 10 minutes.

Mr. DURBIN. Madam President, I ask unanimous consent, following the morning business statement of the Senator from Nevada, that I be recognized.

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

HEALTH CARE REFORM

Mr. ENSIGN. Madam President, I thank the assistant leader from the Democratic side, the Senator from Illinois, for that courtesy.

I rise today to talk about health care reform. It is critical in our system that we address the issue of cost. We have the finest quality health care system in the world, but it is too expensive for too many Americans, and because of that, many Americans are uninsured. Not only are too many Americans un-

insured, for a lot of folks who have insurance, especially those who receive insurance through their employer, they probably haven't received the kind of raises they would have otherwise received simply because employers are paying more and more for their employees' health insurance and there isn't money left over to provide higher wages.

It is critical for many reasons that we address the cost issue. We spend about \$2 trillion a year in the United States on health care. Some people say we need to spend more, but I disagree with that. I actually think we spend plenty of money in the United States on health care, we just don't spend it in the right ways. We need to eliminate waste and the bureaucratic spending of our health care dollars and get that money to the patients.

There are five different committees between the House and the Senate that are working on health care reform proposals—three in the House, two in the Senate. Let me quickly address the HELP Committee bill, which is one of the committees in the Senate that has passed a bill. The HELP bill was passed on a straight party line vote. I think the reasons for that, which I will point out, are the flaws that are in that bill.

First of all, the bill is not paid for. Second of all, it is too expensive and it doesn't cover enough people, especially for the money it spends. Two hundred times in the bill the Secretary of Health and Human Services is given new powers to establish programs, parameters, appropriate moneys, and otherwise dictates the course of one-sixth of our economy—200 different times. The HELP bill is around 600 pages. If each one of those times where it detailed or gave powers to the Secretary of Health and Human Services—if that was actually written in bill form at that point, the bill would probably have been about 5,000 pages. That is how incredibly complex our health care system is and how even more complex some people are trying to make it.

This bill creates 50 new offices, bureaus, commissions, programs, and bureaucracies, with 87 new government programs created in the Community Transformation Grants Program alone. The Democrats rejected by party-line vote, an amendment that would have prevented the bill from spending funds on sidewalks, parks, bike paths, and street lights. We all like those kinds of things. I actually ride bikes. I like to see bike paths and things such as that. But certainly there is not a place for that in the health care reform bill that we are trying to work out before the Senate and the House of Representatives.

Furthermore, the final cost of the bill has not been released. I serve on the Finance Committee, and there is a group of bipartisan Senators trying to work together to come up with an agreement. They have not been able to do that, and the big reason for that is they are trying to finalize the details.

The details are extraordinarily challenging because of how complex our health care system is today.

That is why we need to take our time and get it right. You don't mess with one-sixth of the economy of the United States and get it wrong. There are no do-overs when it comes to health care reform. If we mess it up, we literally can mess up our country. We can mess up the economy of our country and potentially threaten the very existence of our system of government because we can bankrupt our country.

We all know Medicare and Medicaid are threatening to bankrupt our system of government as it stands today. All that the HELP Committee bill and the other that have been introduced bills do so far, is accelerate how fast Medicare and Medicaid can bring economic collapse to the United States.

I am working on other proposals. There are examples out there where things are being done right in the health care system. I have told this story to my colleagues many times. Safeway is a company that saw their health care costs skyrocketing year after year. With 200,000 employees, they were spending about \$1 billion a year on health care expenses, with costs increasing every year. When a company is only making \$200 million to \$300 million a year, and their costs are going up 20 percent a year, you can see the writing on the wall. They were going to bankrupt their company with health care costs alone.

Safeway set out on a new course and focused on four areas. They incentivized their employees through lower premiums, if they didn't smoke or they would quit smoking, they provided smoke cessation products. They focused on the area of obesity with weight management. If employees were in the proper body mass index or if they lost weight, they would give them a lower health care premium. They also focused on cholesterol and hypertension. They didn't penalize employees for having high cholesterol, but they rewarded them for keeping their cholesterol under control and they rewarded them for keeping their blood pressure under control.

Rewarding healthy choices actually works. Safeway is a very good example. What happened to Safeway in the last 4 years, compared to the rest of the United States, is that Safeway has been able to lower their health care costs by 40 percent.

Unfortunately, the Congressional Budget Office, which is the official scorekeeper around here and determines how much money is going to be saved, does not have a model that works with something like the Safeway program. CBO's economic models don't work that way. The bean counters around here, unfortunately, don't know how to put that in application for the rest of the country. That is unfortunate because I believe, if we used some of the same modeling Safeway did for the rest of the country, we could save

huge amounts of money in our health care system.

We don't have to save 40 percent, such as Safeway did. Maybe we could save 10 percent. Actually, if we don't save anything, and just freeze the rate of growth, we would be so far ahead in money that we would have plenty left over to cover the uninsured. As I said, unfortunately, the Congressional Budget Office doesn't say a model like Safeway's will save money. It is ludicrous, though, to believe that having people quit smoking and rewarding them for proper weight management wouldn't save money. I think we need to change the economic models we have around here.

Not only would that save money, but it would also lead to higher quality lives. Obesity is an epidemic in the United States. Type II diabetes is rampant. Most Type II diabetics can actually reverse, or at least control their diabetes through diet and exercise. We need to encourage healthier behaviors in the United States. Instead of just having a sick care system, let's actually create a true health care system in the United States.

Another thing we need to do, I believe very strongly—and this is a role for the government—we need to provide transparency on cost and quality so individuals can shop. In the bay area, a colonoscopy can cost anywhere from \$800 to \$8,000. Well, if the government were to provide cost and quality measurement information across the United States, people could set up plans and they could see what the various costs are. Let's say that between the \$800 and the \$8,000, they might decide to pay \$1,200. And then if they want the more expensive one, they have to pay the difference. If they want the less expensive one, they can get the difference. That will cause people to comparison shop and they will have the information based on cost and quality of outcomes to be able to make smart medical decisions.

The one thing we don't want to do is put a bureaucrat between the doctor and the patient making those sorts of decisions. There is a precious relationship between a doctor and a patient, and we don't want the government making those kinds of decisions. I don't want to see a government-run plan that says, you know what, we are going to have rationing. That is how so many other countries around the world control their costs. They actually ration care, or there is delayed care. We have better outcomes in the United States on cancer, on cardiovascular disease, and in so many other areas than Canada, Great Britain, and other places that have government-run health care plans.

I think it is critical we get together as Republicans and Democrats—as Americans—and come up with a health care system that is lower in cost and even better in quality than we have today. The bills before some of the committees out there are not going to achieve that.

I have done several telephone town-hall meetings in the last couple of weeks. We have called almost 200 thousand Nevadans now and talked to many of them. They answered questions. We have gotten their feedback. The one thing that seems not quite unanimous, but from the calls we are receiving it is overwhelming, is that is people do not want a government plan. They do not want a government bureaucrat rationing their health care.

Whatever plan we come up with should not include a government-run health care plan. I feel strongly about that. I think as more and more of the American people find out what the effects of a government-run plan will be, we will see a lot more opposition coming from them.

I appreciate the Senator from Illinois allowing me to go first. Let's get together as Americans and do the right thing on health care. Let's join as Republicans, Democrats, and Independents across this country and have a health care system that has lower costs and better quality.

I yield the floor.

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

ORDER OF PROCEDURE—H.R. 3357

Mr. DURBIN. Madam President, on behalf of the majority leader and under the authority of the order of July 29 and after consulting with the Republican leader, I now ask that after the conclusion of my remarks, the Senate proceed to H.R. 3357 under the provisions of the July 29 order.

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

Mr. DURBIN. Madam President, I ask unanimous consent to speak as in morning business.

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

HEALTH CARE REFORM

Mr. DURBIN. Madam President, the Senator from Nevada has just expressed his views on health care, and I would perhaps like to give a little different view on where we are and where we should go. We are wrapping up this end-of-July session. We will be taking a recess for a few weeks. It is one of the few chances during the year for us to be back home, get a little time with our families before school starts. We are all looking forward to it, as everyone does each year. But we have had important work we have done this year, and more important work is to follow.

This year we hope to take up before the end of the year, and pass, health care reform for America. The House of Representatives is moving a bill, a matter that will be considered in September by the House. We are counting on the Finance Committee to work

with us to develop a bill for consideration on the floor of the Senate about the same period of time.

These bills and the concepts they contain are going to be there throughout the month of August for everyone to take a close look at and review. This is not going to be done in haste because it is too important. It is going to be there, and the critics will have a chance to look at it, people will be able to come up with suggestions—constructive suggestions, I hope—that will lead us to the passage of health care reform in this country.

I listened earlier to my colleague and friend from Nevada, Senator ENSIGN, talk about government-run health care. In my hometown of Springfield, IL, a doctor wrote a letter to the editor warning us about government-run health care. I would like to put it in perspective.

There are about 300 million people living in our great Nation. Of those 300 million people, 45 million of them are currently covered by Medicare. Medicare, for seniors and disabled people in America, is a government-run health care plan. For many of these people it is the first health insurance plan they have ever been covered by.

A realtor in southern Illinois came up to me, a woman 63 years old. She said: Senator I want you to meet somebody who has never had health insurance protection one day of her life. I never could afford it. I was a realtor. I didn't have enough money. Knock on wood, lucky for me, I have been pretty healthy. I didn't need it. I was able to pay my medical bills. But, she said, thank God in 2 years I will be under Medicare so the savings I put aside for my retirement are not going to be wiped out by one illness or one surgery. I will have Medicare.

She will join the ranks of 45 million people on a government health insurance plan called Medicare that we have had for 45 years in America and is wildly popular. Not one single critic on the other side of the aisle who stands up and shakes their fist and rails against government health care has said eliminate Medicare. Of course they would not. That is not a position the American people are going to support.

Some people are a little confused though. One of my colleagues went back home over the weekend and somebody said: Senator, listen; whatever you do, don't let the government start meddling in my Medicare plan.

He said: Pardon me, ma'am, but the government runs your Medicare plan.

She didn't understand that. Some people don't, but that is a fact.

So there are 45 million people under Medicare. There are another 65 million Americans, maybe as high as 70 million, who are covered by Medicaid. Medicaid is the health insurance plan for the poorest people in America. We said: If you are poor in America, you are still going to get health care, and we are going to provide it, working with the States. So more than one-