

politicians make your healthcare decisions. They decide if you'll get the procedure you need, or if you are disqualified because the treatment is too expensive or because you are too old. We can't have that in America."

This debate is not about talking points or messaging or even other countries. Countries such as Canada and Britain have government-run healthcare and each has their unique set of good and bad aspects to the system. But, what we need to focus on is the people in our country. In our system today, insurance companies make the decisions and decide for people if they can get the procedure they need, or if they are disqualified because the treatment is too expensive. We can do better than that in America.

Patients and their doctors make the best decisions for a patient's health and wellbeing.

Every Senator in this Chamber can agree: Our health care reform efforts should be patient-centered.

I hope my colleagues on the other side of the aisle will work with Democrats to ensure a strong health care package for the American people.

Mr. President, I see two of my colleagues are on the floor. I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. First, Mr. President, I wish to thank my colleague and friend from Illinois for his outstanding words once again on health care, and on the fact that we need some kind of check on the insurance companies. Our colleagues offer none. They just point to Canada and England, as he mentioned, which is a totally different system than we are focusing on.

Second, I wish to thank my colleague from Oregon, who is doing a great job in his first year in the Senate, for his generosity so I could speak for a brief moment and share with my colleagues some words about an act of bravery that occurred in my State yesterday.

TRIBUTE TO KEN MITCHELL

Mr. SCHUMER. Mr. President, as the Senate right now debates some of the biggest national issues of our time, it is important to sometimes take a step back and look to some of the great acts that are happening every day in our towns, cities, and States. So I wish to call attention to an act of personal heroism—and that is the appropriate word; this man is a true hero—that took place in my home State of New York.

Yesterday morning, at the South Orangetown Middle School in Blauvelt, NY—a town in Rockland County about 45 minutes from New York City—a disgruntled man with a gun stormed into the office of the school superintendent. He grabbed the superintendent, Ken Mitchell, by the necktie and started threatening him and making demands. At least three gunshots were fired.

This is the kind of situation that would have scared most everyone. But,

as we have learned now, Ken Mitchell is no ordinary person.

With his safety and the safety of his students on the line, he showed remarkable courage and wrestled the gunman down to the ground. He was able to grab the gun, kick it out of the way, and get the gunman pinned on the ground.

Usually when a SWAT team arrives at the scene of a crime, they are the ones to do the serious crime fighting. But this time, by the time they got there, they walked in on the school superintendent, who had already disarmed and pinned to the ground the dangerous criminal. To top it all off, Superintendent Mitchell even recognized one of the SWAT team members he had once coached as a kid on the local hockey team.

According to people on the scene, Mr. Mitchell was ready to get back to his office. As his brother-in-law said: "his tie wasn't even messed up"—just another day on the job for another great New Yorker.

It should be no secret to anyone that this incident could very quickly have turned into something unspeakable. While the headlines today are ones of praise, they could have easily been ones of grief. And praise God they were not.

But as one of New York's Senators, I want to rise publicly and congratulate Ken Mitchell for his act of bravery and heroism. As a parent myself, I know what it is like to send kids off to school in the morning and hope and pray they will come back home safely.

It is people such as Ken Mitchell who make it easy for parents to know their kids are in good hands when they wave goodbye on the schoolbus and send Johnny or Jill off to school.

Ken Mitchell is a reminder that every minute of every day Americans are engaging in personal, quiet acts of heroism and bravery about which we should all be grateful. I am proud he is from my State. And I am proud that, if even for one moment, I can give him some of the recognition he deserves.

I am sure Superintendent Mitchell is back at work right now as if nothing happened. However, Superintendent Ken Mitchell, on behalf of all New Yorkers, all Americans, and parents everywhere, we say thank you. It is Americans like you that make us proud.

Mr. President, I yield the floor and once again thank my colleague from Oregon for yielding.

The PRESIDING OFFICER. The Senator from Oregon.

HEALTH CARE REFORM

Mr. MERKLEY. Mr. President, in the coming weeks we are going to be taking up what is probably one of the most vexing policy challenges of the last 50 years: how to reform our health care system and provide affordable, accessible health care to every single American. The goal could not be more

straightforward: to guarantee access for every American—and the stakes could not be higher.

Our small businesses are collapsing under the weight of health insurance premiums. Last month, Oregon's largest insurer announced that the small business premium was going up 14.7 percent. That is on top of a 26-percent increase the previous year.

Large employers have the challenge as well. In a global economy, our broken health care system is a major competitive disadvantage. A greater share of the price of each car in the United States goes to health care than goes to steel. Mr. President, \$1,500 of the cost of a car goes to health care, while across the border in Canada that price is zero. If we are going to compete in the world, we need a competitive, cost-effective health care system.

Of course, the biggest impact of our expensive, ineffective health care is most acutely felt around the kitchen table by our working families. With unemployment skyrocketing, virtually every family is reminded of how tenuous its connection is to health care—just one pink slip away from losing health care for their family.

Even those with insurance find health costs out of reach. Nearly half of the personal bankruptcies are by folks who have health insurance but who still could not manage all the health care costs because of when they became ill.

So this is what it boils down to: Working families in America, if they have health care, are concerned about the copays, they are concerned about being underinsured, and they are concerned about losing their insurance with the loss of a job. Those working families without health care are worried about getting sick and how they are going to get well if they are already sick.

This does not have to be the case. Health care is already devouring a large portion of our economy—18 percent of our gross domestic product—driving long-term Federal deficits and crowding out important State investments in education, in infrastructure, in social services, and pretty much everything else, and it is only projected to get worse as our population ages and health care inflation runs rampant year after year.

Put simply, if we do not reform our health care system, our economy will not thrive. That is a stark choice. Our economy and health care are tied together.

I know none of this is news to the Presiding Officer or to any Members of this esteemed Chamber. In fact, since President Truman, 60 years ago, called for health care for every working American as a national priority, we have been struggling to achieve that goal, and we have not yet gotten there. We have been periodically trying to fix up a fragmented, expensive, unfair system. But the fear of change has always overtaken the sense of possibility.

Those stakes and that history make it all the more critical that we seize this moment to meet the challenge President Obama has laid out for us and that we deliver on health care reform. This is the year—2009 is the year. This is the year to deliver on the promise to give every American access to affordable health coverage, to ensure that our economy has the same potential to be the engine of prosperity and opportunity and employment in this century that it was in the last century.

To make this happen, we have to find ways to make our health care system more affordable. We need to spend our health care dollar in smarter ways so we can put money back in the pockets of Americans and make our businesses more competitive.

The good news is we have lots of examples of how to do this right now. Extensive research has documented that the regions of our country which spend the most per person on Medicare, that is, 60 percent more than the regions with the lowest expenditures on health care, do not end up with better health care. The lowest spending regions actually have the same or better health care outcomes after adjusting for health histories, ages, and occupations. Plus, the beneficiaries are more satisfied.

So if we could take the practices and change them in the high-cost regions to match the low-cost regions, we would save, in Medicare alone, hundreds of billions of dollars.

Our job in this health care reform effort is to change some of the rules of the road so they encourage and enable all providers to act more like the high performers, those providing and delivering high quality, lower cost health care.

That is why this legislation needs to get us to start spending our health care dollars more wisely, investing more in prevention, investing in chronic disease management, building a research base about what works and what financial incentives are necessary to utilize those practices, rewarding care delivery built around coordination and efficiency rather than fragmentation and volume. We know these things work, and we need to make them the norm, not the exception.

We cannot stop the bleeding in our health care system costs without also doing something about the convoluted and broken health insurance marketplace. The first thing we need to do is to end the insurance company practices that penalize you if you are old or you are sick or you have ever been sick.

I am outraged when I hear stories from Oregonians about being turned away because of their preexisting conditions or their potential propensity toward certain diseases. The folks who need health care the most are being turned away the most, and that is not a health care system.

We have 50 million Americans without health care. That is what this con-

versation is about: taking that 18 percent of our gross domestic product we spend currently and finding a way to provide good quality coverage to every single American—not leaving out 50 million Americans.

Those are reforms that anyone can get behind. But I understand as we talk about other changes to how people get insurance, folks can get nervous. They can worry about the system changing in ways that are not beneficial to them. That is why I keep coming back to this point: We are going to provide the health care system we have for the people who have it, but we are going to improve it, we are going to improve it by making it more cost effective, so we can also provide health care to the 50 million who do not have coverage.

With these reforms, our citizens will have more choices. And choice in health care options is good. Instead of leaving individuals and small groups at the mercy of insurance companies providing expensive plans with very high administrative costs, those individuals and those small businesses will be able to participate in a marketplace that groups them together with millions of other Americans so they can benefit from the larger pool of health care participants.

This marketplace will resemble something very close to the list of options Federal employees have. When you become a Federal employee, you have an option of this plan or this plan or this plan. Well, that is what we are going to do. We are going to provide a list of plans citizens can choose from, being part of a larger pool. We are going to provide a list of plans small businesses can choose from and benefit from, being a part of a larger pool of the insured.

This is a structure we are familiar with as Members of Congress. What works for Members of Congress, what works for Senators will work for working Americans. These plans give apples-to-apples comparisons so citizens can pick the plan that fits their family the best. It will ensure minimum standards so our workers are not ripped off, and the access to the marketplace will come with premium assistance so strapped consumers can get help affording the premiums to obtain health care.

Given the track record of inefficiencies and cherry-picking by private insurers, I think it is imperative that consumers have multiple choices, including a public option. Public option is simply a way to describe what we are already providing to our seniors throughout this Nation: A public, organized plan, a very efficient plan.

Administrative costs of Medicare are around 2 percent, while the administrative costs for the individual applicants to the health care system for our small businesses is 30 percent. Why not let our individuals, why not let our small businesses benefit from a 30-percent improvement in the use of the health care dollar? This public option would

compete on a level playing field with private plans, it would further expand choices for consumers, it would be a tool for keeping costs low, and it should be a part of any package we put forward.

One would think all of us in this room, hearing from our constituents in every corner of our States, would understand this whole conversation is about addressing one of the highest stress factors for working families in every part of this Nation, but there are opponents of this reform. My colleagues across the aisle hired a consultant, Frank Luntz, to prepare a plan to torpedo health care. This plan came out in April. This 25-page document is about how to kill any plan that is put forward. This goes on to say it doesn't matter what the specifics of the plan are, adopt language that attacks it and present it as the opposite of what it is. Because what this document says is that Americans want this health care reform, so you can't fight it head-on, you have to recharacterize it, reframe it.

What does this plan that has been put out to kill health care say? It says: Time is on our side. If we can slow the process down, we can kill it. Well, all windows of opportunity are open for a certain period of time and then they close, so I suppose that is smart advice if you want to kill health care, but if you want to do something for the 50 million Americans without health care, then we need to move forward quickly with health care reform.

This Republican document about how to kill health care says: Say the plan is centered around politicians. Say it is about bureaucrats. Say it is about Washington, DC.

Well, I am not sure what there is about providing health care options to 50 million working Americans who struggle every day to address the cost of health care, and often end up in personal bankruptcy, and forgo all kinds of other opportunities so their child can go to the doctor. That has nothing to do with bureaucrats. That has nothing to do with Washington. That has everything to do with family values and strengthening the foundation of our families.

This document about how to kill health care says: Bring in denial and horror stories from Canada or other parts of the world to suggest to people they will lose their relationship with their doctor; that somehow they will be jerked out of the arrangement they have found to be so satisfactory. Scare them. Scare the citizens of the United States.

Well, I can tell my colleagues that what is scaring the citizens of the United States is they can't afford their health care, and they want us to do something about it. Bringing up false horror stories that have no bearing on the plan before us to scare our citizens and make them worry even more is not responsible. What is responsible is to do something about a broken health care system.

This document has lots more about how to kill health care. It says: Take this and say this will destroy the personalized doctor-patient relationship. Take this and say this will create waste, fraud and abuse, and so on and so forth; every poll-tested set of words designed to decrease support and scare people into forgoing this once-in-a-decade opportunity or pass this once-in-a-generation opportunity we have to change the health care system.

One may think I am raising this document before my colleagues—this plan for how to kill health care—and that maybe it doesn't have any bearing on the real debate, but it absolutely does. These talking points are being echoed in this very Chamber—in this very Chamber—in order to kill health care.

Let's see. Here we go: Frank Luntz's memo—that is this memo on how to kill health care that came out in April—it says: Talking point No. 5: Health care denial horror stories from Canada and other countries do resonate, but you have to humanize them. You will notice we recommend the phrase "government takeover" rather than "government-run" or "government-controlled." Why? Because government takeover sounds even scarier.

So what do we hear on the floor of this Chamber from our minority leader recently? I quote: "Americans are concerned about a government takeover of health care, and for good reason." It goes on.

So recognize that is a point that is coming from a document about how to kill health care, not a responsible debate about the plan we have in front of us.

Let's take a look at another example in Frank Luntz's memo. His memo, talking points Nos. 3 and 4: Time is a government health care killer. Nothing else turns people against a government takeover of health care than the expectation that this plan will result in delays and denied treatment. The arguments against the plan—now, note that this is about a plan that wasn't written; it is about any plan put forward. The arguments against this plan must also center around politicians, bureaucrats, and Washington. Note the emphasis on saying the plan will result in delays and denied treatment.

What have we heard on the floor of this Chamber from the minority leader? We have heard recently:

Americans don't want to be forced by bureaucrats—

That comes right out of these talking points—

to give up their private health care plan to be pushed into a Washington-run government plan.

Right out of those talking points. They don't want to wait 2 years for surgery, and they don't want to be told they are too old for surgery.

All of this straight out of this roadmap.

My friends, in the face of 50 million Americans without health care and with working Americans in every one

of our States going bankrupt as they struggle with health care expenses, it is irresponsible to utilize a roadmap of rhetoric that comes from polling about how to scare people. That is irresponsible. What we need to do is lay out a plan on how we can create affordable, accessible health care for every single American, addressing one of the biggest factors that degrades the quality of life for our citizens across this Nation.

We have a unique opportunity. We have an opportunity because small business wants help with those 26-percent increases and those 14.7-percent increases in premiums they are having to pay and they are not able to continue paying them. Large businesses are asking for help to become cost competitive so we can restore manufacturing in our Nation and put people to work and rebuild the middle class and have successful international corporations operating out of America. Families around the kitchen table are asking for help today. They know how they have struggled. They know if they have health care they might lose it next week when they lose their job. They know if they have health care, they might not be able to make the copays if they have something serious happen with their child. They know if they don't have health care, they are going to have to forgo virtually everything else or perhaps forgo the treatment itself because they won't be able to afford to make those payments to the doctor or to the hospital.

This is the moment when families and small businesses and large businesses are coming together to paint a new vision to improve the quality of life and to strengthen the foundation of our families. Let us seize this moment.

I thank the Chair. I yield the floor.

EXTENSION OF MORNING BUSINESS

Mr. MERKLEY. Mr. President, I ask unanimous consent that the period for morning business be extended until 11:30 a.m., with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Nebraska is recognized.

Mr. JOHANNIS. I thank the Chair.

(The remarks of Mr. JOHANNIS pertaining to the introduction of S. 1223 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. JOHANNIS. Madam President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. GILLIBRAND). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

Mr. DURBIN. Madam President, after the close of morning business, we will return to the Family Smoking Prevention and Tobacco Control Act. This is a piece of legislation which has been in the making for two decades or more which would finally say that tobacco is going to be regulated, as it should have been a long time ago.

For the longest time, the tobacco lobbyists were the most powerful lobby on Capitol Hill, and they managed to create an exemption in virtually every law so that no Federal agency could take a look at them and regulate them and basically know what we know about every product and service offered in America. They said: Well, the Food and Drug Administration shouldn't have any authority. The tobacco lobby argued: We are not really food and we are not really a drug. So they managed to wiggle their way through the Federal statute book and at the end of the day have virtually no regulation or oversight. Unfortunately, while they have been doing that, 400,000 Americans have been dying every year of tobacco-related disease. It is the No. 1 preventable cause of death in America today. It is a product which is sold legally and a product which kills with lethality. That is a fact.

We know from experience that the tobacco industry has a tough assignment. What kind of business can survive that loses 400,000 of its customers every year, customers who die because of addiction to tobacco-related products? They needed a marketing campaign. The problem was, if you tried to market tobacco products to adults, most of them had the good sense to say: That is not a smart thing to do; I am going to stay away from tobacco. So they had to change their marketing strategy. If you couldn't market to adults, you know the kids may be vulnerable, and that is where they went, with a vengeance, with the idea of addicting children to tobacco early in life, because, of course, tobacco products, with nicotine, are addictive. To some, it is a very strong addiction. They fight for a lifetime, with patches and a doctor's care and hypnosis and anything they can think of. Some people can shake it and move away from it; others spend a lifetime addicted. So the tobacco companies went after the kids. They knew if they could get their products in the hands of children, and children would try them, they would become the next generation of smokers and ultimately a future generation of victims of tobacco. So this deadly cycle began by the tobacco companies, and the Federal Government took a hands-off attitude.

Back in the 1960s, we created a little warning label on tobacco cigarettes. You see it on billboards. It is so small,