

Finally, I am very concerned that the new law is paid for, in large part, through more than \$500 billion cuts to Medicare, a program which already is facing long-term financing problems. It simply does not make sense to rely on deep cuts in Medicare to finance a new entitlement program at a time when the number of Medicare beneficiaries is on the rise.

Moreover, according to the administration's own Chief Actuary, these deep cuts could push one in five hospitals, nursing homes, and home health providers into the red. Many of these providers could simply stop taking Medicare patients, which would jeopardize access to care for millions of seniors.

It doesn't have to be this way. The bitter rhetoric and partisan gridlock over the past few years have obscured the very important fact that there are many health care reforms that have overwhelming support in both parties. For example, we should be able to agree on generous tax credits for self-employed individuals and small businesses to help them afford health insurance, thus reducing the number of uninsured. We should be able to agree on insurance market reforms that would prevent insurance companies from denying coverage to children who have preexisting conditions, permit children to remain on their parents' policies until age 26, require standardized claim forms to reduce costs, and allow consumers to purchase insurance across State lines.

We should be able to agree on delivery system reforms that reward value rather than volume and quality over quantity and that increase transparency throughout the health care system. And we should be able to agree on ways to address the serious health care workforce shortages that plague rural and smalltown America. Simply having an insurance card will do you no good if there is no one available to provide the care.

In short, we should repeal ObamaCare so that we can start over to work together to draft a health care bill that achieves the consensus goals of providing more choice, containing health care costs, improving quality and access, and making health care coverage more affordable for all Americans.

BETTER HEALTH REWARDS PROGRAM ACT OF 2012

Mr. WYDEN. Mr. President, I wish to advocate for legislation my colleague, Senator PORTMAN, and I have coauthored that focuses on driving better health outcomes for America's seniors through the use of real, positive financial incentives.

I think we can all agree on a theory—the best health care is often the least expensive, and it is often health care you can have real control over—prevention.

According to the Hastings Center, 76 percent of Medicare spending is on pa-

tients with five or more chronic diseases: stroke, heart disease, diabetes and cancer lead the way. And with \$2.7 trillion spent annually on health care, one of the best ways to slow the growth of that spending is to keep Americans healthier, and to do that, we have to reduce the prevalence of chronic disease.

I think Medicare can help spark that transformation. It is a large Federal program, some of the smartest health policy links the Federal Government and the private sector, and, most important, the Federal Government already pays for seniors to have an annual physical.

At present, when seniors leave that physical, too often there is no game plan or specific steps a senior can take to get healthier in the year ahead. Seniors get a bunch of numbers about their tests, possibly a prescription, and some medical lingo about their general health, but mostly everyone just hopes things will turn out OK at the next physical. Maybe it was an OK year, and that extra dessert wasn't a problem after all.

We believe that if the Federal Government is already paying for that physical, it is only common sense to wring every possible advantage for seniors out of it, specifically by giving seniors the tools to make changes that promote good health and reward them for staying motivated.

That is exactly what the bill I have written with Senator PORTMAN does. Typically, the assumption has always been that preventive care means more services. But in this case, government already pays for the service—the \$3.8 billion on the annual wellness visit—and we are saying, let's get more out of that visit.

Here is how our legislation—the Medicare Better Health Rewards Program Act—would do that:

First, it is voluntary. Since we hear a little discussion about mandates these days, this is voluntary.

In year 1, a senior has their physical, has their tests run, and their health provider has a conversation with them about their health. They come up with a plan to use the next year so that the senior can get healthier. The provider then lets Medicare know their patient is participating.

In year 2, the senior comes back for their next annual wellness visit. Again, tests are run, and they discuss the changes that may have occurred over the last year. If they have gotten healthier and their provider confirms it, they are eligible for a Healthy Reward. If they haven't, they still had their physical at no out of pocket cost to them. Their provider still gets paid. The same happens again in year 3.

Finally, the money to pay these rewards comes from the fact that as participating seniors get healthier, Medicare is spending less money on them. They are saving the system money. If that occurs, those seniors who are getting healthier will be able to share in the savings.

Bottom line: Innovation is rampant in American health care, and we are here with a new strategy to bring a fresh wave of innovation to Medicare.

I would like to thank Senator PORTMAN for working with me on this new approach to Medicare reform, and I urge my colleagues to join us in co-sponsoring our legislation.

DISTRICT OF COLUMBIA EMANCIPATION DAY

Mr. CARDIN. When Congress returns to session on Monday, April 16, 2012, we will recognize an important anniversary and holiday here in Washington. That day will be the 150th anniversary of District of Columbia Emancipation Day. Nine months before President Abraham Lincoln issued the Emancipation Proclamation in January 1862, the President signed the District of Columbia Compensated Emancipation Act. The act ordered the release of the 3,100 enslaved persons of African descent held in the Nation's capital. District of Columbia residents were therefore known as the "First Freed" slaves by the Federal government during the Civil War.

In 1865 the Confederacy surrendered and the Civil War ended, and later that year the 13th Amendment to the Constitution was ratified, which states that: "Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction."

Emancipation Day celebrations were held annually in the District of Columbia from 1866 through 1901, and resumed in 2002. In 2005 Emancipation Day was made an official public holiday in the District of Columbia.

On March 6, 2012, the District of Columbia City Council adopted ceremonial resolution 19-207. The resolution finds this anniversary to be "an important, historic occasion for the District of Columbia and the nation and serves as an appropriate time to reflect on how far the District of Columbia and the United States have progressed since institutionalized enslavement of people of African descent. Most importantly, the 150th anniversary reminds us to reaffirm our commitment to forge a more just and united country that truly reflects the ideas of its founders and instills in its people a broad sense of duty to be responsible and conscientious stewards of freedom and democracy." I ask unanimous consent to place a copy of this resolution in the RECORD at the end of my statement.

(See exhibit 1.)

In the recent past, we have been blessed to celebrate numerous historic achievements for African-Americans in Washington, DC and throughout the Nation, including the election of the first African-American President of the United States, the dedication of the Rev. Martin Luther King, Jr. Memorial, and the groundbreaking for the