

PN123 ARMY nominations (3) beginning ARIEL P. ABUEL, and ending SCOTT C. SHELITZ, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN124 ARMY nomination of David W. Laflam, which was received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN125 ARMY nomination of Thomas P. Flynn, which was received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN126 ARMY nomination of Earl W. Shaffer, which was received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN128 ARMY nomination of Orsure W. Stokes, which was received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN129 ARMY nomination of Alvis Dunson, which was received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN130 ARMY nominations (4) beginning JEFFREY W. WEISER, and ending LEONARD J. GRADO, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN131 ARMY nominations (3) beginning KURT G. BULLINGTON, and ending JASON M. CATES, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN132 ARMY nominations (2) beginning ALTON J. LUDER JR., and ending DOUGLAS J. MOUTON, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN133 ARMY nomination of Gary L. Brewer, which was received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN134 ARMY nominations (2) beginning MICHAEL J. FINGER, and ending ROBERT T. RUIZ, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN135 ARMY nomination of Philip Sundquist, which was received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN136 ARMY nominations (2) beginning CARRIE G. BENTON, and ending CAROL A. MACGREGORDEBARBA, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN137 ARMY nomination of Marivel Velazquezrespo, which was received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN138 ARMY nominations (4) beginning GRACE NORTHUP, and ending MARY L. SPRAGUE, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN139 ARMY nominations (15) beginning FRANCIS M. BELUE, and ending CARL S. YOUNG JR., which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN140 ARMY nominations (398) beginning JAMES W. ADAMS, and ending X0393, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN141 ARMY nominations (30) beginning EDWARD E. AGEE JR., and ending CEDRIC T. WINS, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN142 ARMY nominations (30) beginning TIMOTHY K. BUENNEMEYER, and ending D060262, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN143 ARMY nominations (62) beginning PHILIP K. ABBOTT, and ending JEFFREY

S. WILTSE, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN144 ARMY nominations (31) beginning CHERYL E. BOONE, and ending FRANCISCO A. VILA, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN170 ARMY nomination of Thomas F. King, which was received by the Senate and appeared in the Congressional Record of January 11, 2007.

PN171 ARMY nomination of Mary P. Whitney, which was received by the Senate and appeared in the Congressional Record of January 11, 2007.

PN172 ARMY nominations (5) beginning JAMES W. HALIDAY, and ending DIMITRY Y. TSVETOV, which nominations were received by the Senate and appeared in the Congressional Record of January 11, 2007.

#### IN THE MARINE CORPS

PN190 MARINE CORPS nominations (8) beginning JAMES D. BARICH, and ending GORDON B. OVERY JR., which nominations were received by the Senate and appeared in the Congressional Record of January 16, 2007.

#### IN THE NAVY

PN145 NAVY nomination of Timothy M. Greene, which was received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN146 NAVY nominations (19) beginning DAVID J. ADAMS, and ending CHIMI I. ZACOT, which nominations were received by the Senate and appeared in the Congressional Record of January 10, 2007.

PN174 NAVY nomination of Donald S. Hudson, which was received by the Senate and appeared in the Congressional Record of January 11, 2007.

PN175 NAVY nomination of Jeffrey N. Saville, which was received by the Senate and appeared in the Congressional Record of January 11, 2007.

PN176 NAVY nomination of Steven M. Dematteo, which was received by the Senate and appeared in the Congressional Record of January 11, 2007.

### LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now resume legislative session.

### ORDERS FOR MONDAY, JANUARY 29, 2007

Mr. REID. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned until 2 p.m. January 29; that on Monday, following the prayer and the pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, and the time for the two leaders be reserved for their use later in the day; that there then be a period of morning business until 3:30 p.m., with Senators permitted to speak for up to 10 minutes each, except that Senator DORGAN be recognized for up to 45 minutes and Senator SPECTER be recognized for up to 30 minutes; that at 3:30 p.m., the Senate resume H.R. 2 for debate only until 5 p.m.; at 4 p.m., Senator SESSIONS be recognized for up to 1 hour; that Members have until 3 p.m. today to file any first-degree amendments. Provided further that the live quorum under rule XXII with respect to cloture motions be waived.

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

### ORDER FOR ADJOURNMENT

Mr. REID. I ask unanimous consent that following the remarks of Senators Burr and Harkin, the Senate stand adjourned under the previous order.

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

The Senator from North Carolina.

### MINIMUM WAGE AMENDMENT

Mr. BURR. Mr. President, on this brisk day in Washington, weatherwise, we have had a refreshing debate about minimum wage. I have listened to the majority leader say that those who have minimum wage amendments and would like to have votes are, in fact, against raising the minimum wage. I introduced my amendment yesterday. I highlighted the wonderful work of Senator KENNEDY and Senator ENZI, the managers of the bill, the fact that we were long overdue for a minimum wage increase, and that, as a Member of the Senate, I thought it was important we explore, as we do this, if we can make some changes that allow us to address other areas.

Now, I happen to be the Senator who offered the amendment—and I thank my colleagues Senator COBURN and Senator DEMINT who are cosponsors—who suggested this—that with the \$2.10 increase we make in minimum wage, we allow an employer to determine if they want to provide that increase in wages or in health care benefits.

We have had a debate in this country for years, over the 13 years I have been here, about the uninsured population and what we need to do. Here is an opportunity to do something. Here is a real opportunity to give employers the incentive to provide to the most at-risk minimum wage workers a health care benefit that can be covered under the umbrella of health coverage that we, as Members of the Senate and those of us who work for the Federal Government, actually have that protects us.

All Americans should have access to quality and affordable health care. Under our current system, many get health care from their employer. Let's increase the number of Americans under that umbrella of coverage and take the opportunity, as we increase the minimum wage rate, to allow employers to be the ones to do it.

The majority leader has filed a cloture motion on S. 2. Let me explain exactly what that means. We are going to cut off the ability to offer amendments on anything non-germane. Anyone listening to the description of my amendment would have to say, clearly, that is germane. You will use the \$2.10 increase in the minimum wage to allow employers to offer health care with that \$2.10. Now, this is not a shot at the Parliamentarian of the Senate, but this amendment is not germane. In filing cloture without an agreement, we

won't be allowed in the Senate to have a vote on my amendment. I can come here and sell the merits of my amendment to those across the country who listen to this and they will say—that makes a tremendous amount of sense. We want to extend health care to the uninsured. An excellent way to do that is to use the power of the employer. As an employer negotiated for the rest of his employees who may not be at the lower end of his pay scale, he can use the minimum wage workers in the group rate and access health insurance cheaper than they could as individuals.

But no, filing cloture means without an agreement the Senate is never going to have a vote on this. We will be denied the vote because this is non-germane.

I am not sure where this fits in that open process I heard described. As a matter of fact, we have actually filed cloture for a bill we have not even called up, a resolution on Iraq. I guess that means we will limit our debate on the war, too. Gee, that is a strange one to limit debate on.

Let me take the time I have today to talk about my amendment. Mr. President, \$2.10; what is that on an annual basis for an individual at the lowest end of the income scale in America? It is \$4,368. Some people will be opposed to the amendment even though they will not get an opportunity to vote on it because they will say that is not enough money. Let me show what it can buy.

Mr. President, \$4,300 a year can buy health insurance, 100 percent for an individual. It can buy almost 50 percent of family coverage. This is the average as followed by the Kaiser Family Foundation of fee-for-service insurance: \$3,782. I might say that regionally, where you live in the United States dictates the cost of health insurance, but this is an average for the United States, fee-for-service, traditional health care coverage, \$3,782; a preferred provider plan, \$4,150; a POS plan, \$3,914; and a health maintenance organization, \$3,767.

The argument that you cannot provide health care with the \$4,368 increase we are giving to a minimum wage worker clearly has been demonstrated by the Kaiser Foundation to be wrong. You cannot only provide it as an employer, you can pay 100 percent of it. A minimum wage worker would not have to put a dime out of their pocket to have health care coverage that is equal to what a Member of the Senate has. But when you file cloture, when you limit debate, when you deny a vote, you have now denied every minimum wage worker in the country of having an opportunity for their employer to work on behalf of their group to extend the health care benefit to minimum wage workers: a 100-percent benefit.

The President and myself—I think we pay 25 percent of our insurance premium for health care, and that percentage certainly changes, depending

on who you work for. But an employer assumes some percentage. Some employers pay 100 percent, but it is rare today. Here is an opportunity to give employers an incentive to provide 100 percent of the premium cost and still have money left over to provide to their employees.

I am sure there are people listening to this debate who are saying this is crazy. If we have 47 million uninsured in this country, how many of those might fall into this category? The reality is, it is almost 15 million Americans whose income is \$25,000 or less.

The average minimum wage worker today makes a little over \$10,000. The actual national poverty level is a little over \$9,000. They are very close to it for a full 40 hours worth of work.

When we look at 47 million Americans, I am beginning to think we like that number more for the purposes of debate than as a target or a goal to solve.

I said at the beginning, I believe all Americans should have access to quality, affordable health care. My opposition only wants that access if the Government provides it instead of the private sector. That was the debate in Part D Medicare when we created the first ever drug benefit for seniors in this country. And there were two sides, those who said only the Federal Government can provide this and those who believed that the private sector could, in fact, negotiate prices—not just for the price of the drugs but through that, the premiums—where seniors could be afforded choices.

Today, the majority of Medicare-eligible individuals are signed up with the Part D prescription drug plan. Much to my amazement, for those who are incredibly pleased with their plan, the percentage is close to 100 percent because of their choices and those who want to assume more financial risk out of their pocket and pay a smaller premium can do it. Those who do not want to pay out of their pocket but want to pay a higher premium can do that. For every milestone we have seen in Part D, drug prices have reduced because we have injected competition, premium prices have reduced because we are now providing drugs to seniors who are actually taking them.

What does that do to our overall health care system? It means the more they are taking their medications, the less likely they are to visit the hospitals. Gee, I wonder if that is applicable to what we are talking about here? Why are health care costs going so high? Yes, we have a lot of new technology. That technology allows us to do things in a noninvasive way. Instead of cracking a chest open and doing a bypass on somebody's heart because maybe they ate the wrong things for 60 years, now we can go in through their leg, we can go up through their vein structure, we can put in a stent and we can open and eliminate the risk of a heart attack. The quality of life is better for them because the recovery is

shorter. In some cases it can be done as an outpatient procedure. That \$70,000 average cost of a heart bypass is reduced significantly and, consequently, with that, the overall health care system sees savings.

Imagine if we had not been doing that what the rise in health care costs would be. Part of health care inflation today—and I suggest it is a large part—is the cost shift that goes on. What is cost shift? The Presiding Officer and I have health insurance.

When we go in and access health care, the hospital, the doctor, the lab, and the pharmacist know they are going to get paid because we give them an insurance card. There is no question in their mind. They know exactly what their reimbursement is going to be. If a Medicare beneficiary at any point accesses health care, that doctor, that hospital, that lab knows exactly what the reimbursement is they are going to get from Medicare for the procedure they offer.

But when somebody goes into an emergency room who is uninsured and they do not pay: What happens to the cost of the procedure they got? It is real simple. It gets shifted to us. It gets shifted to everybody who has insurance. And to recover that, everybody's premium in the country goes up.

So as I stand here and talk about a very specific group, minimum wage workers in America, what everybody has to understand is what we do on this issue affects everybody's health care in America. It affects everybody's premium amount in America. It affects 25 percent of all Federal employees costs. If you want to drive some costs down in the Federal Government, it is easy: Let's do this because we will eliminate a significant part of the cost shifting that is going on in our health care system in this country.

Studies have shown in order to get individuals to purchase their own health insurance, tax incentives to individuals need to cover half or more of their health insurance premium. We are covering 100 percent of it. Many tax-based health care proposals to help the uninsured are criticized because they do not meet the threshold of covering half or more of an individual's health insurance premium. This is the first time I have ever been criticized because we offered 100 percent of the premium.

Now, why might other people object to this? Well, quite honestly, they might say the employees should get wages, not health care. Well, let me restate what I said at the beginning, so it is clear.

All Americans should have health coverage. Mr. President, 14.6 million Americans make less than \$25,000 a year and are uninsured. So if we are wondering in that pot of 47 million what makes up some of them, here is 14.6 million of them right here. They make less than \$25,000 a year, and we know for a fact they are uninsured.

Mr. President, \$2.10 a day can buy basic health insurance for a minimum wage worker. On this chart is a breakdown of millions of uninsured by household income. You notice that close to the largest group is shown right here: \$25,000 and below.

This amendment is like a laser beam on exactly where we can make a difference. You see, we are at a real crossroads in America. We have gotten used to the best health care delivery the world has ever seen. As a matter of fact, if we tried to import from another country—and I will not name one because I do not want to offend them—their health care system into our country, the American people would rebel. They would not wait. They would not accept half a loaf when they thought they deserved a whole loaf. That is how our system is.

So if we want to get a handle on this incredible cost of health care, we have to do two things. We have to provide coverage and we have to promote prevention and wellness.

You see, if we can teach people how to control disease, then the number of times they access health care is going to be less. That is pretty much common sense. The problem is if we cannot create a relationship between an individual and a health care professional, how in the world are we ever going to complete the educational process of what disease management is? How can we teach a diabetic that it is just as important to get exercise and to have a diet as it is to take their medication and check their blood sugar?

As a matter of fact, in Asheville, NC, we are in the 10th year of a project called the Asheville Project, where it has focused specifically on diabetes. This idea was clearly out of the box because the community decided, with a grant, they were going to reimburse pharmacists to counsel diabetes patients.

Think about that: A diabetes patient goes in. They are getting their medications filled. Now in Asheville, NC, and 10 other locations in the United States, that diabetes patient will sit down with the pharmacist, and the pharmacist will look through their drug regimen and make sure it is correct. They will make sure there is no interaction of different medications that they are currently taking. They will talk to them about exercise. They will give them suggestions if they are not getting exercise. They will check their progress if they are. They will talk to them about diet. They will actually weigh them. Maybe that is what we are scared of: If we do this, they will start weighing all of us.

The reality is in Asheville, NC, and these 10 other cities across the country, there is now data. It is not me. It is the data that proves they save \$2,000 a year per diabetic because we now provide for every diabetic this intense relationship with a health care professional.

Now, what you have to understand is that in Asheville's case, and these

other areas around the country, this is not the traditional entry point where we would choose to educate. This is quite creative. As a matter of fact, we have talked about it, and it has been rejected in this institution before, that we actually pay pharmacists to do part of the health care education. I hope it is something we will reexamine because I think there is tremendous merit to it. It has proven to be successful.

But what does it prove? It proves that if prevention and wellness are promoted, there are savings that are derived across the system, and those savings will drive down premium costs for every American.

Well, how do you get there? You get there by making sure every American is covered. Mr. President, 14.6 million—that is a real chunk of people whom we have an opportunity to affect whether they actually have health care coverage, whether they will actually have the education they need with a health care professional on disease management. It could be diabetes; it could be HIV/AIDS. There are a number of things that fall into the category.

But the reality is, if we miss this opportunity, we will continue to have 14 million people who will access health care in the emergency room on an as-needed basis, and the likelihood is, there will be an in-hospital patient with an average stay of over 3 days. And at the end of that stay, they probably will not have the money to pay for it, and, in fact, that will get cost shifted to everybody's insurance across the country. They do not want to do that; they just do not have the money to pay for it.

Well, here is an opportunity for them not to be put in a difficult situation. Here is an opportunity for an individual to have 100 percent of their insurance—let me go back to that. For an individual, \$4,386, under a traditional PPO, POS, or HMO, pays 100 percent of their premium costs—better than we get as Senators—and for a family, \$9,900, \$11,000, \$10,000—\$10,000 is the average across the country, based upon the type of plan you choose. We could pay 50 percent of a family's health care premium if we allowed employers to use the \$2.10 and to apply it to health care benefits versus wages.

One in five adults age 18 to 64 were uninsured in 2004—one in five adults. More than 54 percent of the uninsured are in families making 200 percent or less of the Federal poverty guideline. Again, that is \$9,800 a year. Americans living in households with annual incomes below \$25,000 have a higher incidence of no insurance. Mr. President, 24 percent were uninsured in 2004, compared to 15.7 percent of the total population. You see, this is not just the norm percentage who do not have insurance; this is almost double the national norm.

Now, why this bill? Why the way we chose to do it? Well, employers are the centerpiece of health care delivery in

the United States today. They may not be in the future. I am anxious to have that debate. Personally, I believe a health policy should be like a 401(k) plan. You should be able to take that health policy with you regardless of where you go, that when you change employers, you should not have to lose insurance coverage with a given company and the structure of your plan. You should have the option to take that with you. So I am sure at some point this year we will have that debate.

Mr. President, 174 million workers and their dependents received health coverage through the workplace in 2004. So if you ask yourself, why am I offering this on the minimum wage bill? It is because 174 million Americans receive their health care coverage via their employer. We have this excellent opportunity right now, as we talk about increasing minimum wage, where we can provide the incentive.

I might add, I said the "option," that an employer have the option. I am not mandating that an employer has to offer health care. There is a lot of work that goes into a company providing health care for their employees. They have to meet with plans. They have to negotiate rates. They have to keep records. There are going to be some employers who do not provide health care as a benefit, and they may not provide it for their employees afterwards. But you also have a segment of America that is minimum wage workers where companies would like to find a way for those folks to stay with them versus to leave for a nickel-an-hour or a dime-an-hour increase by somebody else.

I can tell you, if you offer them 100 percent of their health care, then somebody is going to have to bid very high if, in fact, they are not providing health care, too.

Workers, and especially low-income workers, feel more comfortable with their employers negotiating health care benefits than going into the individual market and purchasing it themselves. Why? It is real simple. It is because an employer negotiates volume. When I walk in, they see one individual, and they know I must be uninsured, if I am in there to buy health care, and the likelihood is they are never going to pull that sheet out of the middle drawer that says "discounts." I will never receive a discount as an individual.

And oddly enough, in this country, I have to say—and this is wrong—the lower your income, the more the actuaries look at you and determine you are going to cost more. It is 100-percent wrong. And part of it is the structure of our model in this country: that we seldom promote wellness and prevention. I do not care where your income level is, if you provide those individuals with the tools they need, they are as healthy as the person next to them. What these folks do not have, because they do not have coverage, is they have

no relationship with a health care professional. And that health care professional could be a primary care doctor; it could be a nurse; it could be a hospital; it could be a community health center; it could be a rural health clinic. And in the case of Asheville, NC, it could be a pharmacist in a very targeted program.

More than 8 out of 10 of the uninsured are in working families. I am not talking about isolated individuals. I am picking these folks and not suggesting that we are doing something that just affects individuals. These are families. That is why when I talk about the family piece, think about a family that has never had health insurance for their children. Think about when they go in and their employer says: You know, we have this new requirement that we have to raise the minimum wage \$2.10. But I will offer you 50 percent of your health care premium for your entire family, your wife and your children. It is going to be in place until your children get out of college. Maybe that will give them an incentive to encourage those kids to graduate from high school and to consider higher education as part of their future.

Six out of ten uninsured individuals have at least one family member working full time year-round. This is a huge population we are talking about affecting with this amendment. In 2002, 42 percent of wage and salary workers, age 18 to 64, were not offered health coverage through their employers. Here is a tremendous opportunity, as we do something that I have said I will support, and I doubt it will receive very many votes in opposition—here is an opportunity for the Congress to significantly affect the uninsured. But I remind everybody, we are not going to have an opportunity to vote on this amendment. It is so timely that I would come to the floor, I would wait my turn to talk about an amendment that I couldn't talk about the other day because the leadership was in a hurry. So I called up my amendment so it would be pending—pending means that it should get a vote before cloture would be filed—only to find out from the majority leader when he stood, I think he referred to my amendment as “silly.”

I don't think it is silly. It may be non-germane, but the health insurance of minimum wage workers is not silly. As a matter of fact, it is crucial to the health care change that we have to accomplish in this country if, in fact, we are going to keep health care affordable for all Americans, not just some Americans.

Let me talk about employers and employees. I believe my amendment is a win-win. I challenge any Member of the Senate to tell me who loses. Think about it. An employer is able to negotiate for minimum wage workers at the group rate which means he might be able to negotiate, because he is putting more people in the pool, an even lower cost for his overall workforce than he

had before. He is able to offer his employees health care which his competitor might not. His employees have a tendency, then, to stay with him longer because we all know that there is a cost that is incurred by an employer, an investment to train them, an investment to have them in the business. And the last thing they want to do is see minimum wage workers that work a month or 2 or 6 months and keep moving from employer to employer. And by the way, the one thing they don't have control over as an employer is the days that employees call in because they are sick. Those are days that the employer is planning on getting something done. That minimum wage worker, because they are now sick, picks up the phone and says: I can't be there.

Maybe if we get them covered by insurance, maybe if they actually go for prevention and wellness education, maybe if they learn through that health relationship the things they should do and should not do, maybe they are not going to be picking up the phone and calling in and saying: I will not be there.

The employers lose on those days, but the employees lose on those days, too, because this is a minimum wage worker. They are paid by the hour. They are only paid when they are there. Provide them health care, enable them not to make that phone call, the employer doesn't have a disruption in his business, and the employee doesn't have a subtraction in his paycheck. This is truly a win-win for employees and employers.

Employers will spend less time and less money overall by providing the \$2.10 increase in health benefits. Let me restate that. Employers will spend less money overall by providing it in health benefits. Why? Because they buy in bulk. What does that mean? It is more bang for the buck. They are able to get more benefit for a smaller amount of dollars. That means that when they go and negotiate the structure of a plan, they could negotiate something that had an even richer benefit, maybe no out-of-pocket cost, maybe no copayment for drugs because they have another \$500 there with which they can negotiate. Employers get the same deduction in calculating taxable income, if they provide compensation in the form of health benefits or compensation in the form of wages and salaries.

We all know because we have gone through part of the debate that when employers and employees are covered by health insurance, that is done with pretax wages.

My point is, the tax implication on the minimum wage worker does not go up. They get the same advantage that we have, that their health benefits are not only deductible for the employer, but they can access some pretax dollars to do it.

To deny a vote on this amendment is to not give minimum wage workers the

same thing we have. Sure, there is a discrepancy in the difference that you make and I make and they make, but now we are talking about fairness from the standpoint of benefits. We have an opportunity to change that. And because we are in such a hurry in the Senate and because the majority leader is tired of people offering amendments—I think all of them have merit. I haven't seen any that I thought were for the purposes of delay. As a matter of fact, I would be for moving to wrap up this bill tomorrow if the majority leader would say I could have a vote on this amendment. He is not going to give me a vote. You can use the Senate rules to make sure that votes don't happen. And maybe I could have designed this in a way that it was germane. But sometimes the best things are simple. Sometimes when you lay it out in a way that people across the country, especially minimum wage workers, understand, it is better for them. We could hide it and make it confusing and make it to where employers possibly couldn't provide everything that they could. But we decided to leave it simple.

What might be another objection to this bill? Well, can employers truly implement this process. Let me go to another chart. I think you have heard me say most of this except for the last one: Some coverage is better than no coverage. Will every employer get it right? Probably not. Will every employer get as much bang for the buck as they possibly can? Maybe not. Some coverage is better than no coverage. You have heard the percentages about the population that are at the income levels that minimum wage workers are. If you only believed that this amendment would provide some coverage, then you have to agree with me that is better than no coverage.

Under our current health care system, employees will be better off with health care coverage through their employers because employers get better pricing. If they don't or they can't, then I know what is going to happen. They are going to offer it in wages. But should we deny them the opportunity to try to help us solve part of the health care problem that we have in America, and that is the uninsured that are here?

I said earlier that I thought all Americans had a stake in this amendment because it is their health care premium that is affected by every health care policy we take up. When we add additional mandates for coverage, we drive up premium costs. When the American people exercise, watch what they eat, they help us to moderate health care costs and premium costs. Health insurance, even the most basic health insurance, gives people access to a system of health care, that relationship with a health care professional, that primary care doctor, the prevention and wellness programs, routine testing for chronic diseases that keep them out of a hospital.

I want to relate a story. I won't mention the company. Well, I will mention the company: Dell computers. I think it is important that you understand that they are in one of the most competitive industries in the world. I dare say I don't think anybody is going to wake up tomorrow and say: I think I will get into computer manufacturing because there is so much money to be made. Everybody globally is in computer assembly and manufacturing. Dell does it the best. I don't say that just because they have a plant in North Carolina. I say it because the experts say that.

I might also say, since Lenovo has a plant in North Carolina, they do a pretty good job, too. But Dell recognized one day that if they wanted to be competitive in this highly competitive industry of computers, they had to do something about health care. They were self-insured. They had already taken the first step. They assumed a lot of the risk as a company to drive down the cost of their health care for employees and, consequently, for the company. What did Dell find out?

Dell tried to make available prevention tools for their employees. If they were overweight, they would give them a dietician to work with them. If they had diabetes, they would give them somebody who could counsel them about diabetes. If they smoked, they paid for a cessation program. What happened? Less than 10 percent of the Dell employees who were affected by these things took advantage of the program. Less than 10 percent of them signed up to receive the help.

Any other corporation in America might have said: I will just accept the fact that we are going to have this high health insurance. But Dell realized: We are still making computers. And if we can't fix this, we are not going to be competitive.

What did they do? Dell offered employees up to \$250 cash if they would sign up for the program. I will tell my colleagues, the American people respond to money. They do respond to money. All of a sudden, the enrollment in these plans went sky high. Today, some 5 or 6 years later Dell computers can prove that they save about \$1,700 for every employee who goes into that program. Those numbers may have changed since the last time I met with them.

My point is this: Everywhere we looked—private sector, public, individual, group—where we have been brave enough to go out and do it differently, where we have been brave enough to force prevention and wellness into the system, it works. It works for the employee and for the employer. It is job security because they are more competitive. And every American receives the benefit of it because there is less cost shift in the system.

Let me bring it back to where we are. All Americans should have health coverage. We have this unique oppor-

tunity, as we debate the opportunity for minimum wage workers to receive a \$2.10 raise over a period of time, to give the option to every employer to provide that \$2.10 increase in health care benefits versus in wages. And the Kaiser Foundation's health research proves that, for an individual, regardless of whether it is traditional fee-for-service insurance, point-of-service, or health maintenance organization, that \$4,368 a year pays 100 percent of the premium cost for that minimum wage worker, which is a higher percentage than a Member of the Senate is paid for by the Federal Government. That means a minimum wage worker is not required, such as I am, to pay 25 percent of their health care cost, but they would get 100 percent. If, in fact, their family is uninsured, which the majority of them are, the Kaiser Family Foundation says the average for family coverage—wife, kids, unlimited—that an employer for a minimum wage worker can provide is almost 50 percent of the premium cost.

This is a tremendous opportunity, from a standpoint of health care policy, that I so hope we are not going to miss the opportunity to do. But if my colleagues on both sides of the aisle allow debate to be shut down without an agreement from the majority leader that he is going to allow a vote—the only reason I can see not to have a vote is because nobody has figured out how to put a second-degree amendment on it. It is too simple. Procedurally, if they can kill it, they would.

In North Carolina, Mr. President, there are 1.3 million uninsured individuals; 17 percent of my State's population is uninsured, compared to the national average of 16 percent. So, listen, I feel bad. I wish to see North Carolina do better. As a matter of fact, we have probably more waivers in health care than any State in the country right now, from Medicaid to the soon-to-be dual eligibles under Medicare because we are trying to lower the costs for everybody by being creative as to how we do it. I will tell you this: In North Carolina, the centerpiece of our success is two words: Prevention and wellness. When we are able to establish a relationship with a health care professional, we now have an opportunity to bring prevention and wellness into every person's health care regimen. I am convinced this is absolutely crucial to the future of health care in this country and to the affordability of health care for the future.

Eight hundred and ninety eight thousand uninsured individuals and families are on their own with one full-time worker in North Carolina. So when I said 1.3 million uninsured, understand that almost 900,000 of them are in families—families who could get 50 percent of their premium paid for by their employer, if we gave the employer the option of providing health care versus being forced only to provide wages.

In North Carolina, we have 204,360 uninsured part-time workers. That means

they are not going to work 40 hours. So maybe they are only going to work 20 hours, and instead of getting \$4,368, they are going to get a little over \$2,000. Well, even those part-time workers—uninsured part-time workers—if they are earning minimum wage under this program, as much as 50 or 60 percent of the premium of their health care could be paid for. So it is not limited to full-time workers.

It is too simple. It is way too simple. Everybody in the country gets it. Why doesn't the Senate get it? How can anybody look at this and say we should not do it? It is easy. The Senate rules allow you to not have a vote. I am not trying to delay; I am trying to make the bill better. I am trying to learn from what we are learning all across the country—that there are smart people outside Washington who are in companies, in States, who are involved in the health care system, and we have a real opportunity to take what they have been telling us and apply it to the most at-risk group of Americans, which are the minimum wage workers.

I have always shrugged it off when somebody came up to me and said: Gee, do you guys ever listen in Washington? Do you pay attention to what is going on? Because I thought we did. I do. But, you know, what I am learning today is that "we" don't. You cannot come on the floor of the Senate day after day and talk about the uninsured population and how we have an obligation to take care of it, and here is a real opportunity to do it—and what is the majority's answer? We are not going to let you vote because we think you are trying to delay.

I am not trying to delay, I say to the majority leader; I am trying to provide health care for minimum wage workers—for maybe 14.6 million people in this country. You know, the sad part is, even if I get this done, there are still 30 million Americans who are uninsured. Maybe the fear is that it will work. Maybe they will find out that when these guys get insurance, they are no longer going to be sick. Maybe they are worried we are going to find out that if they are not sick, our insurance will go down and every American's insurance will go down.

Health care continuously ranks as one of the top issues in this country. I have devoted 13 years now to understanding health care to the degree that I feel like I can walk into an operating room and do a procedure, even without staying at a Holiday Inn Express. But, you know, we are not listening to them. We are not listening to doctors, nurses, community health centers or rural health clinics. And I can tell you this: We are not listening to the American people. We are not doing what we can to provide the opportunity for health care coverage to be extended to them. Do you know what? People with high health care costs, in the absence of having to spend that on health care, are not going to spend it in other areas. It is those other areas that create jobs. It is the groceries, it is the

gas, those things they pick up on the way home to eat that fuels our restaurants.

If you want to have good balance and growth in the economy, if you want Americans to be at work, if you want this country to prosper, this is a piece of it. This is a piece to make sure Americans have health care coverage. I am confident this is not the last time we are going to have this debate this year. We will have a debate, and it will actually be considered germane. I have wondered for the time I sat and listened to the majority leader, what will be the excuse then? Maybe it is because it wasn't their idea. Maybe it is because they would like to wrap it into something bigger.

Well, as I said, 13 years after I have worked on health care—and I see my colleague from Iowa and I know he wants to speak, and I will wrap up, and I don't know anybody who has devoted much more to health care than he has. This is a real opportunity, Mr. President. It is an opportunity for the Senate to actually do something on health care versus sitting on the floor and talking about it. As it stands right now, this opportunity for minimum wage workers in America will not happen because the Senate will be denied the opportunity to vote as to whether they would like this to be part of the plan. Again, I am sure it is difficult for America to believe that this is not germane to the minimum wage bill, as it was to me. But I am not here to battle the interpretation of the Parliamentarian; I am here to suggest to you that one of the reasons we are here is we are supposed to do what is right. We are supposed to pay attention to what is going on across the country, and we are supposed to do what is right to fix it.

I ask you to think that I am doing something right today. I could walk away having a vote where I didn't win. But not getting the opportunity to have a vote cheats America out of the opportunity to begin to turn around our health care system. I hope that between now and Tuesday with the cloture vote, Members on both sides of the aisle will have an opportunity to look at this vote and to encourage the majority leader to allow us to have a vote and, if not, to encourage him to vitiate the cloture vote and allow us to talk some more.

This is important. We ought to spend time talking about major policy shifts. For the 10 years I spent in the House of Representatives, I dreamed of the fact that I could come to this floor, with the tremendous thought and debate that goes into the work here—I am not going to tell you I am disillusioned, but I can tell you this: To take something of this importance and to suggest we are not going to vote on it, or to suggest that when we are talking about ways we can improve a bill, we haven't got time to sit and debate this, that is not the Senate I envisioned before I got here.

That is not the deliberative process, the open and balanced and thoughtful Senate I used to see from the other end of the Capitol. It is my hope that, as we move forward, we will be allowed the opportunity to debate this more. Hopefully, we will be allowed to vote up or down on it. As I said, if I lose, I will save the debate for another day and another bill. We are going to have an opportunity to debate health care, I know. We are going to find more things to agree on than we disagree on. I never envisioned the Senate saying that because this is a tough vote we are not going to take it.

This vote is not near as tough as the fact that 14 million Americans, who are, in all likelihood, minimum wage workers, could have the option of health care if we did this and are not going to have health care if we don't vote. That is not silly, and it is not a delaying tactic; it is policy.

I yield the floor.

The PRESIDING OFFICER (Mr. WEBB). The Senator from Iowa.

Mr. HARKIN. Mr. President, I thank my friend from North Carolina for his timely speech. He knows what I mean by that. I didn't hear all of his remarks, but I did catch the tail end of them, and I think I get the import of his remarks, which is basically that we need to do something about health care in America. We need to debate it, discuss it, vote on it. But to the extent somehow some kind of blame is being laid at the step of those of us on this side of the aisle—after all, we just took over the Senate about 3 weeks ago—I remind my friend from North Carolina that his party has been in charge for the last several years, and they have had the White House. We haven't seen anything come from the White House, nor have we seen anything come out of the Congress to deal with this over the last several years.

Be that as it may, I say to my friend from North Carolina, the President put forward a proposal in his State of the Union Message. We will see what the budget looks like when it comes down next week. I join with him. I hope we will have a good debate and discussion. It is the most important issue we have confronting our society today. But it is not just, I say to my friend from North Carolina, the issue of how we pay the bills and how we pay for people who get sick. The issue is preventive medicine. How do we make prevention pay? How do we make prevention the incentive? How do we incentivize prevention?

I noticed a full-page ad in the Washington Post this week and also in the New York Times talking about prevention is the answer. If we really want to get a handle on cutting down the cost of health care in America, just jiggling how you pay the bills is not going to be the answer. We have to get in front of this issue and make an incentive for people to live a healthier lifestyle, for businesses to provide workplace settings that are healthy, helping to make sure people get their physicals, annual

checkups, mammogram screenings, cutting down on smoking, making sure that our schools also teach kids at the earliest age what it means to stay healthy. We are building elementary schools in America now without playgrounds. What kind of nonsense is that?

So our whole thrust on this health care issue, I say to my friend from North Carolina, we always just keep focusing on how we are going to pay the bills. That is a problem, obviously, but if we want to get out ahead of it, we have to start focusing on preventive medicine. I look forward to that debate hopefully soon.

#### INCREASING THE MINIMUM WAGE

Mr. HARKIN. Mr. President, I came to the floor today to talk about the issue that has been in front of us all week—I assume it is going to be coming to a close early next week—and that is the debate and vote on whether we are going to increase the Federal minimum wage.

I regret that previous Congresses have blocked any increase in the minimum wage. The Senate has rejected 11 attempts to raise the minimum wage since 1998—11 times. Last year, we had 52 Senators vote in favor of it, but we didn't have the 60 Senators to invoke cloture and get to a final vote.

Scores of religious and antipoverty groups have called on Congress time and again to recognize the basic principle that Americans who work full time and play by the rules should not be consigned to poverty.

In 1966, Martin Luther King, Jr., said:

We know of no more crucial civil rights issue facing Congress today than the need to increase the Federal minimum wage and extend its coverage. . . . A living wage should be the right of all working Americans.

I join with Rev. Martin Luther King, Jr., and say it ought to be a right. According to the Congressional Research Service, the real value of the minimum wage today, if it had the same purchasing power as it did in 1968, the year Dr. King was so tragically assassinated, if the minimum wage had the same purchasing power today, the minimum wage would be \$9.19 an hour. What are we talking about increasing it to? We are talking about increasing it to \$7.25 an hour. But at least with the earned-income tax credit, which is new since that time, food stamps—we had food stamps then also, perhaps a little more generous now—that \$7.25 an hour would at least get a family of four above the poverty line, and that would be a historic achievement for our Nation.

It is simply immoral to tell working Americans that they ought to try to provide for their family's needs on \$5.15 an hour. My colleagues and I who offered this bill respect work, we value work, including the most humble type of work. That is why we fought for years to try to ensure the minimum wage kept pace with inflation and updated periodically. But for 10 years, the