

health care reform that actually begins to lower costs.

No. 4, we don't have to pass a new bill in order to insure more Americans. About 20 percent of the uninsured Americans—maybe 10 million or 11 million—are already eligible for existing programs, such as Medicaid and the Children's Health Insurance Program. They are not enrolled. We should sign them up.

No. 5, we could create health insurance exchanges. I hear that from the Democratic side; I hear it from the Republican side. These are marketplaces in each State so individuals and businesses can shop around and find a cheaper and a better source of health insurance.

No. 6, all of us have talked about encouraging health information technology, which the Government Accountability Office has said "can improve the efficiency and quality of medical care and result in costs savings."

I have suggested six areas we could work on together to reduce cost. We have forgotten, in this health care debate, what we set out to do. The first goal of health care reform is to reduce cost—the cost of health care to Americans, to American businesses, and the cost to Americans of their government, which is spiraling out of control in debt because of the cost of health care. We are spending 17 percent of everything we produce in this country—and we produce 25 percent of all the wealth in the world year in and year out—on health care; twice as much on health care as a percentage as most industrialized countries. If we don't reduce costs, we will bankrupt the government and make health care unaffordable for most Americans.

The President of the United States was right to say he will not sign a bill that increases the deficit. Since that eliminates all the legislation the Democratic Congress has produced so far, I hope we will now take Republican advice and start over and get it right. A good way to begin would be for the President to send us a health care reform bill that not only doesn't add to the debt but that begins step by step to reduce costs to the American people and to the American Government. And by taking those steps, we can re-earn the trust of the American people.

I yield the floor, and I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. NELSON of Florida. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

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

Mr. NELSON of Florida. Mr. President, I ask that the time I use be allocated on the Democratic time and that the Republican time be reserved.

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

#### HEALTH CARE REFORM

Mr. NELSON of Florida. Mr. President, I am here to talk about health care and health care reform today. A lot is happening today. The chairman of our Finance Committee, Senator BAUCUS, is, as we speak, making his chairman's mark become available publicly. Then later on today, around noon, he is going to have a public statement about it.

Clearly this is one of the most pressing issues. Throughout this long hot summer we have had, people across the country have debated this issue, discussed it. It has helped lay the groundwork for where we are right now on this historic issue. I personally believe the President of the United States is committed that we are going to pass health care reform legislation.

I believe the President of the United States back in the early 1990s was equally committed, but it did not happen. I think the big difference between then, in 1993, and now is that in fact it is going to happen. I want you to know this Senator is optimistic that when it gets around to 60 votes in this Chamber in order to shut off debate, I think we will get those 60 votes, and I think we will get them in a bipartisan fashion.

Of course, right now all the commentary you hear is what is this problem and what is happening on this fight and who is not on board, and so forth. That is all natural. That is natural kind of talk. But when the moment of truth comes in casting yea or nay on this floor, I think people are seeing, day by day, examples of why we have to have health care reform.

This happened just this past week in my own State of Florida. A woman undergoing cancer treatments has a reasonable degree of success by virtue of the enormous advances in cancer treatment. As the research doctors will tell you, people can live with cancer now. This lady was told by her insurance company they were disapproving the payments for the continuation of her treatments for cancer. That is the kind of stuff we cannot tolerate. It is another example of how insurance is not available even if an American citizen can afford it.

I will give another example. One of the prominent citizens in a big city in Florida told me, for her corporation the health insurance is being jacked up 47 percent. This is for a major telecommunications company that has thousands of lives they can spread the health risk over, and it is being jacked up 47 percent. She said they negotiated that down from 55 percent. The question of affordability is there as well as the availability. In other words, the American people need stability when it comes to them knowing that health insurance and health care are going to be there for them. That is what we do not have and that is why this Senator is optimistic that when the moment of truth comes that we have to indicate to the President of the Senate if our vote is yea or nay, we are going to have

60 votes to cut off debate to get to the bill to start the amendatory process.

We are going to start that amendatory process in the Finance Committee of the Senate next week. The chairman is going to come out with a mark—the chairman's suggestion, called the chairman's mark—today. There is a bunch of stuff in there this Senator doesn't agree with. But we are going to have an opportunity to change it.

Every one of us has received a lot of commentary about this from our constituents. In our office, just in the last few weeks, just on this issue we have received 56,000 calls or e-mails or letters. I happen to think this is good. It is bringing out passions. Unfortunately, it is bringing out, sometimes, hot passions.

During August I was inside giving a speech to the greater Miami Chamber of Commerce while outside on the road were demonstrators with signs. Along came a pickup truck, a fellow got out, got into an argument, and he hauled off and knocked out a 65-year-old demonstrator. Of course, the TV cameras arrive when the poor 65-year-old is just coming to consciousness.

There is no place for that, but that indicates some of the hot passions this has brought out. Remember what President Lincoln said:

With public sentiment, nothing can fail. Without it, nothing can succeed.

He was specifically talking about the way we do government and the way we make law in this country.

Recall also what President Kennedy said about 50 years ago. He said specifically about health care:

The consent of the citizens of this country is essential if this or any other piece of progressive legislation is going to be passed.

He was specifically talking about health care. So every one of us Senators can say, from the personal meetings, the calls, the letters, the e-mails—we can tell you there are a lot of folks out there who do not have access to affordable health care or in many cases to quality health care. We can tell you the stories we have heard about people being systematically excluded by some of the Nation's major managed care insurance companies and/or just insurance companies. Unfortunately, those are not rare cases. That is why we are here, to do something about it.

Regardless of where you stand on the specifics of the issue, I think we can agree the current system, if continued, would be unfair, too costly, and as a result it needs to be fixed. It affects every one of us. It is also a truth that sooner or later every American, 9 out of 10 times, 9 out of 10 of us are going to end up in the hospital at some point.

What do we do? I think the President laid down a good marker. His speech before the joint session was excellent. It gave some clear answers about his views on reform. It is true he has been more hands-off and is letting it be done by the Senate and the House. But, interestingly, when he got more specific,

as he did in his speech to the joint session, he described or tracked pretty close to what is coming out in Senator BAUCUS's mark that the Finance Committee is going to take up next week.

This legislation is going to let folks who are happy with their insurance keep it, including our senior citizens who are on Medicare and our veterans who have their health care. But it is also going to create a marketplace, a marketplace called the health insurance exchange, for those who do not have insurance. And in the case of the State of Florida, I will give you a percentage. That is 21 percent of our people who do not have insurance in Florida.

That number is a little less nationwide, but if you take Florida as a bellwether, it is 21 percent who do not have insurance. This legislation is going to create an exchange, a health insurance exchange, for those who do not have it, cannot get it, or those who are unhappy with their coverage. They can go get it at an affordable price.

It is a private sector solution of insurance companies competing with an insurance co-op, which is owned by the policyholders, not a government-insurance company, where in that competition of the free marketplace, they can offer insurance at lower prices. And for those poor souls who all they can get is not a group policy because they do not get insurance through an employer, the only way they can get it is to buy an individual policy, and, therefore, because it is an individual policy their rates are through the Moon—they are going to have an opportunity also to go into this health insurance exchange where they can get good coverage at a lower price. So what the legislation is going to do, in the creation of this health insurance exchange, it is going to hold the insurance companies' feet to the fire to require them to cover everyone and prevent them from dropping people when they get sick. That is called "guaranteed coverage" without any exemption from preexisting medical conditions.

That is why a lot of people cannot get insurance. They have had a heart attack before or they had some malady or you have heard the horror cases that they had a skin rash previously 3 years ago, and the insurance company will not cover them because they said that is a preexisting condition.

We are going to stop all of that with this legislation that I think will ultimately become law. It is going to contain several additional measures aimed at reducing other medical and prescription drug costs, and it is going to go right at the waste and the fraud in the system.

This is a starting point. This is not the end all to be all. This is the starting point. We are going to do the amendments probably for 2 weeks in the Finance Committee. Then it is going to come out here, and it is going to get amended here. Then it is going to go to a conference committee, and it is going to get amended more.

There are some concerns I want to share with the Senate and anybody who is listening through the lens of that TV camera. We have emphasized the importance of making sure that the insurance available on that health insurance exchange is affordable. We emphasized the importance of addressing the high health care costs of retirees who are not yet ready, because they are not eligible, for Medicare.

We have urged and expressed our concerns about how small business is treated under this bill. Then, when it comes to senior citizens, those who are on Medicare, who generally are very favorable about their Medicare coverage, it is certainly a concern of this Senator who has a substantial population in my State of Florida of senior citizens on Medicare that they not have something taken away from them they have come to expect and to rely on in Medicare.

That particularly is so with regard to a program called Medicare Advantage, which is a fancy term for a Medicare HMO, a health maintenance organization. The way the system was set up in a bill that passed 5 years ago, which this Senator did not vote for because it was severely flawed—nevertheless, it is the law and it has been the law for the last 5 years. It set up a system whereby Medicare HMOs, called Medicare Advantage, bid for senior citizens by offering them attractive premiums that are below what the standard Medicare fee-for-service is in a community. The law requires whatever that differential is between what the Medicare HMO has bid and what the fee for service is, that a quarter of that has to be given back to Medicare, but 75 percent of that differential is given to the senior citizen's Medicare beneficiary, through either lower premiums or no copays, or through extra benefits, such as hearing devices, or eye glasses or maybe even a membership in a fitness club.

Needless to say, the senior citizens who have this do not want it taken away from them. Although people will say these high subsidies to Medicare Advantage, to those insurance companies need to be adjusted, I think it would be intolerable to ask the senior citizens on Medicare who have it to give up substantial health benefits they are enjoying under Medicare.

For hundreds of thousands of seniors who did not conceive of Medicare Advantage but who have come to rely on it, this Senator is going to offer an amendment that will shield them from those benefit cuts on existing senior citizens on Medicare. I do not think we can punish senior citizens who signed up, and if changes need to be made for the future solvency of Medicare, then the senior citizens currently with Medicare Advantage should be grandfathered in. That is what my amendment is going to be. It is going to say that on the date of the bill, once it is signed into law, those who have that benefit should not have it taken away, and that a competitive arrangement for Medicare Advantage in the future would be done on a going-forward basis.

I have another reason I am offering that amendment, because Senator Claude Pepper was one of the people who nurtured me along as a young Congressman in the House of Representatives. A lot of young people today do not remember who Senator, then Congressman, Claude Pepper was. He had been a Senator back when Roosevelt was President. He came back into the Congress after a 12-year hiatus out of office as a new Congressman from South Florida. He became the champion of the seniors of America, first, chairman of the Aging Committee in the House of Representatives, and then as chairman of the Rules Committee of the House of Representatives.

What Claude Pepper said everybody listened to, because he spoke with great credibility and he spoke with great passion and eloquence. He spoke for a good cause, and that was standing up for the rights of senior citizens. He had been there at the outset. He had been a Senator when Social Security came into being in the midst of the Great Depression. Claude Pepper, who died in office at about age 87, on many private talks would say: BILL, I want you to look out for our seniors. Someone has to look out for them.

I have never forgotten those admonitions, those instructions that were done with such love and compassion. So I feel it is my duty to try to protect our seniors as we get into the midst of this debate.

There are other areas where we can certainly improve what is expected to come out today at noon. Another amendment would require the pharmaceutical companies to provide rebates to Medicare, as they have been doing for years, for decades, to Medicaid.

Medicaid has roughly 49 million people in this country. Medicare has roughly 44 million people in this country. We give big discounts because we are buying for 49 million Medicaid recipients. The drug companies give those discounts back in the form of a rebate to the governments, the Federal and State governments.

Why shouldn't they do that with regard to the 44 million Medicare recipients? If it is good enough for Medicaid, and it makes drugs a lot cheaper, why not do it for Medicare recipients? By the way, it would save Medicare a ton of money.

There are serious issues to be resolved. This Senator is optimistic, and I believe we are going to be able to achieve this goal of expanding affordable health care to nearly all Americans. We must do so without raising taxes on the middle class or upending their coverage. And we must do so without lowering the quality of health care for any American, including our senior citizens.

I am, by nature, an optimist. In the midst of everything that is wrong about this health care bill, I remain an optimist. The moment of truth is coming when we cast that vote yea or nay.

I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BENNET.) The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. NELSON of Florida. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. NELSON of Florida. Mr. President, how much time remains in morning business?

The PRESIDING OFFICER. In the first segment of the time, 4½ minutes remains.

Mr. NELSON of Florida. I ask unanimous consent to be recognized.

The PRESIDING OFFICER. The Senator is recognized.

#### NASA FUNDING

Mr. NELSON of Florida. Mr. President, this afternoon I am chairing a hearing of our Science and Space Subcommittee of the Commerce Committee on the future of NASA. The National Aeronautics and Space Administration is at a crossroads. There is only one person who can lead America's space program, and that is the President. The direction our country's space program, both manned and unmanned, is going to take will be square in the lap of the President. I discussed this with him on several occasions when he was Senator and when he was a candidate. I have discussed it with his staff, I am sure from their standpoint, ad infinitum.

This afternoon, we have the Chairman of the blue ribbon panel created by the President to look at the future of human spaceflight for America and to report to the President. The Chairman, former aerospace CEO Norman Augustine, is testifying in front of our committee.

It is the contention of this Senator's, who loves the space program, both manned and unmanned, and wants to see it continue as a part of our American character as explorers and adventurers, that if we ever give it up, we become a second-rate power because we give up a part of ourselves. We have always been pioneers, adventurers, and explorers. We used to go westward when this country was discovered and built. Now we go upward. Clearly, it is no secret where this Senator comes from.

What I would like to get Dr. Augustine to bring forth, out of this extensive deliberation and extensive and detailed and very good report he has come forth with, is just how important it is that you can't do a human space program on the cheap and that NASA has been underfunded for the last decade. We see the results, that we are going to be shutting down the space shuttle in the near future when we have completed construction of the international space station. And because NASA has been underfunded, we don't have the next rocket ready. We have to go and hire rides to our own

space station that we have bought and paid for and built. We have to buy rides from the Russians to get there. That is inexcusable, but that is what happened. It happened over the last decade. NASA was underfunded.

The Augustine Commission has come out in early reports—and I want to hear this directly from him, I want the committee to hear this directly from Dr. Augustine—indicating that if we are going to fund a human spaceflight program that gets us out of low Earth orbit where our space station is and allows us to explore other worlds, be it the Moon, be it Mars, be it asteroids, whatever it is, NASA needs an additional \$3 billion a year for the next decade. I want to hear Dr. Augustine say that, in fact, we do need to get out of low Earth orbit, because that is what we need to do as discoverers, as adventurers.

Finally, I want to hear him say that because NASA has been underfunded and mismanaged, in fact, we have a huge personnel problem in that suddenly there is not going to be work for that personnel. Those people who are space pioneers, who have lived it and breathed it and dedicated their lives to it, need to be taken into consideration instead of summarily dismissed and laid off. That is what I am looking to.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. COBURN. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. COBURN. Mr. President, I wish to spend a few minutes this morning on some amendments I have offered. I ask unanimous consent to withdraw amendment 2373.

The PRESIDING OFFICER. The Senate is in morning business and the measure is not pending at this time.

Mr. COBURN. Will the Chair advise when we will be out of morning business?

The PRESIDING OFFICER. At 11 o'clock.

#### TRANSPORTATION APPROPRIATIONS

Mr. COBURN. Mr. President, I will spend some time discussing the amendments we have. There is some opposition to our amendment to allow the States to opt out of being required to fund transportation enhancements. This does not eliminate the enhancements. What it simply does is give the State of Colorado or the State of Oklahoma the opportunity to say, with roads in such disrepair and 138,000 bridges in disrepair, that we have the ability, if we so choose, to take all of the money, instead of 90 percent, and apply it to solve the problems we have.

So it will not force California to not do enhancements. It will not force any

State to not do them. It will give them the privilege of electing whether they want to do those enhancements when, in fact, we have such a critical need in terms of roads, highways, and bridges.

So the goal of this—and it is important to know where the money comes from. The money is taxes that are collected from individuals in Colorado and Oklahoma and every other State that are then sent here and then sent back. In my State—I do not know about Colorado—we have never gotten more than 93 percent of what we have sent here. We used to average about 74 percent. But now, as to the money that does come back, 10 percent has to be spent on enhancements, whether that is sound barriers or walking paths or bicycle paths or numerous other enhancements, as under the SAFETEA-LU bill.

So what this amendment does, it does not force anybody to not, but it gives them the option to fix the problems in their State.

I would note that the National Transportation Safety Board notified us that last year 13,000 people died on our highways, not because they made a driving error, not because someone else made a driving error, not because they had a problem with their automobile or with their truck, they had the accident because the roads were substandard. Thirteen thousand people lost their lives.

So the question of priority, of whether my department of transportation in Oklahoma ought to have the ability to fix roads and bridges instead of building sound barriers ought to be left to us.

This amendment is for this year only. It does not eliminate, does not change the law. It just says: We are going to give you the option this year with this money, if your State has needs—and Oklahoma has significant needs; I know Colorado does because I am there a lot—that we do not necessarily spend it on sound barriers, that we can actually spend it on something that is going to save somebody's life. So it does not force anybody to not do enhancements but gives them the right to choose the priority of saving lives over enhancements, if they so desire.

The Senator from California made a statement yesterday about what this amendment would do. There is no force in this amendment other than to allow. It allows the States the freedom to do what is best for their citizens rather than saying 10 percent of the money they get back has to be spent on things that are not going to save lives, are not going to enhance safety, but, in fact, are going to enhance aesthetics.

So I think it is a commonsense amendment. There is no force; that if California wants to continue to spend 10 percent of their money on enhancements, they can. There will be nothing that will keep them from doing that. It will be what the State decides to do rather than what we decide to do.