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Senate

The Senate met at 9:30 a.m. and was called to order by the Honorable BENJAMIN L. CARDIN, a Senator from the State of Maryland.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Our Father in Heaven, we thank You for the freedom we enjoy. Thank You for freedom of the press, speech, religion, assembly, and petition. Thank You also for a government of the people, by the people, and for the people.

Lord, today, bless the Senate and our Nation. Deliver us from internal and external forces that seek to destroy our liberty. Give the Senators strength and wisdom. Help them to remember Your promise to keep them from temptation and to deliver them from evil. Remind them that they face no test that You cannot help them pass. Let this Nation be a tool for the fulfillment of Your purposes on Earth. Lord, let Your kingdom come, let your will be done on Earth as it is in Heaven.

We pray in Your sovereign Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable BENJAMIN L. CARDIN led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, May 23, 2007.

To the Senate:

Under the provisions of rule I, section 3, of the Standing Rules of the Senate, I hereby appoint the Honorable BENJAMIN L. CARDIN, a Senator from the State of Maryland, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. CARDIN thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, this morning, following any time used by the leaders, there will be a 60-minute period of morning business. The majority will control the first half hour and the Republicans will control the second half hour.

Following this period of morning business, we will resume consideration of the immigration legislation. The next amendment to be offered this morning will come from the Republican side. Yesterday, I announced that the next Democratic amendment will be that of Senator BINGAMAN relating to the guest worker program.

Members can expect votes throughout the session today on the immigration bill.

Also, I had a meeting with Senator KENNEDY this morning. He indicated he would like to work into the evening on amendments. So Senators should plan to be here until at least 8 o'clock tonight with votes.

We are making progress on the supplemental. It is not done yet, but we are very close.

IRAQ

Mr. REID. Mr. President, I cannot let the day go by without at least acknowledging a conversation I had yesterday afternoon with the father of another fallen soldier from Nevada. We lost two in 1 week. His boy just turned 19. I talked to his dad who was very sad.

I listened to the news this morning, and nine American soldiers were killed yesterday in Iraq. So we are going to continue doing what we can to have the President change course in Iraq. The present course is not working. We need a plan to bring our soldiers home.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business for up to 60 minutes, with Senators permitted to speak therein for up to 10 minutes each, the time to be equally divided, with the first half of the time under the control of the majority and second half of the time under the control of the Republicans.

The Senator from Rhode Island is recognized.

HEALTH CARE

Mr. WHITEHOUSE. Mr. President, on Tuesday, I came to the Senate floor to present ideas on health care reform, particularly on the problem of fixing the internal operations of our broken health care system so that it runs better, at less cost, and with improved care.

I suggested that three fundamental things are wrong with our health care

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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system: One, it doesn't adequately provide quality care or invest in prevention; two, the system doesn't have adequate information technology infrastructure; and, three, the way we pay for health care sends perverse price signals that misdirect market forces.

I am here today to speak about quality reform, about those areas in our health care system where improving the quality of care will lower the cost—let me repeat that—where improving the quality of care will lower the cost.

There is a lot at stake, in money and in lives. Up to 100,000 Americans die every year as a result of unnecessary and avoidable medical errors. By some measures these outcomes are even getting worse. A 2003 article published in the *New England Journal of Medicine* revealed that the rate of hospital-acquired infections has actually increased over 36 percent since 1999. This increase has occurred even though we have shortened the average length of stay in a hospital and decreased the number of inpatient surgeries. In other words, infection rates rose that much even though the opportunities for exposure decreased.

Pennsylvania has recently chronicled hospital-acquired infection data for its 168 general acute care hospitals. The numbers are staggering: 19,154 patients acquired an infection while in the hospital in 2005, resulting in average commercial insurance payments of \$45,601 higher than for patients who did not contract infections. That is big money that could be saved.

Remember the example I gave on Tuesday from Michigan's intensive care unit reform. In a 15-month span between March 2004 and June 2005, the project saved 1,578 lives. It saved 81,020 days patients would otherwise have spent in the hospital, at great expense; and it saved over \$165 million just in a 15-month period.

However, it is not easy to pursue these quality reform initiatives. Funding is scarce, collaboration is required in an environment where people are pretty mad at each other, and the economics are perilous. When doctors and hospitals go to the trouble to figure out quality reform and implement it and pay for it, the effect on them is lowered revenues. Investing time and effort and capital in projects that reduce your revenues is not a great business model, but that is our health care system.

Thankfully, efforts to pursue quality reform—in all these indicated States and locations on the chart—are flickering to life around the country, in local initiatives such as the Puget Sound Health Alliance in Washington, the Utah Health Information Network, the Indianapolis Network for Patient Care, and our own Rhode Island Quality Institute. These groups have gathered health care industry players together to seek the holy grail of improved care at lower cost.

The fact that this is happening is itself a small miracle. The health care

system is acrid with soured, angry relationships. When I was attorney general of Rhode Island, negotiations took place between one of our major hospital chains and our major health insurer in my office. It was not because I was a great mediator or that there was a role for the attorney general in this, it was simply because they were so angry with each other that I needed to calm things down and keep them in the room so the negotiations could proceed. For a bunch of reasons, through our Government policy to shortchange providers, through the perverse reward structure of our health care system, and our HMO experiment, we have encouraged combat among hospitals, doctors, and insurers, each trying to push their costs onto somebody else rather than working together for the common good.

So these local health care quality initiatives from this toxic climate are as marvelous as that spontaneous Christmas truce in World War I, when the soldiers began singing Silent Night across the barbed-wire wasteland, as they came out from the cold, muddy trenches to share cigarettes and schnapps with the enemy, men they had just been mustard-gassing and machine-gunning.

Let me tell you about the Rhode Island Quality Institute. By the time I became attorney general, I was already deep into health care, having served as insurance regulator, hospital trust administrator, fraud prosecutor, and health care reformer. I had seen firsthand the anger and the vitriol in the system. I had been successful in reforming the workers' compensation system and was optimistic about what sensible reforms could do to repair a broken administrative system. I saw common ground on how quality could lower cost. In 2001, I began to pull doctors, nurses, insurers, regulators, pharmacists, academics, and hospital administrators together. Over many months, we developed a concept of a statewide collaboration that would focus on producing significant, measurable improvements in health care quality, safety, and value in Rhode Island. The Rhode Island Quality Institute was born.

Since then we have made significant progress in e-prescribing, electronic health records, ICU infection rates, and health information interoperability. This happened because the Quality Institute is a place where health care leaders can work through health care problems, despite economic signals that punish them for doing the right thing.

For example, in Rhode Island, our hospitals are pursuing a quality improvement project in every intensive care unit in the State, modeled on the Michigan program. The Rhode Island ICU program had a significant hurdle to overcome, however. The cost was expected to be \$400,000 per year to be borne by the hospitals. The savings, estimated to be \$8 million per year, went

to the payers. For its \$400,000 invested, a hospital actually stood to lose money from shorter intensive care unit stays and fewer procedures.

For hospitals, truly pushing that quality envelope and striving for zero tolerance in infections in errors was economically self-abusive behavior. It took the Christmas truce relationships developed within the Rhode Island Quality Institute to overcome that obstacle.

Now similar things are happening all over the country, in little flickering beginnings of reform. The easiest and best way to promote quality reform that lowers cost is to feed, with Federal grants, a little kindling into these flickering flames; to tend them gently with Federal encouragement and support, to network them together to share energy and information and ideas, to have Federal officials clear away regulatory obstacles to their initiatives, and to report on the best and brightest ideas and successes that emerge—in a nutshell, to create a MacArthur genius grant program to encourage these efforts and to clear the way for them through the bureaucracy.

My legislation proposes a Federal grants program to do just that. A little money will go a long way. The CVS/Caremark charitable trust just guaranteed the Rhode Island Quality Institute \$500,000 per year for the next 5 years, a great expression of business support and confidence, and it has made a world of difference. Compare that half-million-dollar yearly investment to the savings from the Keystone project in Michigan over a little more than a year, 15 months—\$165 million. What if every Quality Institute-type organization got a half million dollars? There are somewhere in the neighborhood of 50 such organizations around the country now. The total savings they can generate could be hundreds of millions, billions of dollars perhaps, based on a yearly investment of perhaps \$25 million.

Don't forget, it is not just money. The Keystone project saved over 1,500 lives. Quality reform is already on the march in local communities. To make a significant difference, we need do no more on the Federal level than support these initiatives, encourage new ones, transmit best practices and ideas, and, when necessary, secure waivers for them to help realize the promise of quality reform in both lives saved and dollars saved.

I will close today by noting that if we can do three things together—quality reform, health IT investments, and reimbursement alignment—they will reinforce each other and compound the beneficial effects. Remember, health care is a dynamic system and cannot just be told what to do. We have to identify the problems, find their causes, and repair them. That is not a partisan or even a political effort; it is a repair job, and it has no more a Democratic or a Republican nature to it than an engine tune-up or a plumbing repair. We should work together on

this issue to get it right. Hundreds of billions of dollars are at stake, and terrible consequences await American families and businesses as health care costs mount if we fail in our duty. While we still have the time before the economic, fiscal, and health consequences become too urgent for deliberate action, let us not fail in our duty. Let us grasp the controls of change.

I yield the floor.

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

ENERGY PRICES

Ms. CANTWELL. Mr. President, I rise this morning to talk about the high gas prices we are seeing all over America and certainly on the west coast, where Washington State is paying some of the highest gas prices in the Nation.

My point this morning is that we are approaching the Memorial Day weekend in which Americans will be remembering loved one and wanting to spend time with their families, but this Memorial Day might go on record as having the highest gas prices in our Nation's history. That means we in the Senate need to act on energy legislation that not only diversifies us off fossil fuels into more renewables and alternative fuels, as well as pass energy conservation measures, it also means we need to protect consumers with a strong bill that makes price gouging and market manipulation of energy markets illegal. We need to assure that there are tough Federal penalties on the books so that any kind of market manipulations will be met with fines and penalties.

I know many people think this is all just about supply and demand. It is pretty hard to tell the people of Washington State it is just about supply and demand when we have five refineries in the State of Washington and most of our oil comes from Alaska. And people say we are an isolated market. In fact, there are schools in our State that are feeling the brunt. One of the school districts in the Yakima Valley, where buses travel more than 2,200 miles each day, will have to spend about \$125,000 more this year on fuel. That is revenue which could go to books or hiring teachers or other needs for the school. In Spokane, the volunteers for Meals on Wheels, which usually delivers 350 meals a day to homebound elderly and disabled residents, are having to cut back on their routes. Another constituent called the office to say he was having trouble paying for gas he needed to make the 80-mile round trip to the Tri-Cities to get kidney dialysis for his wife. That loving husband said he was either going to have to quit his job or move closer to the facility so they could avoid paying high prices of gasoline. So while the pundits are talking about just supply and demand, my constituents and many constituents across this country are feeling the pain at the pump.

It is time that we act and pass the Cantwell-Smith bill, which we will have a chance to do when we return after the Memorial Day recess. This legislation is based on a New York law that has been held up in the courts and gives the Federal Trade Commission the ability to do the job that is needed to investigate potential market manipulation and price gouging. Many of the statutes that are on our books today are inadequate for looking at markets when there is a tight supply.

I heard a great deal about supply and demand during the Western energy crisis. For probably my entire first year in office, that is all we heard about from various people who wanted to say that the Enron problems were nothing more than supply and demand and the failure to build more capacity. In fact, when it came down to it, there was a lot more to this question than lack of supply in California. It turned out that there were elaborate schemes to manipulate energy markets, with names such as Death Star, Get Shorty, Fat Boy, schemes in which people deliberately took supply off line or manipulated it just to drive up prices by suppressing supply.

My colleagues have worked hard in the last several years to put into statute protections for consumers to make sure electricity and natural gas markets are not manipulated. This law is based on the same protections the Commodity Futures Trading Commission and the SEC use to make sure there is not manipulation in those markets. Why not have the same protection for consumers as it relates to oil and gasoline markets?

I hope that when we return, we will give great attention to this issue and not be swayed by those who think this is a simple market-demand issue. If we want to protect the consumers of this country, we will pass a strong law that gives the ability for Federal regulators to do their job. I believe there are real U.S. jobs, pensions, and businesses on the line if we do not act and act aggressively. The American people want to know that the Senate is going to stand up and do something about these record gas prices. They want to know that they are paying a fair and market-based rate for fuel and that they will continue to have the transparency in oil markets to make sure prices are reasonable and affordable, and they want to be sure we are empowering the right people to make sure an investigation takes place.

As I said, there is much that we need to do in the near term and the long term for our energy markets to diversify and to give consumers real choice at the pump, to make sure we are investing in conservation and fuel efficiency. But in the meantime, with tight energy markets, we need to make sure we are giving consumers the protection they need and to pass this legislation when we return after the recess.

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

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

The legislative clerk proceeded to call the roll.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

The Senator is recognized.

IMMIGRATION

Mr. GRASSLEY. Mr. President, I am going to use time in morning business to discuss the very important bill that is before us that we will be going on in about 20 minutes, and that is the immigration bill. This sometimes is referred to as the "grand compromise."

It is no secret that I have had concern about the immigration issue, and now specifically this bill, and in my opinion it contains an amnesty program. I know around here those who are backing this "grand compromise" don't want us to use the word "amnesty," but I think if it walks like a duck and quacks like a duck, it is a duck. So I am going to refer to it as the amnesty program for illegal aliens already in the United States.

Not too many Senators today can say they voted for the 1986 amnesty bill. That was the Simpson-Mazzoli Act, the present law we are amending. I did vote for that amnesty bill, so, in a sense, I voted for amnesty. I am here to tell you that I felt at that time as though I were doing the right thing. I can also tell you that now, looking at history, it was the wrong thing to do. I thought then that taking care of 3 million people illegally in the country would solve the problem once and for all. I found out, however, if you reward illegality, you get more of it. Today, as everybody has generally agreed, we have 12 million people here illegally.

I did believe that bill would solve our problems, but it was not only short-sighted, the one we passed 20 years ago, it turned out to be unworkable. It was soft on enforcement and weak on legal reforms. We believed a legalization component was in the best interest of the country.

The American people, myself included, thought that illegal immigration would decline with an amnesty program. We were wrong. The 1986 legislation failed us, as well intended as it was. That was not a bill that went through very quickly. That bill was worked on over a period of 6 years, as we have been working on other immigration legislation at least over a 3- or 4-year period of time.

Today we are back as a body we call the Senate to put another bandaid on this issue. I don't blame the American people for being angry or rejecting the promises some are making that we will enforce our laws from now forward because I heard that same thing in 1986—from now forward. I think it is fair to say the people of this country are cynical on this issue. They don't have any