

Track Center, a world-class indoor facility that opened in 2001.

“John built this program,” says Mike Conley, a five-time NCAA champion at Arkansas and the 1992 gold medal winner in the Olympic triple jump.

When he recruited me and the others who eventually won the school’s first national Triple Crown, there weren’t any facilities to speak of. We came because we believed in him and what he thought he could do at Arkansas. The facilities came later because of his success.

With much humility and a sense of humor, Coach McDonnell has been named National Coach of the Year 12 times in indoor track, 11 times in outdoor track and 7 times in cross country.

That is a total of 30 National Coach of the Year honors. I do not want to forget about the 50 times he has been named Conference Coach of the Year, and the 62 times he was awarded Region Coach. The most recent award was winning the 2008 SEC Coach of the Year for outdoor track.

It goes without saying Coach McDonnell has been inducted into the U.S. Track & Field and Cross Country Coaches Hall of Fame, the University of Arkansas Sports Hall of Honor, the Arkansas Sports Hall of Fame, the University of Southwestern Louisiana Sports Hall of Fame, and the Mayo Hall of Fame.

Coaches and teachers live within our hearts and our minds for years. We remember their drills, their training and their sayings and only later realize the full impact they have had on our lives. Coach McDonnell is one of those coaches.

I ask my colleagues to join me today in thanking and recognizing Coach John McDonnell on his outstanding career and his positive influence for so many Razorback athletes.

I yield the floor.

The PRESIDING OFFICER (Mr. NELSON of Nebraska). The Senator from Montana.

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT

Mr. BAUCUS. Mr. President, today I rise to urge passage of S. 3101, the Medicare Improvements for Patients and Providers Act.

This is the right bill for America’s seniors and the health care providers who treat them. It is a balanced bill, and it enjoys strong bipartisan support.

It hasn’t been easy to get to this point. I have engaged in earnest negotiations with Senator GRASSLEY, Minority Leader MCCONNELL, and the administration to reach a compromise on this bill.

After several weeks of talks, it became clear that we would not be able to reach agreement on a bill that is fair to both rural and urban areas, and that balances the need to help America’s seniors with the need to address

the pending payment cut for Medicare providers.

So I have worked with Democrats and willing Republicans to craft this legislation, the right legislation, and I urge all Senators to enthusiastically support it.

There is urgency in this call for support. We must act now to block the cuts that Medicare’s doctors will face on July 1.

This legislation gives doctors a decent, measured increase in reimbursement that doesn’t explode costs or excessively raise premiums.

It includes provisions to improve the quality of care that is provided and, as is so urgently needed, increases access to primary care.

It will also save lives and reduce costs by requiring doctors to use e-prescribing by 2011 whenever they give Medicare patients prescriptions.

But the legislation goes further. It also takes care of America’s seniors.

First, it expands access to preventive services. Preventive care can identify health problems before they become health catastrophes.

To help beneficiaries identify medical conditions and risk factors early, this bill allows new preventive services to be added to the program, so long as they are recommended by the U.S. Preventive Services Task Force and are approved through regular regulatory channels.

Second, the bill finally gets rid of the discriminatory copayment rates for seniors with mental illnesses.

Many older Americans experience depression and other mental health problems, but Medicare currently requires a much higher copayment for mental health services.

That copayment is 50 percent, compared to the 20 percent required for physical health care services.

This legislation lowers copayments for seniors’ mental health services until they match other copays, making sure that seniors can afford the screening and treatment they need.

The bill also expands the drug benefit’s coverage to include benzodiazepines and barbiturates used for epilepsy and mental health treatment.

Third, for low-income seniors this act expands programs that help with their out-of-pocket costs. Medicare pays many health costs for seniors, but some low-income beneficiaries need extra help to afford even basic care.

And although subsidies are available through the Medicare Savings Programs, or MSPs, beneficiaries must prove their assets are low enough to qualify.

The assets test for these programs has not been raised since 1989—even though the cost of living, and certainly the cost of medical care, have increased astronomically since then.

The bill takes an important step to improve access for these beneficiaries by increasing the level of savings that MSP applicants may have and still qualify for help.

We also discount the value of life insurance policies and financial help from churches or family members from counting against a senior’s eligibility for assistance.

Fourth, this bill protects seniors from unscrupulous marketing practices by private health plans.

Countless reports have surfaced about aggressive, fraudulent and even abusive sales and marketing practices used by Medicare Advantage plans, the private plan option in Medicare.

This legislation builds on the CMS-proposed rule to ban abusive marketing of Medicare Advantage and other plans once and for all. Marketing abuses are extensive. This legislation stops that.

The Medicare Improvements for Patients and Providers Act takes important steps to shore up our health care system in rural areas.

It ensures that hospitals in these areas get the resources they need to keep their doors open, and expands access to tele-health services.

It also includes important relief for ambulance providers and physicians serving rural areas.

Pharmacy payments are another area where the legislation makes important improvements.

Pharmacies are an integral part of the health care infrastructure in America.

Prescription drugs play a huge role in medical treatment, and many people see their pharmacists more regularly than their physicians.

Pharmacists are also vital to the ongoing success of the Part D prescription drug benefit.

Changes in this bill, including fairer and more timely payments to those who dispense drugs to our nation’s senior citizens, can make the benefit work better for pharmacists, and thereby for seniors.

Furthermore, this act would save valuable Medicare dollars by providing one, fully bundled payment for all end-stage renal disease-related services.

This will improve the quality of care these vulnerable beneficiaries receive by balancing incentives and instituting a rigorous quality improvement program.

And, for the first time, dialysis facilities will receive a permanent, market-based update to their payments each year, to make sure that Medicare payments keep up with their costs.

One of the questions I am asked most about is how this bill would address Medicare Advantage payments.

Federal spending for private Medicare Advantage, MA, benefit plans, including health maintenance organizations, preferred provider organizations, and private fee-for-service plans, has grown rapidly since Congress increased payments for MA in the Medicare Modernization Act of 2003.

CBO tells us that the Federal Government will pay these private plans \$74 billion in 2008, at a rate 13 percent higher than traditional Medicare fee-for-service providers receive.

In sum, every Medicare beneficiary in the country, regardless of whether they are enrolled in an MA plan or remain in traditional fee for service, will pay \$2 extra per month to subsidize these extra payment rates.

Private fee-for-service plans, in particular, get a special deal that costs taxpayers and beneficiaries alike.

The law doesn't require these plans to sign contracts with hospitals or doctors, rather, providers are "deemed" part of the network. And plans can pay these providers 100 percent of traditional fee-for-service rates even as they receive 117 percent of that rate in reimbursement from Medicare.

They are also exempt from reporting quality measures that all other plans must report. In other words, they have a good deal. Too good of a deal.

Another, and just as obvious, example of how Medicare pays these plans too much is the double payment for indirect medical education, IME. So-called IME payments are intended to defray the higher patient care costs at facilities with graduate medical education programs.

But these payments are made twice: once to the facility itself, and again to Medicare Advantage plans, with no requirement that plans pass the IME funding along to teaching hospitals.

This bill will save taxpayers \$13 billion over 5 years by requiring private-fee-for-service plans to form provider networks and eliminating the double payment for IME to MA plans.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. BAUCUS. I ask unanimous consent to speak for an additional 3 minutes.

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

Mr. BAUCUS. It will also require private fee-for-service plans to report on quality measures like other plans are required to do.

Some in the Senate, and many in the Bush administration, oppose any reforms to private fee-for-service plans.

They oppose protecting beneficiaries from private plans' unscrupulous marketing practices.

Just as regretfully, they oppose expanding access that poor seniors have to assistance with their out-of-pocket costs, and to evidence-based preventive services.

So now we in the Congress have a choice. We can protect private health insurance plans. We can leave low-income beneficiaries behind.

We can neglect our obligations to ensure that the Medicare program works for all seniors or we can do the right thing.

We can pass meaningful, bipartisan Medicare legislation that, yes, blocks the cuts to physician payments, which is absolutely crucial, but which does so much more, that brings much-needed relief to rural areas, improves quality, and cuts costs in the appropriate places.

That is what we ought to do. That is what America's seniors deserve.

I urge my colleagues to support passage of this balanced legislation.

Mr. BAUCUS. I yield back the remainder of my time.

The PRESIDING OFFICER (Mr. NELSON of Nebraska). The Senator from Missouri is recognized.

ENERGY

Mr. BOND. Mr. President, as I have said before on this floor, I think it is time for us to get real about energy. It is time for us to get real about lowering gas prices.

The American people, as we all know if we have listened to our folks when we go back home, are suffering from record-high prices of gasoline.

Now, in response to the record pain at the pump, the American people deserve something more than legislative gimmicks that raise taxes, increase litigation or provide political favors. It is a startling place many of our Democratic friends now find themselves in. They seem to believe that for every problem there is a tax increase that can help.

If there is someone you do not like or want to take a shot at, raise their taxes. You have a problem that needs fixing, raise the taxes. We saw that with the climate debate last week. To address the issue of climate change, the bill proposed, and the amendment we did not adopt last week proposed, to raise energy prices \$6.7 trillion to lower energy demand and pay for new Government programs and spending.

With record-high prices for gasoline, climate sponsors wanted to raise gas prices a further 53 cents by 2030 and \$1.40 by 2050. This week brought a new attempt to raise taxes. Well, last week some quibbled about whether the \$6.7 trillion in higher energy prices was a hidden tax or a hidden fee. It did not make much difference to the people who would pay it. There was no hiding from the fact that a tax increase is what the Democrats proposed this week.

This week they proposed raising taxes on the exploration and development of new oil supplies. You know, folks back home cannot believe that. Those looking for new sources of oil for the American people would pay higher taxes to find and deliver that oil to us. I have a hard time believing that too.

But we folks from Missouri do not take words at their face value. We call ourselves the Show-Me State for a reason. You need to show us how raising taxes would help this situation. For me, personally, I have not ever seen a time when raising taxes on something lowered its price or produced more of it.

I think our minority leader pointed out the Los Angeles Times said raising taxes to deal with the oil supply was similar to a climatologist saying trees caused global warming.

Well, it is economics 101, folks. Raise taxes, you get less of it. You increase exploration and development and you

get more of it and you lower the price. In this case we actually have the experience about what President Carter did. In the mid-1970s, he pushed through higher taxes on domestic oil production.

What a disaster that was. Oil companies reduced their U.S. domestic operations and went overseas. The result was a greater U.S. dependence on oil from the Middle East, which continues today. Why our friends on the other side of the aisle would want to return us to the days of Jimmy Carter, I do not understand.

It may feel good to some people to propose hurting American consumers by putting a tax on the oil industry or on the executives, it may sound good, but it winds up hurting the American people. The Democrat bill failed to get support. It contained other provisions that would hurt consumers as well.

One section would allow the Department of Justice to sue, to sue those countries for their membership and participation in OPEC. Now, that is a feel-good provision as long as you do not think about what would happen. How can anyone doubt that an OPEC country facing the prospects of U.S. lawsuits—if we could have jurisdiction over them, and I question that—would stop selling oil to the United States and take their oil someplace else, such as China.

Again, the Democrat bill would hurt suffering Americans by driving oil supplies away from the United States for fear of litigation.

Speaking of litigation, we sure didn't hear much from supporters of the bill about the \$1.6 billion in tax breaks for trial lawyers hidden in the legislation to extend renewable energy tax credits. Section 311 would allow trial lawyers working on contingency \$1.6 billion in tax breaks. Apparently, the suffering of trial lawyers is more important to some in the Democratic Party than the suffering of the American people paying record prices at the pump. The tax breaks for trial lawyers is one section before the tax provisions before film and television producers. Section 312 modifies tax deductions for domestic film and television production. It gives special tax treatment for U.S. actors, directors, and producers.

Obviously, I support tax breaks for U.S. workers. But why does the Democratic Party think tax breaks for American actors are more important than price relief for moms and dads suffering record gas prices?

Why does the party on the other side think tax breaks for Hollywood film producers are more important than price relief for American truckers suffering record diesel prices?

At the same time the Democratic bill is giving tax breaks to trial lawyers in Hollywood, they are blocking the American people getting new oil supplies they need to bring gas prices down. I am a cosponsor of a bill entitled "The American Energy Production Act of 2008." If enacted, this legislation