

Connecticut and the rest of the country.

HEALTH CARE REFORM

Mr. DODD. Mr. President, last night I rose to speak on health care reform.

Today, another 14,000 Americans lost their health insurance.

That is 14,000 Americans who had health insurance when I spoke on the floor last night, but tonight each will go to bed fearing that if something happens to them or their family, they could lose everything—their home, their life savings, their economic security, gone.

Tomorrow, it will be another 14,000.

Another 14,000 the day after that.

And another 14,000 every single day until we finally pass real health care reform.

Between now and when we return from recess, half a million Americans will lose their insurance. Some will have preexisting conditions that, under our current system, will prevent them from ever finding coverage again. Some will have medical issues requiring expensive treatments that they will no longer be able to afford. Some will end up in bankruptcy. Some will end up on public assistance. And some will end up in the emergency room with a sick child whose illness could have been prevented with a simple doctor's visit.

The tragedy caused by our broken health care system is ongoing. It is happening right now. And when we come back from recess, I have every hope and expectation that we will be ready to work together to stop it.

I take my Republican colleagues at their word when they say they don't want to stall this effort to death, they simply want bipartisanship.

The Affordable Health Choices Act, passed in the HELP Committee, didn't win bipartisan support, but it is a bipartisan bill. It incorporates 161 Republican amendments, and reflects a spirited and robust debate with participation from all sides—exactly the sort of debate I expect we can have when we come back from recess.

We are not going to agree on every detail, and there will be times when we have to have a simple up-or-down vote and live with the results. But surely we can all agree that the status quo isn't just unacceptable—it is unsustainable. That is why doctors and nurses, insurance companies and drug companies, Democrats and Republicans—all say we need reform.

Well, it is time for us to make that happen.

I believe that our bipartisan approach has yielded a good bill.

If you don't have health insurance, the Affordable Health Choices Act will put it within reach by giving you a range of affordable options to choose from. It forever banishes the term "preexisting conditions" from the American vocabulary.

If you have health insurance, the Affordable Health Choices Act will make

it less expensive by investing in preventive care to bring down the long-term cost of keeping our citizens well, not to mention eliminating waste and fraud from our system.

And if you like your doctor and your insurance plan, and you are worried about keeping it, the worst thing in the world you could do would be to stand in the way of reform. The Affordable Health Choices Act guarantees that you won't see your insurance be taken away at the moment you need it most or watch as it is priced out of your family's budget.

Whether you have insurance or not, whether you like your health care options or not, whether you are sick or healthy, Democrat or Republican, working-class or a small business owner, reform is for you.

Let us take action on behalf of the 14,000 Americans who will lose insurance tomorrow. Let us take action on behalf of the 45 million uninsured and the 30 million underinsured. Let us take action on behalf of the American people who are looking to us to succeed.

Mr. JOHANNIS. Mr. President, I rise today to bring attention to the unique health care challenges faced by the 62 million Americans who live in rural America.

If you took a snapshot of rural America, you would see a population that is older, poorer, and has less access to health care than other places in the country. Because many rural residents are elderly, they need more health care services.

However, rural residents have greater transportation difficulties reaching health care providers and often have to travel long distances to reach a doctor or hospital. Very few public transportation systems are available, and so many folks wait until they are very sick before turning to the health care system. This makes the already challenging job of managing chronic conditions even more difficult. Rural areas report higher rates of chronic conditions, including heart disease and cancer. One contributing factor to these chronic conditions is the higher obesity and smoking rates of children and adults who reside in rural areas.

Compounding the problem, rural residents also tend to be poorer and make on average \$7,000 less per year than their urban counterparts. Nearly 24 percent of children who live in rural America are in poverty. Poverty affects the types of foods being offered at the dinner table as the price of fruits and vegetables can often bust a tight food budget.

It can also force people to put off medical care. According to a recent study, rural residents are more likely than their urban counterparts to report having deferred care because of cost. It can be a vicious cycle.

While health coverage is vitally important to these rural residents, the greatest crisis is access to care. We could give health insurance to every-

one, but if your county has no doctor or hospital, the best insurance will make little difference. This is a simple concept, but an important one.

In rural America, the cornerstone of the health care delivery system is the critical access hospital. These hospitals, made up of 25 beds or less, provide the most basic access to medical services and serve as a rural safety net for emergency services. Of the 90 hospitals in Nebraska, 65 of them are critical access hospitals. Clearly their importance in rural America cannot be overstated.

However, it is difficult for many rural hospitals to keep their doors open. One reason is that there is less patient volume than in many urban settings. In addition, Medicare payments to rural hospitals and physicians are dramatically less than those to their urban counterparts for equivalent services. This correlates closely with the fact that more than 470 rural hospitals have closed in the past 25 years.

Rural areas also struggle to keep other aspects of their health care infrastructure in place. For example, 20 percent of counties in Nebraska do not have a local pharmacist who can fill prescription medications for their residents. I could go on and on with a similar story on home health services, long term care, durable medical equipment, and other critical health care services.

However, one of the biggest challenges facing rural America is difficulty recruiting and retaining health care professionals. Medical professionals sometimes do not want to set up practice where doctors are few and major metropolitan hospitals require hours of travel. Currently, 50 million Americans who live in rural America face challenges in accessing health care. There are too few providers to meet their basic primary care needs. According to the U.S. Department of Health and Human Services, while a quarter of the population lives in rural areas, only ten percent of physicians practice there. There are over 2,000 health professional shortage areas in rural and frontier areas of all States and U.S. territories compared to 910 in urban areas. Ninety out of 93 Nebraska counties are facing health care profession shortages in one or more areas of practice.

Unless something is done to address this problem, the situation will almost surely become a crisis. This scenario is quickly appearing on the horizon as rural America has a higher percentage of physician generalists who are nearing retirement than urban areas.

Fewer doctors and lack of health care access could decimate rural residents and their rural communities. Young families will not move to a place where they cannot access health care for their children, and older residents will be forced to move to places where they can find care.

This potential rural reality has major implications for the rest of the country and will affect the health and

well being of everyone. For example, rural America produces the food and the fiber that our country needs to survive. Young farmers and their families will not come back to live and work in an area where they cannot receive health services should an accident or sickness occur. The farming profession is already a gamble and not having access to health care is something most people aren't willing to risk. If people are forced to leave rural America due to lack of health care, then a whole new set of challenges will arise that we are not currently prepared to address. Any health care solutions or reforms must account for current rural health care system realities and future challenges.

I have long said that the best solutions originate outside the beltway, the same holds true with health care. Blanket policies crafted from within the DC beltway do not always meet the needs of Nebraskans. In fact, they often add additional burdens onto the current system and compromise the ability to access quality health care.

That is why I encourage my colleagues crafting health care reform legislation to incorporate the solutions offered in the Craig Thomas Rural Hospital and Provider Equity Act. I am a sponsor of this legislation and look forward to a number of its provisions being enacted.

Additionally, I hope any health care reform will offer critical access hospitals flexibility in determining their bed count to account for seasonal and emergency situations which might affect admissions rates. Any comprehensive legislation must address the unique payment issues facing rural hospitals like reimbursing them for lab services provided in nursing homes and rural health clinics, and increasing Medicare payment rates for rural health clinics. Finally, legislation should extend the rural community hospital demonstration project and provide incentives to encourage providers to practice in physician scarcity areas.

The health care delivery system in rural America is already stressed. We cannot afford a big mistake with health care reform, because if we get it wrong, the fragile rural health care delivery system may never recover. Mark my words; if we enact policies that drive providers and facilities out of business, no one is waiting in the wings to take their place. Therefore, I urge caution and thorough debate of all health care reform proposals as unintended consequences must be minimized.

COMMENDING SENATOR NORM COLEMAN

Mr. ENSIGN. Mr. President, I rise today to pay tribute to our former colleague, Norm Coleman.

Norm once said, "It is easy to criticize, particularly in a political season. But to lead is something altogether dif-

ferent. The leader must live in the real world of the price that might be paid for the goal that has been."

Norm Coleman is a leader. Norm or, more importantly, his character endured one of the most difficult elections in the history of the Senate, and came out standing taller in the eyes of many. It is not easy to lose. But it is so much harder to maintain your dignity in the face of defeat, which Norm has done.

Having spent most of his life as a Democrat, Norm is what we would call a "late bloomer." I also started out as a Democrat and voted for Jimmy Carter in 1976. In 1996, Norm realized that the path of the Democrat Party was paved for other people, not him. He joined the Republican Party to share in our vision to keep taxes low, reform education, and grow jobs.

Norm more than adhered to this vision while in the Senate; he became a powerful voice on these issues. He also established himself as a fierce advocate for renewable energy. Norm fought for tax incentives that would strengthen the development of renewable energy across our country. He saw renewable energy as the key to greater national security and economic stimulus.

Norm also introduced legislation that would wean our Nation off our dangerous reliance on Middle Eastern oil by placing a greater emphasis on increasing renewable fuel infrastructure and alternative fuel technologies. His legacy will continue to thrive as we move our country closer to energy independence, through innovation, not government handouts.

Norm's leadership did not end at the shores of our Nation. He established himself as a true voice in foreign policy issues by exposing the corruption that was rife throughout the U.N.'s Oil for Food program and becoming a fierce advocate for our servicemen and women.

However, all of this pales in comparison to the legacy that he will leave in Minnesota. Throughout his entire Senate career, he never lost track of the voices of his constituents and the promises he made to them on the campaign trail.

His greatest legacy, perhaps, will be bringing hockey back to Minnesota. Minnesota will enjoy the fruits of his labor for years to come.

I consider Norm a friend and someone whom I respect and admire.

Norm, we will miss you dearly. I wish you much success in the future knowing that great things lie ahead of you.

COMMENDING BILL ANTON

Mr. ENSIGN. Mr. President, today I wish to recognize a brave American, William Anton. As a man of remarkable courage, strength, and conviction, Bill is receiving an extraordinary honor in the U.S. Army Ranger community by being inducted into the Ranger Hall of Fame. Bill will go down in the history books as the first Ne-vadan to ever receive this recognition.

As the son of an Army officer, Bill found his choice to continue the family tradition quite natural, but fate was needed to further solidify his commitment.

An ROTC scholarship to the University of Nebraska put Bill on the football team, but a football-ending knee injury put Bill right where he was supposed to be, as a fulltime Army cadet. Bill was soon promoted to cadet major general, making him the highest ranking ROTC cadet in the United States with over 20,000 cadets under his command.

According to Bill, life has been a constant pursuit of challenging endeavors saying, "In everything I've done, I always wanted to challenge myself to see if I could accomplish the most demanding tasks or courses—whether it was in the Army or in my academic pursuits."

And challenge himself he did. As a defender of our Nation's freedom in the Vietnam war, Bill guided the most decorated combat Ranger unit in Vietnam, Company H, Ranger, 75th Infantry, Airborne. While Vietnam was seen as a controversial war back home, Bill's role to defend freedom was never a doubt in his mind.

Bill joined the Rangers because they are one of the toughest military organizations in our Nation's history, and as a member of the Ranger Hall of Fame, history will remember Bill as one of our greatest warriors. For it was the Rangers that accomplished some of the most demanding and impossible tasks, and as a member of this elite group of soldiers, Bill exemplified their requirements of high intellect, physical strength, stamina, and bravery.

Bill's own words describe him the best: "My entire career was full of fond memories. I sought demanding assignments to challenge myself. Serving my country as a professional soldier and Officer is the highest form of public service. It is full of selfless duty and devotion to our nation—defense of our people and the supreme document—the Constitution. When we take our oath, it is to the Constitution first, then the President, and then to the other officers appointed over us. This is not lost on any Officer or soldier."

When asked what Bill would like the world to remember about his fallen comrades, he had this to say: "The American military fights only when diplomacy fails. We enforce the policies of our great nation. Our fallen comrades do not die in vain. They are remembered by their comrades, families, and most of the citizens of our great nation."

We all know that Bill Anton is an extraordinary soldier, but now America will know that above all else, he is an American that truly embodies the spirit and freedom of this great Nation.

REMEMBERING JAMES O. "JIM" INGRAM

Mr. COCHRAN. Mr. President, this morning I was saddened by the news