

year, I cosponsored an amendment with Senators LAUTENBERG and STABENOW that prohibits increasing retail pharmacy copays for TRICARE beneficiaries through fiscal year 2007. The President's budget submission proposed raising generic and brand name copays from \$3 and \$9 to \$5 and \$15, respectively. That type of increase is simply not an acceptable solution. Our amendment ensures that we keep prescriptions affordable for those individuals who selflessly serve in our Nation's military.

Finally, I cosponsored an amendment introduced by Senator CANTWELL that will help elucidate the link between troop exposure to depleted uranium during combat and gulf war syndrome. This amendment requires a joint comprehensive study of troop depleted uranium exposure by the Defense Department, Veterans Affairs, and Health and Human Services. We need to better understand the relationship between depleted uranium exposure and adverse health effects, and I believe this amendment will help us achieve this goal.

I thank both Senators LEVIN and WARNER for incorporating these amendments and funding priorities into the Defense authorization bill for 2007. I encourage the conferees in both the House and Senate to keep these provisions in the final version of the legislation.

IMPROVING HOSPITAL CARE

Mr. KENNEDY. Mr. President, I have said it before and I will say it again—the quality of health care in America is in critical condition. Forty-six million Americans lack health insurance. That is over 10 percent of the people in this country.

It is time to focus on revising our health care system to meet the needs of patients by extending coverage and raising the standard of care. Incremental steps can make a difference. A recent op-ed article in the Boston Globe by Cleve Killingsworth, president and CEO of Blue Cross Blue Shield of Massachusetts, highlights an informative nationwide study by the Institute for Healthcare Improvement of Cambridge, MA, in which 3,000 acute-care hospitals across the country were asked to follow specific practical guidelines proven to save patients' lives. The study, conducted over 18 months, showed that over 122,000 lives had been saved when hospitals implemented just a series of basic safety precautions to improve patient care.

Blue Cross Blue Shield has worked effectively to improve health care in Massachusetts, and I commend Mr. Killingsworth for his impressive leadership and for bringing this important study to our attention.

I believe that my colleagues will be especially interested in these practical steps to improve the quality of hospital care and their life-saving potential, and I ask unanimous consent that Mr.

Killingsworth's important article be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Boston Globe, June 21, 2006]

LEADING THE WAY ON HEALTHCARE

(By Cleve L. Killingsworth)

Improving the quality healthcare saves lives. That's the lesson behind last week's announcement by the Institute for Healthcare Improvement that more than 120,000 such lives were saved nationally because hospitals followed proven interventions that deliver safer and more effective care.

All 72 Massachusetts acute care hospitals participated in this campaign. Their success together with the state's landmark healthcare reform law that will focus on many of the best practices used by the institute through the Massachusetts Health Care Quality and Cost Council puts the state in a unique position to lead the country in delivering top-quality health services.

Don Berwick, president of the Cambridge-based institute, explained that, over the past 18 months, a national effort by 3,000 hospitals across the country prevented the unnecessary deaths of more than 122,300 patients.

The effort supports interventions that make a real difference for patients. In many cases, that just means getting hospitals and front-line health workers to agree to follow practices that have been shown to eliminate error and save lives.

Some policies and procedures that the institute and the participating hospitals have put in place are relatively simple. For example, they are committed to giving patients who are at risk for heart attacks aspirin and beta-blockers. They are making sure that patients on ventilators have their heads raised between 30 to 45 degrees at all times to prevent them from developing pneumonia. They are implementing rapid-response teams at the first sign that a patient's condition is worsening. And they are making sure that doctors and nurses working with patients who are receiving medicines and fluids from central lines clean the patients' skin with a certain type of antiseptic.

While these procedures are not revolutionary in concept, they require significant collaborative effort and commitment. Taken together, these everyday actions can represent a sea change in patient outcomes for hospitals. Because of the size, diversity, and complexity of the healthcare system with all its insurers, providers, caregivers, and facilities it is difficult to disseminate best practices that improve patient health. And yet the success that the institute has fostered shows that it can be done.

It is fitting that every acute-care facility in the state is participating in this process. Massachusetts has already shown it can lead the nation in achieving better healthcare. Passing the legislation that made universal access to healthcare the standard wasn't easy. It took bringing together political leaders from all sides, business leaders, consumer and patient groups, insurers, hospitals, doctors, and nurses.

And there is more that can and must be done. The state Health Care Quality and Cost Council, established by the landmark legislation, can further improve the delivery of medical care and do so in a way that restrains the growth in spending. The success of the institute's effort shows what can be accomplished when all insurers and hospitals collaboratively choose concrete goals that improve the safety and effectiveness of care.

Massachusetts has the best healthcare system in the country but it can get better.

Given the high caliber of the hospitals and medical schools, the commitment of doctors and nurses, and the pioneering spirit of organizations such as the institute and others that are willing to point out where the system is failing and fix it, Massachusetts is in a unique position to fundamentally transform it.

The institute has shown that improving the system will save lives. And so with the wind of reform at our backs, universal health coverage within reach, and progress not only possible but demonstrable, now is the time to commit to making Massachusetts the standard bearer for quality healthcare for all.

RURAL VETERANS CARE ACT

Mr. SALAZAR. Mr. President, I rise today to discuss a critical issue facing thousands of Americans. Many of my colleagues have heard me talk about the importance of rural America. As I have said before, in many ways, the very fabric of rural America is fraying, thread by thread. The America where I grew up—the America of farmers, ranchers, small business owners, and generations of close-knit families—is slowly slipping away. And the Federal Government is simply not doing enough to reverse this troubling trend. This America—rural America—has sadly become the “Forgotten America.”

As we approach the Fourth of July recess, I want to talk about the challenges facing a community within the Forgotten America: rural veterans. In rural communities across the country, men and women have devoted themselves to the cause of freedom without hesitation and in numbers greatly beyond their proportion to the U.S. population. Yet we consistently overlook the unique challenges these men and women face after they return home to their families and friends in the heartland of America. When it comes to the VA health care system, we fail our Nation's rural veterans by not doing more to ensure they can access the high-quality health care they have earned. We owe them much better.

Over and over, I hear from veterans in my State about obstacles to care. I recently met with a veteran from northeast Colorado who told me he had to travel 500 miles roundtrip just to get a simple blood test at a VA hospital. I think most of my colleagues would agree with me that this is ludicrous.

I wish I could say this represents an isolated incident. Unfortunately, it does not. Because of gaps in the network of VA hospitals and clinics, and because the VA health care system is not equipped to fill these gaps, we hear stories like this all the time.

Every day, veterans from rural communities throughout the country are forced to put off crucial treatment because they live too far from VA facilities and can't get the care they need. As a result, rural veterans die younger and suffer from more debilitating illnesses—all because our system is not equipped to address their needs and provide care accordingly. A 2004 study