

dumping a new program onto the States after a few years, which the States in their bankrupt condition, in some cases, cannot afford, at least we would start out with an increased deficit of zero.

We are almost working at the wrong end. Our biggest problem facing the country is the cost of health insurance to every American, not just the uninsured Americans but the 250 million who already have insurance. The other big issue is the cost of government, caused by rising health care costs, and we have gotten away from thinking of ways to bring that under control. There are even proposals floating around to take savings, to cut Medicare and Medicaid and use those dollars to help pay for the Democratic plan.

If we reduce the growth of spending in Medicaid, we should spend it on Medicare, which is increasing at a rate that is going to cause our children and grandchildren never to be able to pay off the national debt.

Republicans stand ready to work with Democrats to produce health care reform this year, despite the majority leader's statement that it is time for Senator BAUCUS to stop chasing Republican votes. We are glad he is chasing Republican votes, and we hope he gets some. But the way we do things around here usually is a group of 15 or 20 Senators, such as Senator MCCAIN and others, sit around and say: OK, let's put our ideas together and come up with a consensus bill, not to operate from a procedure that we won the election, we have 60 votes, and we will write the bill. It is more complicated than that. It needs a broad base of support in the Senate to have a broad base of support in the country. Without that base of support, it will not be successful.

We have made our proposals—the Burr proposal, the Gregg proposal, the Coburn proposal, the Wyden-Bennett proposal. Senator HATCH and Senator CORNYN have a slightly different idea that would give the money to the Governors and let them find a way to cover low-income individuals. As a former Governor, I like that idea. We have an imaginative Democratic Governor in Tennessee who has brought the Medicaid Program there under some control and has come up with several innovative ideas. The difficulty he and other Governors have is that it takes them a year to get permission from Washington to try their innovative ideas to offer the kind of health care to low-income individuals they might need which could be different in Tennessee and different in California.

This is the biggest issue before our country today. It is certainly the biggest issue before Congress. Republicans have our proposals on the table. We are ready to go to work. We want to make sure there are no preexisting conditions left out that disqualify people. We want to make sure that everyone is covered and that we have access to health care at a cost the family budget can afford. We are resolute in our de-

termination not to add trillions more to the national debt and not to dump new debt on the States. We are resolute in our determination not to dump low-income people into a failing government program called Medicaid when a much better alternative is to give them the credits and the vouchers and the cash so they can purchase private health insurance and have coverage more like the rest of Americans have.

I yield the floor and 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. VITTER. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. VITTER. I ask unanimous consent to speak in morning business for up to 15 minutes.

The ACTING PRESIDENT pro tempore. In my capacity as a Senator from New Mexico, I object.

The Senator from Illinois.

HEALTH CARE REFORM

Mr. DURBIN. Mr. President, the issues before the Senate are sometimes weighty and complex, historic. I don't think there is any greater challenge this Senate has faced in modern times than our current debate over health care. This is such a major part of not only the American economy but of our everyday lives that it is hard to think of another issue we have tackled which will be so far-reaching.

The American people understand the need for change when it comes to health care. Even if they have a health insurance policy today they value and trust, they are worried about tomorrow. The cost, the availability, being denied coverage for a preexisting condition, losing a job and losing health insurance, a child who turns age 23 and all of a sudden is on their own in the health insurance market—there is a lot of uncertainty we need to be serious about.

When we think about these issues, many times we put them in the context of Washington. In Washington, the issues are about the people one might see in the corridors. They are lobbyists representing special interest groups who can afford to send people to talk to Senators and Congressmen. They represent doctors and hospitals, health insurance companies, pharmaceutical companies, medical device companies. They all have an interest in this debate because, quite honestly, it goes to the bottom line—whether or not they will be profitable. They, of course, want to maximize their profits if they can.

But the people who are not in the corridors are the ones we ought to be thinking about as well. These are average Americans who got up this morning, and, if they were lucky enough,

went to work. They will work hard all day, come home bone weary, trying to keep their family together, and get ready for another day tomorrow.

I think of a mother like Karen Gulva in my home State of Illinois. She is a single mom with a 12-year-old boy with asthma.

I visited, about 10 years ago, the University of Chicago Children's Hospital. The head physician there, the admitting physician at the hospital in the emergency room, said to me: Senator, what would you guess is the No. 1 diagnosis of kids going into emergency rooms in America? And I said: Trauma? They fall off their bicycles and things like that? He said: No. Asthma. Asthma is the No. 1 reason children are seen at emergency rooms across America.

Well, it surprised me because my family has been spared from that problem. I started thinking a lot more about it. I came to the Senate here and started talking to my colleagues. I went to TED KENNEDY—he sat back there in the back row—and I said: I am thinking about an asthma awareness effort. He said: Count me in. My son has asthma. Then I went across the aisle, at the time, and talked to Spencer Abraham, who was a Republican Senator from Michigan. I said: Spencer, I was surprised to learn about this asthma being the No. 1 reason kids go to emergency rooms. He said: I know all about it. I grew up with asthma. Pat Moynihan, who sat in the back row here: Same story.

It dawned on me, even though it had not touched my life personally, it touched the lives of many people in this Chamber and a lot of American families.

Karen Gulva has one of those families. The primary care physician for her 12-year-old son has prescribed daily doses of a lot of medications: Singulair, Allegra, and two different kinds of inhalers. Add these medications to the Strattera he is already taking to regulate his ADD, and you can see that access to medication is essential in the day-to-day life of this typical active 12-year-old boy in my home State of Illinois.

There is more to Karen's story. Karen has a stable full-time job earning a salary of \$31,000 a year plus benefits. She falls right into the range of what we call middle-class working Americans. At first, Karen's health insurance premiums were affordable. They reduced her paycheck by \$52.50 twice a month—\$105 a month. However, costs for that health care have risen dramatically over the last few years. Karen is now paying over \$300 a month for her premiums alone.

Remember, she makes \$31,000 a year gross. This does not include the \$500 deductible or her share of the cost for office visits and prescriptions. The yearly cost of health care for Karen and her son is now so great that it is hard for her to keep up with other payments she has to make—just the basic necessities: food, gas for the car, and car

payments. She is barely scraping by. She refinanced her condo twice this year to stay out of credit card debt.

She has tried everything to bring down her health care costs. She has looked for other health insurance options in the private market, but because her son has what we call a pre-existing condition, in this case asthma, she has been denied coverage.

Karen Gulva is not looking for a handout from this government. She just wants some help from the country she supports as a loyal tax-paying American citizen. All she wants is affordable health insurance. All she wants is some peace of mind as a mom that her kid is going to have what he needs to lead a normal life.

That is what the debate is about. It is about the uninsured—50 million people who do not have insurance—but it is also about Karen, a hard-working mom who has watched the cost of health insurance triple in a short period of time and who worries about whether she can keep up with it.

I have listened to a lot of debate coming from the other side of the aisle, and I hope I am not misinterpreting it. But it seems for some on the other side of the aisle they do not view this as a matter of urgency. They do not see this as an issue that requires our immediate, full-scale attention.

I see it differently. I think this gets to the heart of why we are here in the Senate. We are not here to stand on the floor and make speeches. We are here to pass laws that make life better for America and give us a chance for a stronger Nation with stronger families in the years to come. Sometimes we have to tackle some of the issues that are the hardest.

President Obama has told many of us privately and said publicly many times: If health care reform were easy, they would have done it a long time ago. It is not easy. It is not easy because the current expensive system is rewarding people, unfortunately, for the wrong things.

I have referred on the floor before to an article in the *New Yorker* from June 1 by a doctor, Atul Gawande. It is titled "The Cost Conundrum." Dr. Gawande went to McAllen, TX, to figure out why in the world in that small town the average spent on Medicare recipients was \$15,000 a year—one of the highest in the Nation. He could not find a reason. This is not the situation where there is a disease there or elderly people are sicker.

What he found out was the doctors in that town were billing everything imaginable. They were throwing in tests and procedures, piling one on top of the other because they get paid more. The more they do, the more they bill, the more they get paid.

One of the doctors said: Well, you know, it is defensive medicine. We can get sued. And another doctor said: That is not the case at all. Texas has one of the tightest med mal laws in the Nation. It limits the amount anybody

could recover for a medical malpractice lawsuit, and there are not many suits that are filed. No. The bottom line is, these doctors have an incentive to bill more to the Medicare system because they get paid more when that happens.

If you go to a place such as Rochester, MN, and the Mayo Clinic, where the doctors are on salary, and their goal is not to pile up the procedures but to get the patient well, you will find the cost of treating Medicare patients is dramatically less in Rochester, MN, than it is in McAllen, TX.

How do you create an incentive in our system for the right outcomes—healthy people with quality care available to them—and reduce the overall cost? Our health care system spends twice as much per person than any other nation on Earth. Our results do not show why that money is being spent. They do not prove that is working to make us a safer, healthier nation.

So now the argument on the other side is that we have to be careful because we might end up with a public option; that is, a health insurance plan as an option that Americans can choose that might be government sponsored. I do not think that is wrong. In fact, I think that is healthy. It is important the private health insurance companies who now rule the roost have competition—somebody keeping an eye on them to make sure they treat people fairly. I think a public plan that does not have a profit motive, that does not worry about marketing, and does not have high administrative costs could be that plan, that competitive option that keeps the private health insurance companies honest.

Many on the other side have stood up and said: Government health insurance plans are a bad idea. Really? Forty-five million Americans are under Medicare today—elderly, disabled Americans covered by Medicare. I have not heard a single person on the other side of the aisle say: Let's get rid of Medicare. It is a bad idea. And you will not hear that because it is a good idea, and it works. There are another 60 million who are covered by Medicaid, our health insurance for the poor. I have not heard any suggestions from the other side of the aisle of eliminating Medicaid.

So 105 million Americans, one-third of our population, are currently insured through a government plan. I think it is a healthy thing. As long as the government plan we are talking about is trying to bring costs down and expand coverage so everybody has the benefit of health insurance, then I think it is a good thing to build into this system.

So the debate will continue, as it should, at the highest levels now. But there is one option we cannot accept, and that is the option of stalemate and the option of failure. I do not know I will ever have another moment in time in my public career to seriously take

on the health care reform issue. The last time was 15 years ago under President Clinton.

We have to seize this opportunity. We are lucky to have a President who has stated to many of us and many of the leaders in Congress that this is a priority he is willing to fight for. Even at the expense of his political popularity he wants to get this job done. That is the kind of leadership this country needs on an issue that is critically important to every single person, every family, every business, and, frankly, to the economic future of our Nation.

I encourage my colleagues: Try to find that common ground, try to bring together a bipartisan approach here, some compromise on both sides that comes up with the best approach. Let's bring in those medical professionals who can help us get to a good place. Let's give peace of mind to Karen Gulva and so many others around America who worry every single day about coverage for their kids and for the people they love.

Mr. President, I yield the floor.

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

SOTOMAYOR NOMINATION

Mr. SPECTER. Mr. President, I have sought recognition to discuss, first of all, the pending nomination of Judge Sonia Sotomayor for the Supreme Court of the United States.

Judge Sotomayor comes to this nomination with impeccable credentials: summa cum laude at Princeton; Yale Law School; was on the *Yale Law Journal*; had a distinguished career in private practice; an assistant district attorney with DA Morgenthau in Manhattan; service on a U.S. District court, a trial court; and now serves on the Court of Appeals for the Second Circuit.

The conventional wisdom is that Judge Sotomayor will be confirmed. But notwithstanding the conventional wisdom, under the Constitution it is the responsibility of the Senate, on its advice and consent function, to question the nominee to determine how she would approach important issues. It also presents a good opportunity to shed some light on the operations of the Supreme Court of the United States in an effort to improve those operations.

It has been my practice recently to write letters to the nominees in advance, as I discussed it with Judge Sotomayor during the so-called courtesy visit I had with her, and she graciously consented to respond or to receive the letters and was appreciative of the opportunity to know in advance the issues which would be raised.

Sometimes if an issue comes up fresh, the nominee does not know the case or does not know the issue and may be compelled to say: Well, let me consider that, and I will get back to you. So this enables us at the hearings