

huge amounts of money in our health care system.

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

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

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

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

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

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

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

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

I yield the floor.

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

ORDER OF PROCEDURE—H.R. 3357

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

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

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

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

HEALTH CARE REFORM

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

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

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

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

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

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

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

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

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

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

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

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