

which we have been trying to do for 40 or 50 years: Bring real health care reform debate to the floor of the U.S. Senate. It won't be easy. There are a lot of differences of opinion about the goals we want to reach. But I want to tell my colleagues that we are finally taking that important step under the leadership of President Obama to do what America wants done: to make sure we have health care reform that will serve our Nation and serve families and businesses in the 21st century. I see my colleague from Iowa is on the floor.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. BENNET). The Senator from Iowa is recognized.

HEALTH CARE REFORM

Mr. HARKIN. Mr. President, all five congressional committees involved in the health care reform debate have completed their work now and the core elements of this landmark legislation are now clear.

The media has done a good job of reporting that the emerging bill will crack down on abuses by health insurance companies and extend quality health coverage to the vast majority of Americans. In addition, much attention has been paid to the public option which I am confident will be in the bill we send to the President later this year. So there has been a lot in the press about the public option; about coverage; how much this costs; will there be an excise tax; what will the penalties be. Almost all of the debate we see—I should say discussion—surrounding the health care reform is about how we pay the bills, when we think about it. It is about how are we going to pay all of these bills.

There is one huge part of the health reform bill that is not being discussed very much that I believe will have a transformative effect on the system we have in America today, which I have often referred to as not a health care system but a sick care system. When we think about it, that is what we have in America: a sick care system. If you get sick, you get care one way or the other, but we do precious little to keep you healthy in the first place. As one of the comedians on one of these late night talk shows I happened to tune in to one night said, you know, they are talking about everything except health care.

What do we need to do to keep people healthy in the first place? Well, quite frankly, that is in our bill. That is what I wanted to discuss this morning, which is some of the aspects of the bill that I believe will bend the cost curve in the future and make us a genuine wellness society. The bill we reported out of our HELP Committee creates a sharp new emphasis on fitness, physical activity, good nutrition, disease prevention; in short, keeping people out of the hospital in the first place. This will give Americans access to a

21st century true health care system focused on preventing disease and helping us live healthy, active, productive lives, and it will reduce wasteful, avoidable costs that are built into our current system. Again, this sort of disease management approach we have in our country now is about patching things up after people develop a serious illness or a chronic condition. It is a system that overspends, which we know, and underperforms. It has been a colossally expensive failure.

We can and must do better. As President Obama said in his speech to Congress back in February:

[It is time] to make the largest investment ever in preventive care, because that's one of the best ways to keep our people healthy and keep our costs under control.

To most of us, it is self-evident that cost-effective preventive services will save money in the long term. This first chart is of a poll taken which shows that 76 percent of the American people said we should invest more in preventive care—76 percent. They get it. The American people get it. This support comes from across the political spectrum. Eighty-six percent of Democrats, 71 percent of Republicans, and 70 percent of Independents say we should be spending more on prevention.

This next chart shows that 77 percent of Americans support a new emphasis on prevention in a health care reform bill because they know it is the right thing to do. It is common sense. If we can use cost-effective screenings and other upfront intervention programs to prevent tens of millions of occurrences of chronic diseases such as cancer, diabetes, and cardiovascular disease, it is self-evident that we are going to slash health care costs very significantly.

Some critics have claimed that a new emphasis on wellness and prevention will cost more money and it will drive up health care costs. To support this claim, they have created a straw man, assuming that we are going to do all of these preventive services for everybody all the time, but that is not what is in our bill. I wish to emphasize that our committee's bill takes a very rigorous approach to prevention. We target appropriate preventive services and screenings only to those segments of the population that are at risk of a disease or a condition.

For example, under our bill, mammogram screenings would be free—no copays, no deductibles—but to those most at risk of breast cancer—women over the age of 40.

At every step, what we have relied on are the latest recommendations of the U.S. Preventive Services Task Force. This task force has been in existence since the early 1980s. It evaluates clinical preventive services on the basis of scientific evidence related to effectiveness, appropriateness, and cost-effectiveness. So what we have said is that if the U.S. Preventive Services Task Force gives a certain preventive measure or screening an A or a B score, then the insurance companies and providers

must provide that without any copays or deductibles. So it is targeted. It is not everything, but we are targeting the most cost-effective.

We also say that this task force has to meet at least once every 5 years and take in the latest scientific evidence and make recommendations for revising the mix of clinical preventive services.

Let me review some of the ways the Senate HELP Committee bill, in a very careful way, will put prevention and wellness at the very heart of health reform.

First, we create a Federal level prevention and public health council to improve coordination among Federal agencies in incorporating wellness into a national policy, and will develop a national prevention and a public health strategy. All of the departments should be doing this, not just the Department of Health and Human Services but the Department of Agriculture, the Department of Defense, the Department of Veterans Affairs, the Department of Transportation, and on and on. All of them ought to have as an integral part of their deliberations and proposals for future legislation that they might propose in the Congress an element of prevention and wellness. Take the Department of Transportation, for example. When they are thinking about highways, bridges, roads, and things such as that, are they thinking about bike paths and walking paths and sidewalks in cities that could be incorporated into the planning if they want Federal money? Well, they have not so far. This is what I mean. We need this kind of an overall coordinating council at the White House level, at the department level.

We also start a prevention and public health investment fund to provide for expanded and sustained national investments in prevention and public health programs in communities all across America.

A 2007 study by the Trust for America's Health found major savings from community-based prevention programs. There is clinic-based prevention where you get a screening, but then there are community-based programs to improve physical activities, nutrition, reduce smoking rates, and things such as that. They found that a national investment of just \$10 per person per year—think about that, \$10 per person per year—in certain community-based wellness programs would yield these kinds of savings: in 1 to 2 years, \$2.8 billion; 5 years, \$16 billion; and 10 to 20 years, \$18.5 billion.

Again, on both the community level and the clinical level, we provide for funding and a structure to make wellness and prevention an integral part of our health care system. For example, our bill would target nutrition counseling to prediabetic patients. Right now, under Medicare, for example, and most insurance companies, they will reimburse thousands of dollars to take care of your diabetic conditions once you get diabetes. They

will pay for amputating a foot or a leg. They will pay for all these expensive things after you get diabetes. They will pay for a lifetime of treatment. But now they will not reimburse for the cost of nutrition counseling—a few hundred dollars for someone who is prediabetic and who could prevent the disease through changes in diet. That doesn't make sense. Our bill would change this by requiring insurance plans to reimburse for nutrition counseling for prediabetic individuals—another example of a cost-effective approach.

For essential screenings and annual physicals, our bill would get rid of copays and deductibles for things such as your annual physical checkups, vaccinations, mammogram screenings, and colonoscopies for the right population group, things like that—no copays, no deductibles.

We are going to make major new investments in the public health and primary care workforce. Senator MURRAY, of Washington, did a great job of incorporating workforce development in our committee bill. A lot of that workforce development is in the area of primary care and preventive care and wellness.

Finally, we give a powerful boost to employer-sponsored wellness programs. Our bill would allow employers to reward employees for participating in wellness programs by giving them a health insurance premium discount of up to 30 percent. In other words, if you participate in a wellness program that is provided by your employer, you can get a discount of up to 30 percent on your health insurance premium. I believe this is something that has been done by Safeway and others, and they have shown that they have had great results. People can see the benefit of wellness and prevention by getting a reduction in their health care premiums.

Workplace wellness programs—everything from nutrition counseling to smoking cessation—typically cost about \$20 to \$200 per employee per year. Again, they have a proven rate of return, ranging from \$2 to \$10 within 18 months, for every dollar spent. If you don't believe me, ask Pitney-Bowes what they did or Safeway. I single those two out, but many companies have gone way ahead of us in providing wellness programs for their employees. Are they doing it just out of sheer generosity? No. They know the bottom line. They know that when they provide wellness and prevention programs for their employees, their rate of return per dollar spent on an employee is 2 to 10 times as much within just a year or two. They have healthier employees. They don't go to the hospital as often. They don't have chronic diseases and they are more productive. They show up for work and they are more productive. What we have done in our bill is expanded this nationwide to give more companies the incentive to do that.

Our bill also directs the CDC to study and evaluate the best employer-based

wellness programs and to create an educational campaign to promote these workplace wellness programs throughout America.

We think about the United States and our sick care system this way: We spend twice as much per capita on health care as European countries—twice as much—but we are twice as sick with chronic diseases. How is this possible? The reason is clear: We have neglected wellness prevention and disease prevention. In the United States, 95 cents of every health care dollar is spent on treating illnesses and conditions after they occur. Two-thirds of the increase in health care spending is due to increased prevalence of treated chronic disease. This chart illustrates that. In the late 1980s, we were spending about \$313 billion a year on chronic disease. We have now doubled that. It is up to \$627 billion, and it is going up at an ever-increasing rate. These are diseases that are mostly preventable. Yet we just continue to spend the money dealing with these chronic diseases.

The good news is that by reforming our system and keeping people healthy and preventing chronic illnesses, we have a great opportunity to not only save hundreds of billions of dollars but to improve the health of the American people.

Right now, 75 percent of health care costs are accounted for by heart disease, diabetes, prostate cancer, breast cancer, and obesity—five of them. These five diseases account for 75 percent of our health care costs. What do they have in common? They all have this in common: They are largely preventable, and even reversible, by changes in nutrition, physical activity, and lifestyle.

Again, for every dollar spent, 75 cents went toward treating patients with chronic disease. The CDC said this:

The United States cannot effectively address escalating health care costs without addressing the problem of chronic diseases.

Ninety-six cents of every Medicare dollar—we always hear that we are not going to have enough money for Medicare in the next 10 or 12 years, however long it is. Well, 96 cents goes for chronic disease. If you want to cut down on how much money we spend on Medicare, let's focus on prevention and wellness, especially for that group of individuals who are between 55 and 65, about ready to go on Medicare. Eighty-three cents of every dollar spent on Medicaid is spent on chronic diseases. Why don't we understand this and get it right? Yet, just like blind dodos, we say we will just keep spending the money and we won't address wellness and prevention. And we wonder why we can't get health care costs under control. Well, that is why. We are not addressing the underlying issues of wellness and prevention.

Again, it makes no sense to me that we spend all this time and all this effort to figure out a better way to pay the bills in a system that is dysfunc-

tional, ineffective, and broken. We have to change the health care system itself. We have to change from a sick care system to a health care system, beginning with a sharp new emphasis on prevention and public health and wellness. That is in this bill, and that is not being talked about by the media. It is one of the fundamental parts of the health care reform we are going to be putting through here on the Senate floor and, hopefully, in Congress and to the President by the end of the year.

It also has to be comprehensive. Not everything that deals with wellness and prevention can be done in this bill. For example, very soon we have to reauthorize the child nutrition bill, which deals with the School Lunch Program and the Breakfast Program. We have to get better food, more nutritional food for our kids in school and get the junk food out. Why do we have vending machines in schools? Do we have vending machines in schools to provide more healthy food for kids in school? You know the answer to that. Of course not. Why do you have the vending machines in schools? Is it so that the school can make money so it can buy band uniforms or maybe football uniforms and things like that? Is it so we can get our kids on junk food and high-sugar sodas, which leads to obesity and leads to diabetes and other kinds of chronic illnesses? Do we really want that for our kids in school? We have to have more nutritional foods. That is the child nutrition reauthorization.

Next year, under our committee, I say to the occupant of the chair, who is now a distinguished member of our committee, we are going to reauthorize the Elementary and Secondary Education Act, which is also called No Child Left Behind. What about making sure we leave no child behind also in terms of their health? Right now, we are cutting down on physical activity with kids in school. We are cutting down on recess and time for them to exercise. That is just nonsense. We have to do more to provide for exercise and healthy foods for our kids in school. That is where it all begins.

To close, Winston Churchill once said something I always thought was pretty much right on point:

Americans always do the right thing—after they have tried everything else.

We have tried everything else in health care, and it has failed. It has led us to bad health and to the brink of bankruptcy. Let's try something new—wellness and prevention. Times change the paradigm of health care. Let's recreate America as a genuine wellness society. Let's change the focus and make it easier to be healthy and harder to be unhealthy. Right now, it is easier to be unhealthy and hard to be healthy. Let's change that around, and in doing so we will build a health care system and bend that cost curve. That is the only way to get the job done.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, I wonder if the Senator from Iowa will yield for a question.

The PRESIDING OFFICER. The Senator has no time remaining.

Mr. COBURN. On our time.

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

Mr. COBURN. Mr. President, the Senator from Iowa listed five diseases. I think he mentioned prostate cancer and breast cancer. Can he give us a reference of where he gets that data? Having practiced medicine for 25 years, most of my prostate cancer patients and breast cancer patients would want to know what the prevention is to prevent those diseases. Since we don't have anything in scientific literature right now that says that, I was wondering if he could refer us to the data.

Mr. HARKIN. Mr. President, I will be glad to get that for the Senator. I will get that to the Senator.

Mr. COBURN. I thank the Senator.

HEALTH CARE

Mr. COBURN. Mr. President, I plan on taking about 10 minutes of our time.

I serve on the HELP Committee with the distinguished chairman. There is no question we have not emphasized prevention in this country, but there is a reason we have not. We do not pay for it. Medicare does not pay for it. The insurance companies follow what Medicare does.

We have heard some pretty good claims this morning in terms of the HELP bill. I sat through almost 3 weeks of markup on that bill. I don't believe there is anybody in Congress who does not want us to change the way we look at prevention because there is no way we can control health care costs unless we both try to prevent chronic disease and also manage the chronic disease we have.

One of the reasons we have more chronic disease than other countries is because we keep people with chronic disease alive a lot longer. They let them die. They ration the care out, and they determine what the value of their life is. With a chronic disease, eventually they quit treating them. The numbers get skewed because we do a pretty good job. Even though we did not prevent it, we do a wonderful job, and we can actually do far better in managing chronic disease.

What the Senator and the HELP committee put out is a government-centered bill. Let me give an example. Duke University set up a clinic for heart failure patients. They were having phenomenal results. These are all Medicare patients, class III, class IV, class V heart patients. They dropped hospital admissions 27 percent. They shut it down. Why did they shut it down? Medicare would rather pay—because they are not flexible, they will not recognize prevention—they shut down a clinic that was saving them \$100 million a year, even though it cost

about a significant portion of that, 10 percent or so, to run the clinic. They would rather spend the \$90 million than to pay for prevention. So what was a great clinic—keeping people out of the hospital, maintaining their chronic disease. Medicare did that.

That is the reason I am very opposed to the bill—not the principles of the bill but the bill that came out of committee. The bill that came out of our committee creates 88 new government programs—88. Think about it. What do we want in health care? What we want in health care is to be able to determine our own future, to determine our own doctor, and to be able to afford to buy the health care our families need. That is what we want. We create 88 new Federal Government programs managing our health care, and that freedom to choose, that freedom to make a judgment is going to go out the window.

The other points the Senator mentioned, he talked about increasing to 30 percent the ability of performance bonuses for people to get into reduction plans, wellness plans. He mentioned Safeway. They can spend 21 percent under HIPAA now. Safeway's testimony was, give us the flexibility everybody else in the country has and let's go up to 50 percent. We don't trust them to do that, even though Safeway has had no increase in health care costs in the last almost now 5 years because they have truly incentivized prevention.

He mentioned workforce development, and he mentioned all these incentives to help people become primary care doctors. They are not going to become primary care doctors. Do you know why? I am a primary care doctor. They are not going to pay them. The reason we have a disproportionate number of specialists versus primary care doctors in this country is because there is a 350-percent payment differential. How do you think that came about? Medicare created that differential.

If we want more primary care doctors, then what we have to do is pay people to go into primary care, and they will come running because it is the best place in the world to practice medicine. They get to care for entire families. They get to manage every type of conceptual disease one can think of, and the rewards are out of this world. But when the average medical student comes out of medical school owing \$170,000, and their pay is one-fourth of somebody who spends 1 or 2 more years in training, there is no reason to think why they don't all go into additional training so they can be compensated at a level that matches the debt and the sacrifice they put in. They average 8 years of medical school and residency. We don't have many other people who have that kind of training. Yet Medicare created the shortage we have today by limiting the payment to primary care physicians.

The reason I make that point is the plans that are coming to the Senate

floor are totally government centered. They are totally government managed. They are totally government created. He talked about sidewalks and bike paths. In that bill, we set up \$10 billion a year for concrete, supposedly for wellness. I can think of a whole lot better things. We can put \$10 billion in NIH and do a whole lot more in terms of savings for this country in terms of our health care.

Where do I agree with the chairman? We will never control our costs in health care and we will never make health care affordable for us as a nation or individually until we manage the chronic disease we have out there officially and until we incentivize the prevention of it. He is right on that. But there are two approaches to doing that. One says the government is going to do all of it, and the other says maybe we could incentivize individuals in the public to make good decisions for themselves. One costs a whole lot of money; the other does not cost any.

Let me tell you how well the government does. Go to any School Lunch Program you want to today. Go look at it. Look at what we feed our kids at breakfast and lunch, and then ask yourself: No wonder our kids are unhealthy. We are feeding them a high-fat, high-carbohydrate, simple-sugar, simple-starch meal. We are creating, through the government School Lunch Program and breakfast program, the very obesity the Senator says he wants to stop.

Then look at the food stamp purchases we incentivize. There are no limits on them—a government program. Then look at the people on the Food Stamp Program—and this is no discrimination toward them at all; they need the help—but look at the choices they make. There is no effort to limit to only buy what are good foods with food stamp money rather than junk food that, in fact, enhances chronic disease.

There are a lot of ways to approach it, but if we look at what the government is doing now—what does it do? In health care, what does the government do right now that is effective and efficient? Nothing.

The chairman talked about the fact that Medicare is going to go broke. It is. In 5½ years, the Medicare trust fund will be belly up. Nobody disputes that point. The Medicare trustees are saying that. We have all these problems in Medicare. Why don't we fix those? We have a full 15 percent, at a minimum, of fraud in Medicare. Where is the fix? Why don't we fix it? Instead, we are going to bring to the floor 88 new government programs, a government-centric run health care system that is going to defeat and destroy the best health care system in the world.

It is not the most efficient, but there is no question if you are sick, this is the best place in the world to get sick. If you have cancer, your cure rate is 40 to 50 percent better than anywhere else