

Proponents argue that such cost-benefit analysis has to figure into health-care decisions, and that any medical system rations care in some way. And it is true that U.S. private insurers also deny reimbursement for some kinds of care. The core issue is whether those decisions are going to be dictated by the brute force of politics (NICE) or by prices (a private insurance system).

The last six months of life are a particularly difficult moral issue because that is when most health-care spending occurs. But who would you rather have making decisions about whether a treatment is worth the price—the combination of you, your doctor and a private insurer, or a government board that cuts everyone off at \$22,000?

One virtue of a private system is that competition allows choice and experimentation. To take an example from one of our recent editorials, Medicare today refuses to reimburse for the new, less invasive preventive treatment known as a virtual colonoscopy, but such private insurers as Cigna and United Healthcare do. As clinical evidence accumulates on the virtual colonoscopy, doctors and insurers will be able to adjust their practices accordingly. NICE merely issues orders, and patients have little recourse.

This has medical consequences. The Concord study published in 2008 showed that cancer survival rates in Britain are among the worst in Europe. Five-year survival rates among U.S. cancer patients are also significantly higher than in Europe: 84% vs. 73% for breast cancer, 92% vs. 57% for prostate cancer. While there is more than one reason for this difference, surely one is medical innovation and the greater U.S. willingness to reimburse for it.

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The NICE precedent also undercuts the Obama Administration's argument that vast health savings can be gleaned simply by automating health records or squeezing out "waste." Britain has tried all of that but ultimately has concluded that it can only rein in costs by limiting care. The logic of a health-care system dominated by government is that it always ends up with some version of a NICE board that makes these life-or-death treatment decisions. The Administration's new Council for Comparative Effectiveness Research currently lacks the authority of NICE. But over time, if the Obama plan passes and taxpayer costs inevitably soar, it could quickly gain it.

Mr. Obama and Democrats claim they can expand subsidies for tens of millions of Americans, while saving money and improving the quality of care. It can't possibly be done. The inevitable result of their plan will be some version of a NICE board that will tell millions of Americans that they are too young, or too old, or too sick to be worth paying to care for.

#### CRISIS IN HONDURAS

Mr. LEAHY. Mr. President, I want to speak briefly about the current political crisis in Honduras. Vermont and Honduras have had a long, close relationship through the Partners of the Americas, and many Vermonters regularly travel to Honduras to engage in health care and other humanitarian and development work in rural communities.

Last week a lawfully elected President—Manuel Zelaya—was forcibly removed from office and flown to a neighboring country by the Honduran military. The military and the Supreme Court apparently believed that

President Zelaya was acting in a manner that was contrary to the Honduran Constitution. While such an accusation is troubling, military coups cannot be condoned, particularly when Honduras' Constitution contains provisions to handle such concerns—impeachment, for one.

The sooner the Honduran military reverses course and allows President Zelaya to return the better it will be for Honduras and all of Central America. He has pledged to leave office at the end of his term, unlike other Latin American leaders who seem to believe constitutions are to be amended with the stroke of a pen so they can remain in office. When President Zelaya returns, if there is credible evidence that he broke laws, he should be held accountable in accordance with the laws of the country.

While I condemn the actions of the Honduran military, I applaud the efforts of the Organization of American States, with the support of the Obama administration, to defuse this situation diplomatically. Removing Honduras' membership and beginning to impose sanctions in concert with widespread international condemnation is the appropriate response.

We should also recognize that the people of Honduras appear to be deeply divided over President Zelaya. Rural Hondurans in particular have been dissatisfied with his performance as President. When he returns to office I hope he reconsiders his priorities and focuses his efforts on improving the lives of the people of Honduras who are most in need of the government's assistance.

#### HOSPITAL QUALITY REPORT CARD ACT

Mr. JOHANNNS. Mr. President, I wish to speak to the Department of Veterans Affairs Hospital Quality Report Card Act of 2009.

One of my proudest jobs in the Senate is serving on the Senate Committee on Veterans' Affairs. Among its other roles, this committee provides oversight of VA health facilities, working with information from the VA, its Inspector General, Veterans Service Organizations, and the general public. We work with a lot of information—it is, after all, our committee's job. But sifting through a pile of reports to find the best hospitals should not be a full time job for those who need health care. This bill will help ensure that it is not.

Not later than 18 months after the date of enactment of this bill, the VA would be mandated to establish a Hospital Quality Report Card Initiative. Under the Initiative, the Secretary would be required to publish reports on the VA's hospitals which assess health care effectiveness, safety, timeliness, efficiency, patient-centeredness, satisfaction of patients and health professionals, and care equity. These factors would be assessed as letter grades, to ensure that the results of these reports are not swabbed over with bureaucratic jargon.

In collecting and reporting this data, the Secretary would have to include extensive and detailed patient-centered information such as staffing levels of nurses, rates of infections contracted at VA hospitals, volume of various procedures performed, hospital sanctions and other violations, the availability of emergency rooms, the quality of care in various hospital settings, and additional measures determined appropriate by the VA Secretary. Each report submitted under the Initiative would have to be available in electronic and hard copy formats, in an understandable manner, and allow for a comparison of the individual VA hospital quality with local or regional hospitals.

The bill would further mandate that the Secretary institute quality control measures to identify potential data irregularities that would lead to artificial improvements in the hospital's quality measurements. In addition, the Secretary would need to evaluate and periodically report to Congress—and the public—on the effectiveness of this Initiative.

I believe that our veterans should easily be able to identify the best hospitals around them. It is unconscionable to make often elderly and disabled veterans wade through pages of statistical data in order to assure themselves that their local VA health facility is providing the best care possible. Often, the factors veterans care about such as the wait times for appointments and medical attention—are not measured reliably or presented to veterans in an accessible or usable fashion. I want to change that. Information on health facilities should not be a privilege; it should be an obligation for the Department of Veterans Affairs. This legislation is a positive step in the right direction.

I encourage my colleagues to cosponsor this commonsense legislation.

#### COMMENDING ARNOLD PALMER

Mr. CASEY. Mr. President, today, I honor one of the great sports legends of all time, Arnold Palmer. Not only is Arnold Palmer a world-class athlete, he is a generous philanthropist and devoted husband, father, and grandfather. This son of Latrobe, PA, changed the game of golf, both how it is played and how it is appreciated, forever.

Mr. Palmer learned how to play golf when he was merely 4 years old, playing with clubs his father had cut down for him at Latrobe Country Club. His talent emerged visibly at an early age, and he was soon able to outplay children far older than him. He began to caddy when he was 11 years old and later held almost every job at the country club. In his late teens, he also served as a member of the U.S. Coast Guard.

His seven major career victories make Mr. Palmer one of the greatest golfers of all time. He won the Masters Tournament four times in 1958, 1960,