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CONGRESSIONAL RECORD — SENATE

example, consumes most of the Medi-care dollars, essentially as a result of problems relating to heart disease and diabetes and a host of other illnesses that could be prevented. Of course, it is well understood by every Senator that there is a demographic avalanche coming with older people.

So with the facts not in dispute, with the country saying act now, don’t put this off for another 2 years, the Senate has an opportunity to work in a bipartisan way.

Senators on my side of the aisle have made it clear—correctly in my view—that we have to get everybody covered. It is not right for this country to be the only western industrialized nation that cannot figure out how to get everybody under the tent. It is important to get everybody covered.

Senator BENNETT and others on the Republican side of the aisle have been correct in saying the public doesn’t feel comfortable with the idea of having Government run it all. The people in my State voted against what is known as a “single payer plan” in 2002 by a 3-to-1 majority.

What Senator BENNETT and I have put together, for the amount of money that we are talking about, is a bill that will save close to $1.5 trillion over the next 10 years. It is legislation you can explain at any townhall meeting in Montana, Oregon, or anywhere else, and that is that every citizen would have access to private health policies at least as good as their Member of Congress has. It is very simple to understand.

I have a Blue Cross card in my pocket. I was able, during the period of open enrollment, which the Senator from Montana experienced when he came to the Senate, to make choices, make an evaluation of the various private health policies that were offered to me. As a result, my children and I have health policies that were offered to me. Of course, I was able, during the period of open enrollment, to make choices, make an evaluation of the various private health policies that were offered to me.

So the primary economic motive on the part of the employer is to hold the cost down. He will have therefore, that produces a temporary, short-term cost advantage for him. The consumer of the service, the employee, has a different agenda. He wants the best care he can get. But since he doesn’t control the dollars, even though they are his dollars in terms of his earnings, he is stuck with whatever decision the employer makes.

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Senator Wyden goes beyond the talk. He is determined to go after this. He and I have had a number of conversations, and I know he has had discussions with the administration at the White House and at the Department of Health and Human Services. He is a bulldog on this issue. If it gets done, it will be a tribute to his tenacity. I am beginning to believe it will get done. I am getting his enthusiasm.

I want, for a moment, to spend a little time on history so we can understand how we got in the mess we are in, and why the proposal Senator Wyden has laid down—and I am proud to co-sponsor—is the right direction in which to go. We got in the mess where we are with health care back in the Second World War, when the Federal Government decided, once again, it was going to repeal the law of supply and demand. I have said here many times, if I can control what we carve in marble around here to remind us of our duties, all the Latin phrases I love, we should also have something before us that says you cannot repeal the law of supply and demand. The law of supply and demand is as immutable as the law of gravity. Because it occurs in economics, some people think we can get around it.

In the Second World War, we had wage and price controls. We were going to prevent inflation by Federal fiat. In other words, we were going to repeal the effects of the law of supply and demand. All right, so that means if I had an employee, I could not give him a raise. All right. Senator Wyden opens a debate and he wants to give me a raise.

Since it is a new job, he offers my employee more than I can pay, and I cannot match that because it is against the law. So in order to hold my employee, I say: I will tell you what I will do: instead of giving you a raise in dol-lars that you can put into your pay-check, I will give you a raise in value. The value will be a health insurance policy that is worth more than Senator Wyden is offering you in money. And here is the good thing about it: You won’t have to pay taxes on this raise. I will pay the taxes on it; that is, it will be deductible. You won’t have to pay taxes on it. So you get more value and you get a tax break. Isn’t that a good deal? And the employee says: Yes, I would rather take the raise. And the employer says: Fine, I will pay the taxes on it. This executive process, this production of the health care reform in this Congress, we would not be where we are. Many of us talk about this. We talk about it in the dining room. We talk about it as we are waiting between rollcall votes. We sit in the cloakroom and say, wouldn’t it be great? Yes, why don’t we do it? It would be fabulous if . . .

Senator Wyden is offering you in money. And the employer wants to hold that amount down because it will mean savings in his overall business plan.

I believe there is an opportunity today that we have not had in years and years, and that is to bring Democrats and Republicans together to work for universal coverage.

My friend Senator Bennett has made the point very eloquently that we are already paying for it today. We are just not getting our money’s worth. So we have spent a great deal of time listening to folks in the private sector, in business, and labor, and Government, Democrats and Republicans, and we want to bring the Senate together.

I also point out that the Healthy Americans Act, which Senator BENNETT has agreed to be the lead Republican sponsor on, mirrors the letter that 10 Senators—5 Democrats and 5 Republicans—sent to the President earlier this year, indicating we want to work with him. Health care has been studied and studied. The time for ac-tion is now. Senator Wyden and I were the first Senate sponsor on, mirrors the letter that 10 Senators—5 Democrats and 5 Republicans—sent to the President earlier this year, indicating we want to work with him. Health care has been studied and studied. The time for ac-tion is now. Senator Wyden and I were the first Senate sponsor on.
discovered I had changed jobs 17 times from the age of 20 to the age of 50. In terms of health care, that meant 17 times I was exposed to having my health care canceled—17 times, when they were worried about preexisting conditions; 17 times when I would be in a situation not like that. And that was, because there was a period in that 30-year timespan when I had no health coverage at all. The employer I was working for could not provide it, or under some circumstances I had no employer.

So I understand how the precedent set in the Second World War simply doesn’t apply to the 21st century. If we were to have a system where the employee controls his dollars—not the employer—and takes the product he buys with those dollars with him from employer to employer, we could solve an enormous amount of the problems we have in health care.

Let’s talk about overall costs. John Goodman, in his piece in the Wall Street Journal where he talked about quality, he pointed out a study that said the best quality in health care can be found in three cities in the United States. One was Seattle, WA; one was Rochester, NY; and the Mayo Clinic comes to mind—and the third was Salt Lake City, UT. Naturally, that makes me feel pretty good. It pointed out if every American received the kind of health care that was available in Salt Lake City, UT, the cost would go down by one-third and the quality would go up substantially.

So why doesn’t everybody do that? Because they can’t take their dollars and shop. They are stuck with whatever plan the employer decides to buy, and even as he is buying, the employer does not have transparency or information that would say to him: The best health care is available at Intermountain Health Care in Salt Lake City, UT. The cost would go down by one-third and the quality would go up substantially.

What about being involved in local groups—how we get involved in local groups? The Senator from Wyoming says: We were worried about Wyoming because Wyoming is so small. We didn’t think there would be more than one or two plans in Wyoming, if anybody wanted to come at all. We thought Wyoming would be bypassed by Medicare Part D.

There are now 34 Medicare Advantage plans in Wyoming—plenty of choice—and the polls show that something in excess of 80 percent of the seniors like Medicare Part D.

What has happened to the cost? It is one of the few Government programs that I can identify where the cost has come in below projections. The one thing I always say on the floor of the Senate is: we know every projection with respect to Government plans is always wrong. We don’t know whether it is wrong on the high side or wrong on the low side, but we know it is always wrong. But if you are going to bet, bet that it is wrong on the low side. Bet that the program will cost more than we project or than CBO projects. This is one that has come in below.

All of these straws in the wind tell me how much something is going to be and the cost of what we did in World War II, and the legacy of that has followed downward.

What about Government health care? One of the problems with Government health care is we do it in Congress. Every private health care plan had a drug component decades ago. Medicare didn’t have a drug component until the last Congress. Why? Because we in Congress couldn’t agree as to what it should be. We always agreed there should be a middle policy: we agreed we should have a doughnut hole. All of the things we talked about that the average consumer knows nothing about or cares nothing about tied it up for decades.

We finally passed Part D. There were dire predictions that it wouldn’t work because it wasn’t a Government-run plan. It let in private competition. It allowed the senior citizen to make a choice that the Government would not. And, what has been the consequence of that?

We have some statistics: 2,596 different plans are now being offered around the United States. People are stuffed at that number. They thought it was going to be like other drug programs, like other groups of drug companies. But when the customer could choose and niche markets opened up, drug companies started to offer products in those niches, and the number of choices exploded.

I have heard the Senator from Wyoming say: We were worried about Wyoming because Wyoming is so small. We didn’t think there would be more than one or two plans in Wyoming, if anybody wanted to come at all. We thought Wyoming would be bypassed by Medicare Part D.

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What about the political stars simply weren’t lined up to deal with it. But this is a new idea. It was tried long ago, and if we had done it, I think we could have passed legislation.

Mr. WYDEN. Mr. President, I appreciate the Senator’s comments.

The other area I have picked up over the last 15 years where there has been dramatic interest and an opportunity for bipartisanship—and I have heard the Senator from Utah talk about it—is this area of prevention. We know with the Medicare Program that something like 4 percent of those on Medicare consume over half the dollars because we are seeing so much of the health care money go to treatment of what are often preventable illnesses—heart disease, diabetes, stroke, and others.

What we have tried to do in the Healthy Americans Act is to create some incentives for families and prevention, and, for example, if parents took a youngster to a wellness program—they wouldn’t be required to do it, although we know it makes sense—there are deductibles. If they discount the parents’ premium, again using these voluntary incentives.

What is the Senator’s sense for the opportunities for prevention? I have
been struck by some of what the Senator from Utah has said about prevention in the past.

Mr. BENNETT. Mr. President, the record is very clear that when people spend time taking care of themselves, their health care costs go down dramatically. We had examples presented to us from companies that have done that; that is, companies that have been very aggressive in trying to make sure their employees stay healthy rather than simply pay for what happens when they get sick.

The CEO of General Mills was with Senator WYDEN and me at the press conference this week in which he talked about the things they have done in their company. They have held their health care cost increases to the level of inflation. We would all be thrilled with that because health care costs have been going up in double digits for years now.

People respond to incentives, and if there are incentives for parents, incentives for employees to stay healthy rather than simply waiting for the ultimate bill to come along, we will make a significant difference.

If I can be personal for one quick moment, one worked for Howard Hughes. In the Hughes organization in the 1960s and 1970s, we had absolutely total health care coverage. Anything that had to do with health care, we would send in the bill, and it would get paid 100 percent. I sent in my kids’ orthodontist bills, and they paid for straightening their teeth. There wasn’t any concern about what was covered or what wasn’t. I figured I could have sent in the vet bills for my dog and probably gotten reimbursed, but I didn’t do that.

I look back on that and the sense of security and abundance that came from that led me to oversee the system and to not worry about how well we were because they would take care of us. So I have had a personal experience about how important it is to pay attention to health at the front end.

Mr. WYDEN. I close, Mr. President—and the Senator has been very gracious to do this with me this morning—with why it would be important to have a bipartisan initiative now. As we have discussed, the conventional thinking is that the Congress can’t deal with something such as this now; that this will be for the next President. But I think the two of us would very much like to see the Senate together behind what the country wants to do today, which is to fix health care.

I have always gotten the sense that when you have divided Government—the President on one party, the Congress on the other—that is the ideal time to try to bring the Congress together to tackle a big issue, and there is nothing bigger than health care at home. I think it would be appropriate.

I appreciate the Senator from Utah for calling and for his support, to hear his thoughts on bringing the Congress together and the country together to finally deal with an issue where there has been so much polarization in the past.

Mr. BENNETT. Mr. President, there is nothing that succeeds in politics like good programs, like good policy. Ronald Reagan didn’t invent it, but he is known for repeating it. We have no limit to the amount of good you can do if you don’t care who gets the credit. Far too much of the partisanship stems from the fact that we don’t want the other party to get credit for solving the problem.

When I have had discussions across the aisle about this and Social Security, I get told: Bob, we will address that right after the next election. The next election because there is always a next election.

The Senator from Oregon is exactly right in that for the first time since Dwight Eisenhower’s election, we have an election where there is not an incumbent in 2007, to supersede on the ballot, either a sitting President or a sitting Vice President. So the Democrats who control the Congress have a political motive to show they can do something as they go into the 2008 elections.

The Republicans cannot try to take credit for that with their candidates because they are not going to have a candidate who is part of the present administration. But the Republicans want to be able to say: Well, at least in the last days of the Bush administration something important got done.

The setting is rare. We should take advantage of it. This is the moment, and I join with the Senator from Oregon in an attempt to seize it.

Mr. WYDEN. I thank my colleague from Utah. I see other Senators who are wishing to speak. We will be back to talk with Senators about this issue, to urge action in 2007, to support a bipartisan push in the Senate to deal with the premier domestic issue of our time.

I yield the floor.

The Acting President pro tempore. The Senator from Arizona.