

chapter 7, of title 5, United States Code (commonly known as the 'Administrative Procedure Act')".

Mr. KOHL. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent the order for the quorum call be rescinded.

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

MORNING BUSINESS

Mr. KOHL. Mr. President, I ask unanimous consent the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

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

Mr. KOHL. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent the order for the quorum call be rescinded.

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

Mr. WHITEHOUSE. I ask unanimous consent to speak in morning business for 12 minutes.

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

HEALTH CARE REFORM

Mr. WHITEHOUSE. Mr. President, I met in my office today with Donna, a Rhode Islander who suffers from vascular disease. Donna's condition forced her to give up her job, and therefore her insurance. She cannot afford to buy it on her own, since it would cost her \$650 a month—money she does not have. So she pays for her medications out of pocket. They should be \$2,000 per month, but her doctor got them down to \$450. But even this is no walk in the park. Donna read me a laundry list of procedures and services she needs but cannot afford, so like so many Americans, she sits waiting, struggling, hoping she does not get worse.

I want to tell my colleagues what I told Donna today: the Affordable Health Choices Act, the bill that the HELP Committee passed out last Wednesday, would mean hope and change and help for Donna. It would mean that insurance companies could not deny her a policy because of her vascular disease, as they can, and do, right now. It would mean that insurance companies could not charge her sky-high rates because of her vascular disease, as they can, and do, right now. It would mean that if Donna needed financial help to purchase a health insurance plan, she would get it. No pre-existing condition exclusions, affordable premium rates, and subsidies for

those who need help purchasing a plan. That is what the HELP Committee's plan offers every American in this country.

I also have heard from Madeleine, a Pawtucket resident who cannot afford health coverage despite working two jobs. Her family has a history of colorectal cancer; both her sister and mother lost their fight to this disease. Tragically, Madeleine cannot afford to get a colonoscopy. Without insurance, Madeleine waits and hopes that she doesn't get sick, because that is the only option she has.

Under the Affordable Health Choices Act, Madeleine would have the financial help she needs to buy a comprehensive, affordable plan. But even before she did that, even before everything is in place for Madeline to go to a gateway and buy a plan, she could sign up for the Right Choices program. Under Right Choices, even without insurance, Madeline would have access to all basic preventive services. She would get a chronic disease health risk assessment, a care plan, and referrals to community-based resources. Most importantly, she would get the colonoscopy she needs, so that she is not another victim of the terrible disease that took her mother and her sister. It goes without saying that preventing this disease and treating it early would, in the long run, save money for the healthcare system as well as preserve Madeleine's health.

I recently had coffee with Shirley, a Middletown resident who described her relief at turning 65. For the past 20 years, she and her husband did not have insurance. As self-employed business owners in their fifties, finding affordable insurance options was impossible, so they went without. They took their chances. Now 65 and eligible for Medicare, they finally have peace of mind. Shirley admits she and her husband were lucky to make it through those 20 years without serious health problems. During our meeting, she urged us to pass health care reform for the millions of hard-working Americans—hard-working, middle-class Americans—who are not as fortunate as she and her husband.

Under the bill passed by the HELP Committee, Shirley would not have endured 20 years of fear and uncertainty without health insurance. As a self-employed, small business owner, Shirley would be eligible for tax credits to either continue to offer health insurance to her employees, or to offer it for the first time. Shirley could also take all of her employees to the health insurance gateway, which will give small firms a choice of multiple insurance plans at a lower cost and of a higher quality than what currently exist in the small group market. If you are a small business owner, this bill is for you.

Judith from Warwick, has shared with me a story about her brother-in-law, whose lungs collapsed during an outpatient procedure. After staying in

the intensive care unit for 28 days, he contracted a hospital infection and was rehospitalized four times. Thankfully, a year later, he is symptom free. However, the costs stemming from the treatment totaled over \$500,000. Like her brother-in-law, Judith and her husband are retired and live off of their monthly Social Security check. She reflects that on such a limited income, if she or her husband faced a catastrophic health issue like her brother-in-law, they would be in "dire straits."

The HELP Committee bill creates a Patient Safety Research Center at AHRQ, which will support research, technical assistance, and process implementation grants to local providers to teach and implement best practices. No one should go through what Judith's brother-in-law did. No one should contract a hospital infection that leads to not one, not two, not three, but four rehospitalizations. We know how to prevent hospital-acquired infections; we have seen tremendous results in places like Michigan and Rhode Island for years. The HELP Committee bill finally creates a national infrastructure to support the dissemination of these proven techniques so that we can drastically improve the quality of care in our system, and in doing so, drastically lower the cost.

Finally, I recently met David, a self-employed resident from Central Falls, who described the astronomical rise in the cost of health insurance for him and his wife. Years ago, he paid \$85 per month for their plan; today, he pays approximately \$19,000 a year for their health insurance. Despite the dramatic jump in price, their health insurance plan does not cover as much as it used to. To keep their premiums and overall health costs down, David has been forced to drop dental coverage and increase the out-of-pocket expenses he and his wife pay on their plan. He noted, "I'm almost afraid to get sick, because today's health plans have so many holes in them, they can nickel and dime you to death."

The Affordable Health Choices Act would do two important things to help David. One, it would require that plans sold in the gateway offer a truly comprehensive set of benefits so that "affordable" does not mean "skimpy." Affordable will mean inclusive, available, and accessible. Two, the bill would not allow insurance companies to "nickel and dime you to death" as David fears now. Insurance companies would be prohibited from imposing lifetime or annual limits on the dollar value of benefits for any enrollee. So David will not be forced to pay out-of-pocket once he exceeds certain levels of benefits, as he does now.

There is some uncertainty both in this building and around this country right now about the future of health reform. I want to remind everyone—my colleagues on both sides of the aisle, my colleagues in the House, Rhode Islanders back home, and Americans