According to Congressional Research Service, as of January 2009, all Medicare beneficiaries across the country had access to Medicare Advantage plans along with traditional Medicare plans. The choice is particularly crucial in rural areas. Between 2003 and 2007, more than 600,000 beneficiaries in rural areas joined the Medicare Advantage Program, which is a 426-percent increase.

The Medicare Advantage cuts proposed in the Finance bill will force plans to cut benefits, increase premiums, or drop coverage altogether. In fact, CBO estimates that enrollment in Medicare Advantage will decrease by 2.7 million people by 2019, resulting from the changes in this proposed legislation.

This number represents not only people who would lose their plan but also those who would no longer be able to choose Medicare Advantage because of the decrease in benefits.

CBO estimates that the value of extra benefits offered by Medicare Advantage plans will drop from $135 a month to $42 a month. When we were in the Finance Committee markup, I asked CBO Director Elmendorf to confirm this point. I asked him:

So approximately half of the additional benefit would be lost to those current Medicare Advantage policyholders?

His response was:

For those who would be enrolled otherwise under current law, yes.

The point is, the Medicare Advantage cuts in the Finance Committee bill will clearly break the President's pledge that if you like the insurance you have, if you like the protection you have, you can keep it.

Even if some seniors on Medicare Advantage are able to keep their plans, they are not going to be able to enjoy the same level of benefits they enjoy today. During the Finance Committee markup, I offered an amendment that would have prohibited the implementation of the bill's Medicare Advantage provisions if their implementation would decrease choice and competition for seniors in Medicare—very simple and straightforward. The amendment was defeated on a straight party-line vote.

Many congressional Democrats argue that by defending Medicare Advantage you are actually defending overpayments to insurance companies. That is not true either. Medicare Advantage plans are paid 14 percent more, on average, than traditional Medicare fee-for-service. However, these overpayments—or alleged overpayments—don't go into the plans. They go to the seniors enrolled in the plans in the form of extra benefits. That is why Medicare Advantage is so popular among seniors. Seventy-five percent of the additional payments to Medicare Advantage are used to provide seniors with additional benefits—benefits such as dental coverage or vision coverage or preventive medicine or flu shots or hearing aids. The remaining 25 percent is returned to the Federal Government. So the cuts to Medicare Advantage will reduce benefits and will deprive seniors of choice.

But that is not the only kind of cuts we have coming to Medicare. In addition to the cuts to the Medicare Advantage Program, the Finance Committee bill also contains massive cuts to other Medicare providers. It contains $40 billion of cuts to home health agencies, there are nearly $8 billion of cuts to hospice, and more than $16 billion of cuts to skilled nursing facilities. These levels of cuts would be devastating for providers and will threaten access as well. As more and more providers will not take Medicare patients, it will be harder and harder for beneficiaries to find care.

I spoke to Gary Thietten, the president and owner of Idaho Home Health & Hospice, just last week about the impact of the Medicare cuts to home health and hospice. He described to me how bad the fiscal situation has become for home health, hospice, and other Medicare providers in Idaho. Idaho lost nearly 30 percent of its home care providers in 1998 and 1999, including the State's largest provider. The providers that are still in business in my home State are working under the same Medicare reimbursement levels they received in 2001—8 years ago. If the cuts from the Finance Committee bill go into effect, on top of the current reimbursement issues, the situation will get significantly worse for many providers, and the net result, again, would be a loss of providers, a loss of options, and a loss of services to our seniors.

Costs have gone up considerably due to the economic downturn, and rural Idaho is being hit the hardest. Gary compared the situation for home health and hospice providers to the farmers in Idaho. Most farmers don't grow just one crop. Similarly, home health agencies don't provide just one service. They provide hospice and private-duty care, along with medical supplies and equipment. All of these services are going to suffer because of the home health and hospice cuts.

These proposed cuts will not just affect providers in my home State, they will affect Medicare providers in every State around the country, particularly rural States, which already face significant provider access problems. At some point, providers will no longer be able to give the best care or any care, for that matter, to Medicare beneficiaries. As I indicated earlier, we have already seen the trend start with those medical service providers that simply can't afford to take Medicare patients.

I have long supported policies that increase access to high-quality affordable health care for all Americans and provide for fair reimbursements to providers of the medical services rendered. However, the types of blunt, across-the-board cuts we see in these proposed bills will result only in increased harm to providers and to Medicare beneficiaries around the country.

It is my hope that as we face these difficult times, and dealing with needed health care reform, we will not take the cuts out of the Medicare Program that are proposed in this legislation. Specifically, and importantly, it is critical that we not cut our Medicare beneficiary services in order to simply fund a new, massive government entitlement program.

With that, I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER (Mr. UDALL of New Mexico). The Senator's time has expired. The Republican leader is recognized.

Mr. MCCONNELL. Mr. President, I will proceed on my leader time.

The PRESIDING OFFICER. The Senator has that right.

HEALTH CARE REFORM

Mr. MCCONNELL. Mr. President, the American people are paying close attention to the ongoing debate over health care, and they have noticed a worrisome trend. The longer this debate goes on, the further Democrats in Congress seem to drift from the original purpose of reform.

At the outset of this debate, the American people were told reform would lower costs, a goal all of us supported. The administration is right when it says the rising cost of health care in this country is unsustainable. Costs must be reined in. But the proposals we have seen so far don't address that problem. In fact, they make it worse. Instead of reining in costs, the proposals they have advanced are expected to drive costs even higher, costs that will then be shifted onto families and small businesses.

Yesterday, I pointed out the absurdity of the situation we are in. Reform that was meant to lower costs is now independently confirmed to make health care more expensive. Reform that was meant to make life easier is now expected to make life harder for families, businesses, and seniors from one end of our country to the other.

Let's focus on Medicare a moment, a program tens of millions of America's seniors rely upon. How is this program doing financially? It is not a pretty picture. Medicare started running a deficit last year, and the Medicare trust fund is expected to run out of money in less than a decade. Looking a little further ahead, Medicare is slated to spend nearly $38 trillion that it doesn't have. Simply put: Medicare is broke. For the sake of our seniors, we need to fix it.

But the advocates of this legislation look at Medicare and they see something else. They do not see a problem to be fixed, they see a giant piggy bank. Rather than fix it, they want to use it to fund an entirely new set of government-run health care programs.

Medicare was an attractive target for the people who wrote this bill. They

were in a bind. At a time of shrinking government revenues, nearly 10 percent unemployment, and record deficits and debt, the bill writers looked around for the money to cover the cost of their health care plan and they couldn't find it. So they decided on massive cuts to Medicare, cuts that will have serious consequences for millions of American seniors.

I am sure they didn't want to resort to cutting Medicare when they started out, but the fact is they are now proposing massive cuts that will inevitably lead to fewer services. Here is what they plan to cut: $8 billion from hospice, more than $40 billion from home health care agencies, more than $130 billion from Medicare Advantage, and more than $130 billion in Medicare cuts to hospitals that care for seniors.

At the outset of this debate, all of us knew Medicare faced significant challenges that needed to be addressed. A program that is already spending more than it is taking in, a program that is expected to be insolvent in just 8 years, should be fixed, not raided. Just about every day I receive letters in my office from Kentuckians who have Medicare. They are counting on this program. They are worried about its future. We have an obligation to our seniors, an obligation to keep our promises.

At some point, the majority will have to work with Members to address this problem. When they do, we should focus on a solution to out-of-control entitlement spending that Americans will embrace.

Forty-four years ago, when President Johnson signed Medicare into law, he vowed that we would never refuse the hand of justice to those who have given a lifetime of service and wisdom and labor to their Nation. We have an obligation to fulfill that vow. We have an obligation to work together on solutions that both parties and the people for whom this vital program was created—seniors—will support.

The health care plan we have seen is deeply flawed. Far from fulfilling the original goal of lower cost, the Democrats' bill would drive costs even higher—an outcome that has most Americans scratching their heads in confusion and disbelief. What is worse, the plan slashes Medicare, too, as a way to pay for new government programs.

Clearly, the effort to reform health care has gotten off track. Higher taxes, higher premiums, and cuts to Medicare is not the reform Americans are looking for. They want commonsense, step-by-step solutions, not a health care experiment that makes existing problems worse. While some may want to move this bill as quickly as possible, Americans have a different message: They would like for us to start over.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. LEMIEUX. Mr. President, I wish to follow up on the comments of Leader MCCONNELL and Senator CRAPO concerning Medicare. I don't think there is a State that is more affected by these potential cuts to Medicare than my home State of Florida, where we have nearly 3 million Floridians who enjoy the Medicare Program. Ultimately, the question in our health care debate is: How we are going to pay for this $1 trillion new program—this program that encompasses some 1,990 pages in the House proposal?

As Leader MCCONNELL said, it seems it is the opinion of the majority in this Chamber, and in this Congress, that the way we are going to pay for this new entitlement program is to take money from health care for seniors. Frankly, it amazes me that we would have this conversation; that we would take nearly $500 billion—$½ trillion—out of health care for seniors.

It amazes me for a couple of reasons: One is that this money was paid into the system by seniors out of their paychecks for their entire lives. This was not some handout from government. This is a program they have paid into and they expect a return on it. It is a covenant with our seniors—our greatest generation, now retiring. We told them that if they paid into this system, they would have health care for the rest of their lives through Medicare. Now, even though this program is in and of itself, as Leader MCCONNELL said, in jeopardy of going bankrupt in the next few years—because less people will be paying in and more people will be taking out—we are going to take $½ trillion out of this program to pay for a new program. That doesn't make any sense to me.

I received a letter from one of my constituents, Shirley Anderson from Gotha, FL, which is right outside the Orlando area in central Florida, and she gets it. She says to me:

> I am writing to express my deep concern about the proposed Medicare cuts in reimbursement for outpatient tests and procedures. I understand that these cuts may force doctors to either refuse to take care of me, as I have Medicare, or leave the State of Florida altogether. It has taken me a long time to find a doctor that I trust and I cannot afford to lose him. If this happens I will be forced to go to the hospital for these routine cardiac tests and procedures. My waiting times are going to be longer and more importantly my out of pocket expenses are going to be much higher and I simply cannot afford this. I strongly believe this is going to adversely affect my health care and well-being.

What are we doing? We are going to jeopardize the promises we have already made to seniors in order to create a new program that is not going to reduce the cost of health care for Americans, a new program that is fraught with problems. It doesn't make any sense to me.

As was stated before, the proposal in the House and what we think will be the proposal in the Senate—although we have not seen the final copy—cuts $135 billion from Medicare Advantage, $150 billion from hospitals that care for seniors, $51 billion from home health agencies, and nearly $70 billion in additional cuts or fee increases. What is this going to do to the process?

I talked this morning to Ron Malone, who is the vice president of a health services company that provides home health care in Florida. They have 16 locations, they have 2,000 clinicians, they serve about 25,000 patients. He told me this proposal, as written, is going to put half of the providers underwater and out of business. Half of the home health providers, in his estimation, will go out of business. Which ones will go out of business? The small companies, the companies we are trying to help in this economy where we have over 10 percent unemployment in Florida and nearly 10 percent unemployment in this country. We are going to put those small businesses out of business.

Home health care saves costs. Home health care is the more affordable option than a nursing home. Plus seniors like it better because they get to stay in their own homes. We are going to put these people out of business. As Senator CRAPO said, where is this home health care most important? In areas where there is not a hospital or nursing home available, out in the rural areas, not only in places in Idaho but places in Florida. So we are going to make it harder for seniors to get the care they want, and we are going to do something that ultimately is going to be more expensive.

I want to also talk about Medicare Advantage. This is a program that was started to give seniors more options under Medicare. It is not a requirement, it is voluntary—they can choose it—and it is more like a private program, more like a program in the private sector where the companies actually cater to the seniors, provide them with more benefits, such as eyeglasses and dental care and hearing aids and flu shots. They have someone on the other side of the equation who is trying to give them some service, unlike government usually does.

Now we are going to cut that program. We have 915,000 Floridians in Medicare Advantage, and we are going to take $150 billion out of it. So what is going to happen? They are going to get less services. We cannot get blood from a stone. When the money comes out of the program, the program is going to suffer. Who is going to suffer? Our seniors.

These are increasingly popular programs in Medicare Advantage. It is also important to note that 40 percent of African Americans and 53 percent of Hispanics who do not have Medicaid or employer-based coverage are now enrolled in Medicare Advantage. Our minority populations enjoy this program also.

As a Senator from Florida, the State with the highest per capita population of seniors, the second highest total population of seniors in America—3 million seniors on Medicare—who made this country what it is, who are our greatest generation, who paid into this

system and now are going to see less benefits and less care, I can't stand by and let that happen.

What I am afraid of is we are going to have two classes of health care in this country. If we pass a bill like this, what worries me is that fewer providers are going to be in the Medicare system because their reimbursement rates are going to have to go down. So our seniors and our disadvantaged are not going to get the best doctors. In fact, someday I don't think a lot of these doctors are going to take insurance. So we will have one quality of health care for the rich and one quality of health care for everybody else. That is not American. That is not what we promised our seniors, and it is not something we should be doing.

The Hippocratic Oath tells doctors: ''First, do no harm.'' This proposal, from all we can read about it, first does harm. It harms our most vulnerable people, our seniors, whom we owe and should respect.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee is recognized.

Mr. ALEXANDER. Mr. President, I thank the Senator from Florida for his insightful remarks. I listened with interest to the Republican leader describe the congressional Democrats' bill, which is now about 2,000 pages. We know we do not have a Senate bill yet. It is being written behind closed doors somewhere, I think in the majority leader's office. We are not sure who is writing it. We will have it sooner or later. But we do know some things about the health care bills.

Today what I would like to talk about is just one of those things. Then I want to suggest what the Republican plan is because we have a very different approach toward dealing with health care than the Democratic bills that we have seen. Today I want to talk about Medicare.

Medicare is very important to about 40 million Americans and to a lot of other Americans who are about to be of the age to depend on Medicare. To get it down into a nutshell, here is what all of the plans we have seen so far from the Democratic side propose to do: to take about $½ trillion over 10 years from Medicare—in other words, cut Medicare by $½ trillion, not to put into the Medicare Program to make it more solvent but to start a big new entitlement program called government-run health insurance for other people.

We hear from the other side the Republicans are scaring people about Medicare. The Republicans aren't scaring anybody about Medicare, it is these Democratic bills that are scaring people about Medicare. And they have a right to be worried about them because the Medicare trustees have told us this program, that 40 million seniors depend on, is going to become insolvent between 2015 and 2017. That affects the 40 million of us who are already eligible and a part of Medicare, and it affects tens of millions more who will become eligible for it.

The idea would be, if these bills are passed, to pay for new programs by cutting that $½ trillion from this program that is going broke. The Senator from Kansas, Mr. BROWNBACK, described it this way. He said: This is a lot like writing a big check on an overdrawn bank account to buy a new car.

He said: Your bank shouldn't let you do that, and the American people should not let us do this, and I don't think they will, which is why we are glad a number of the Democratic Senators joined with all 40 Republicans and said to the Democratic leader: We want two things about this health care bill by the time it gets to us. No. 1, we want to know what it does; and, No. 2, we want to know what it costs.

What that means is, it should go up on the Internet for at least 72 hours, the complete text—that is what the letter from the Democratic Senators, as well as Senator BUNNING in the amendment he authored, said—and, No. 2, we want a complete formal estimate from the Congressional Budget Office about what the bill costs because the American people are significantly worried about health care reform. That, as the Republican leader said, is supposed to reduce costs, reduce premiums, reduce the government's debt. But, instead, everything we heard about it so far makes it look like it is more likely to increase the cost of premiums, to increase taxes, and one thing we know for sure, it will cut Medicare. So let's talk about Medicare for a moment.

A couple of weeks ago we had the first vote on health care reform. For the country, it was a fortunate vote because we saw a bipartisan act in the Senate. The proposal by the Democratic leader was to run up the debt another $¼ trillion in Medicare spending. But 13 Democrats and all 40 Republicans were not going to do that. We have too much debt today. We had a deficit this year of $1.4 trillion, which is as much as the entire debt of the United States from the days of George Washington until 1990. So we all said: No, slowdown. It may be a worthy thing to do.

It is important to deal with the physician reimbursement problem. But we are not going to start off the health care debate by borrowing $¼ trillion for more Medicare spending.

The Washington Post wrote about that proposal:

> A decade ago, Congress passed legislation designed to limit health-care costs by slowing the growth of Medicare payments to doctors. Each year, Congress passes a patch to prevent the cuts from taking effect. [The Senator from Michigan] proposed to make this system ''honest'', [in her words] by eliminating the cuts permanently . . . it's a strange interpretation [the Washington Post said] of honesty to separate this $250 billion cost from the health-care bill and then claim that the other bill doesn't raise the deficit.

Fortunately, the Senate came to its senses and said no. We are not going to raise the debt $¼ trillion for more Medicare spending. But the House Democrats—who came up with a 2,000-page bill they say they may be voting on in the next few days—apparently did not get that message. Their 2,000-page bill did not include the fix, or the physician reimbursement, which we all know is a part of health care reform. It is a part of the Medicare system. It has to do with the amount of money doctors are paid for seeing Medicare patients. It has to be dealt with. Yet they have left it out to the side and, again, we have a proposal that adds to the deficit $¼ trillion.

A Wall Street Journal editorial this week, appropriately titled ''The Worst Bill Ever,'' notes this absence by saying:

> The House pretends [as some Senators did] that Medicare payments to doctors will be cut by 21.5 percent next year and deeper after that, ''saving'' about $250 billion.

According to the Wall Street Journal, making those kinds of assumptions means the 2000-page bill that has been written in the House is more likely to cost closer to $2 trillion over 10 years instead of $1 trillion. So we know the era of the 1,000-page bill is over because we have a 2,000-page bill; and I guess the era of the $1 trillion legislative proposal is over because we have a $2 trillion health care proposal being considered in the House.

The article in the Wall Street Journal goes:

> All this is particularly reckless given the unfunded liabilities of Medicare—now north of $37 trillion over 75 years.

In other words, over the next 75 years we have $37 trillion in obligations that the Medicare Program has, $37 trillion more than we have money coming in. How is that going to make you feel if you are part of the Medicare Program and some Member of Congress says: OK, we are going to take this program with $37 trillion in unfunded liabilities, a program on which you rely for your Medicare, and we are going to cut it by $429 billion in order to start a new program for somebody else? I think you are going to say: I don't like that very much. I don't like the sound of it. And, increasingly, as Americans read these bills and understand what it costs and understand what they mean to each American, they come to that same conclusion.

So we wait with great interest to see what bill the Senate majority leader will bring from behind his closed doors when he takes the 1,500-page Finance Committee bill and the 900-page—nearly 900-page—HELP Committee bill in the Senate and puts it together, I assume, with this 2,000-page bill in the House, and all of them depend on cutting Medicare for about half of their costs.

Any reductions in Medicare, any savings in Medicare, any elimination of waste, fraud, and abuse in Medicare should go to Medicare. We should not be cutting grandma's Medicare to spend money on somebody else. We ought to save money in grandma's Medicare to spend on grandma because grandma's Medicare Program is going

broke. That is what the Medicare trustees have told us.

What does this mean for seniors? The Senator from Florida outlined them: Nearly $140 billion in cuts to Medicare Advantage—one out of four seniors, I believe, has a Medicare Advantage Program—nearly $150 billion in Medicare cuts to hospitals that care for seniors, more than $40 billion from home health agencies, nearly $8 billion from hospices.

My understanding is the House bill also makes roughly $100 billion in Medicare cuts for hospitals that care for seniors—this is the House bill—$57 billion from home health agencies, and nearly $24 billion from nursing homes.

The President stated that while ''people who are currently signed up for Medicare Advantage are going to have Medicare at the same level of benefits. . . .'' That was President Obama. Yet the Congressional Budget Office Director, the nonpartisan Congressional Budget Office Director, said after looking at the Senate Finance health care bill that fully half of the benefits currently provided to seniors under Medicare Advantage would disappear.

The Congressional Budget Office Director said the charges would reduce the extra benefits, such as dental, vision, and hearing coverage, that would be made available to beneficiaries.

What about the cost to the government? Remember, as the Republican leader said, we thought health care reform was about cost.

I remember being invited—I appreciated it very much—to a summit President Obama had earlier this year on entitlement spending. The President said he needed to work on that, and every speaker who was there said that if we do not do something about health care spending, about Medicaid and about Medicare, we are going to go broke as a country and that almost all of our debt and deficit problems are related to health care spending.

So our goal here is to reduce the cost of premiums to individual Americans and reduce the cost of government to individual Americans. That should be our goal. But according to the Congressional Budget Office, the cost of the 2,000-page House bill reflects a gross spending total of over $1 trillion. Now, who thinks we can spend another $1 trillion without adding to the debt? I don't think many Americans do. This mainly includes outlays for Medicaid, children's health, and subsidies.

According to the Budget Committee's staff, though, the real 10-year cost of the Senate Finance Committee bill when fully implemented would be closer to $2 trillion—$1.8 trillion—because the main spending provisions do not go into effect for another few years, starting in 2013. The taxes and the fees—the new taxes, nearly $1 trillion in taxes—start right away, over the full 10 years, but the benefits don't start until 2013. They make some other assumptions along the way such as that there will be a Medicaid commission, which will cut Medicare more. Well, those procedures haven't worked so far. And if there are savings in Medicare, they should be spent on Medicare, not to start some new program.

So Republicans—and, we hope, discerning Democrats—are not scaring seniors about Medicare; these bills are scaring seniors about Medicare. And they have a right to be worried. They have a right to be worried because they are the 40 million Americans who depend on Medicare. Just answer the question for yourself. If we are going to take $½ trillion out of your Medicare Program that the trustees say is going to go broke in a few years and spend it on someone else, what does that do to your Medicare benefits? It puts them in more jeopardy, is the only obvious answer to that.

So we have proposals that, so far, cut Medicare, raise taxes, raise premiums, add to the debt, transfer expenses to the State that Democratic and Republican Governors say will bankrupt some States—these are the Medicaid Programs—and they create a new government-run program.

I am already getting e-mails from businesspeople in Tennessee who said that if a bill like this goes through, they are out of providing health care to their employees, they can't stand the costs. And so millions of Americans will be losing their employer insurance and shifting over to the new government program which is being paid for by grandma's Medicare. That is the scheme that is being put together here.

Mr. President, how much time is remaining?

The PRESIDING OFFICER. The Senator has 14½ minutes remaining.

Mr. ALEXANDER. I thank the Chair.

So here is what we know about the Congressional Democratic health care plan which is 2,000 pages long: higher premiums, Medicare cuts, higher taxes, more debt. It is a government-run plan. When you put the whole scheme together, if you are one of the 177 million whose employer provides insurance to you, you run a great risk—let's say it this way—of losing your employer insurance because the employer says: I can't afford to provide it anymore, and plus, the government started a new program, so you go over to the government program. That could lead to rationing. Your Governor will tell you the States can't afford the costs being transferred to them, so that means either higher State taxes or higher college tuition to pay for the reduced payments to public higher education, and a $2 trillion cost over 10 years, according to the Wall Street Journal. That is not real health care reform.

So what is real health care reform? What is the Republican plan or what hopefully could be a bipartisan plan that we could work on? We would suggest, and we have suggested this day after day, week after week, committee meeting after committee meeting: Let's start over. We are headed in the wrong direction. Let's go in the right direction. And the right direction is having the simple goal of reducing costs, costs to those paying for health care insurance, in their premiums, and the cost to the government, which we all have to pay for as well. And how do we do it? Instead of a big, comprehensive, 2,000-page, $2 trillion, full of surprises and mandates bill that terrifies everyone, let's go step by step in the right direction, which in this case is reducing costs.

What would that mean? Well, No. 1, we could start with a small business health insurance plan. This permits small businesses all across America to pool their resources and leverage those resources.

Let's say you are in a small business and there are 80 employees. Two people get very sick, and they use up all of the available money that small business has to help pay for employees' health care. The employer has to say, I have to reduce everybody's health care; or, I am sorry, I just can't offer it anymore. But if you allow that small business to join with small businesses all across America and pool their resources and leverage their money, then you have a different outcome. According to the Congressional Budget Office, that would mean 750,000 more Americans would be insured. It would mean three out of four people insured by small businesses would pay lower premiums. And it would reduce the cost of Medicaid, as those people went onto their own private insurance, by $1.4 billion. So more people insured at lower costs for premiums and less debt for Medicaid—that is one step on which we should be able to agree. Senator ENZI and the late Senator Kennedy worked on that for a long time, but we have not passed it. Why don't we pass it as the first step? That is 88 pages; that is not 2,000 pages.

Then a second step: Why don't we allow Americans to buy insurance across State lines? That increases competition. We have a number of bills that have been introduced that would allow that. Senator DEMINT of South Carolina has one of those bills, and that is 30 pages, not 2,000 pages.

Junk lawsuits. Virtually everyone who has looked at it agrees that lawsuits against doctors add to the cost of health care that we all pay. Some States have taken some steps and shown it makes a real difference. Maybe it is a small part of the cost, maybe it is a large part of the cost, but it is a part of the cost. Anyone who is injured—anyone who is injured by a negligent doctor should be paid 100 percent of the damage to that person. But this would begin to restrict the punitive damages that are often added to that which greatly benefit the trial lawyer and increase the cost to all of us. So why don't we take steps to do this?

We know of examples in my State of Tennessee—and I am sure in virtually every State—where OB/GYN doctors

have moved out of rural counties because their medical malpractice premiums have gone through the roof. They just will not practice anymore. So pregnant women are having to travel to Memphis, 60 or 80 miles, for their prenatal health care and to deliver their babies. They do not have that service in the county where they live. This would help them, those women, and this would help reduce costs.

So those are three steps we can take.

A fourth step would be equal tax treatment for every individual on our health care tax policy. That is 21 pages.

Information technology for health care—this may take a few years to actually reduce costs, but virtually everyone agrees that the record keeping in our health care system is a great drag on the productivity and an obvious addition to the cost. Democrats as well as Republicans have worked on legislation to change this.

There is a 13-page bill introduced by Senators COBURN, BURR, and ENZI. I am sure there are good proposals on the Democratic side. We could take that step. And that would be five steps.

Then we could help create more health care exchanges. That is in many of the bills. It is common to many of them. It is a supermarket in which any individual can go to buy, more easily, a health care plan for that individual or for that person's family. It just takes eight pages to create better health care exchanges across this country.

And then waste, fraud, and abuse. Senator LEMIEUX from Florida, the new Senator, made his maiden address on waste, fraud, and abuse. It is a scandal that, in the Medicaid Program, for example, $1 out of every $10 is waste, fraud, and abuse. That is $32 billion a year. We can go to work on that in a variety of ways, which he talked about this morning. That is just 21 pages.

So there are seven steps in the right direction which are reducing health care costs. We should be able to take those steps in a bipartisan way.

So we have a choice of approaches here in the Congress. The American people want real health care reform, but they do not believe that raising taxes, raising premiums, cutting Medicare, increasing the debt, and 2,000-page bills full of surprises are real health care reform.

The American people are properly skeptical of a grand and risky scheme that claims we are wise enough to solve everything at once. They know we are more likely to mess up everything at once if we try such risky schemes. So to re-earn the trust of the American people, we should go step by step. Here is the choice: a 2,000-page bill or a 200-page bill.

Sometimes, the assistant Democratic leader will come on the floor and say: Where is the Republican plan? I said to him yesterday, if he is waiting for Senator MCCONNELL to bring a wheelbarrow in here with a 2,000-page Republican alternative that costs $2 trillion and is just our way to spend $2 trillion and is full of surprises and our grand and risky scheme, he is going to be waiting a long time because he is not going to see it. We are going to bring up several steps which we know will reduce costs, which we know we can afford, which we know will help people, which we know we can implement, and which we believe will have significant Democratic support as well as Republican support.

So is it 2,000 pages or 200 pages? Reduce premiums or increase premiums? Reduce debt or increase debt? Cut Medicare and start some new program with it or make Medicare solvent by taking any savings we can find in Medicare and use it to help Medicare?

Higher taxes—I did not say much about that, but there is $900 billion of new taxes in the program when it is fully implemented in the Finance Committee program. And the Congressional Budget Office Director said the obvious about that—by and large, most of those new taxes will be passed on to whom? Those of us who pay insurance premiums. So there is another reason your premiums are going up, and the cost.

We should be able to enact a good health care plan this year. The country needs for us to do that. But we Republicans are offering a real choice to the American people. The American people are appropriately skeptical of risky schemes that run up the debt, cost $2 trillion, and are filled with higher premiums, more taxes, and Medicare cuts.

To re-earn the trust of the American people, we should set a charge goal of reducing costs and move step by step in that direction. That is the Republican health care plan, and I believe that is a plan Republicans and Democrats can agree upon.

I yield the floor.

The PRESIDING OFFICER (Mr. KIRK). The Senator from Ohio.

HEALTH CARE REFORM

Mr. BROWN. Mr. President, when I listen to my colleagues today from the Republican side of the aisle, part of me is incredulous. Part of me says: I can't believe what I am hearing. The other part says: Of course I can believe what I am hearing, because I have heard it since 1995, when the Republicans tried to privatize Medicare when I was a Member of the House of Representatives and heard it; when I read books about what happened in 1965, when Medicare started; and I heard about it in stuff I read from the 1930s when F.D.R. first tried to create something like Medicare. My Republican colleagues have become the party of no. They generally opposed the minimum wage, generally opposed the creation of Social Security in the 1930s, generally opposed the creation of Medicare in 1965, generally opposed SCHIP to help poor children and often not the poorest children, children whose parents had jobs but didn't have insurance. The party of no generally opposed most of those things. So why should we be surprised that they are opposing health care reform?

What makes me incredulous is to hear them say now that the Democrats are going to cut Medicare and that we are going to use the Medicare cuts to pay for health care reform. Nice try. For the party of no, the party that was against the creation of Medicare, the party that fought health insurance forever, the party that, when they got their chance, the first time Republicans had a chance, when they had a Republican Congress and a Republican President—that was the first time they had had that in many years—as soon as they got a chance, they tried to privatize Medicare.

I hear my colleagues come to the floor, at least five of them come to the floor and talk about Democrats cutting Medicare. They are the party that didn't like Medicare. They are the party that wanted to privatize Medicare throughout the 1990s, what President Bush partially succeeded in doing.

We know the history of Medicare is the history of interest groups, mostly insurance groups, teamed up with Republicans to try to stop Medicare's creation, then the interest groups, led by the insurance industry, teaming up with Republicans to try to privatize Medicare. And now it is the interest groups, led by the insurance companies, teaming up with Republicans to try to kill our health care reform, then wrapping themselves in the flag of Medicare, saying: We are protecting Medicare. Look what the Democrats are doing. The Democrats are going to cut Medicare and pay for health care reform.

It is such an exaggeration. It is the same arguments, the same distortions, the same exaggerations, the same scare tactics we are used to. It should not surprise us at all. I see Senator DURBIN who is familiar with many of these things.

Mr. DURBIN. Mr. President, I wish to ask the Senator from Ohio if he has missed the latest criticism of health care reform. The Senator from Tennessee comes to the floor every day and the focus of his attention is the length of the bill, how many pages are in the health care reform bill. I am not making this up. He has come to the floor, even though the Senate health care reform bill is still in process—it has not been written; it will be written, posted on the Internet, as promised—the Senator from Tennessee comes to the floor and each day the number of pages gets inflated. Today he is claiming 2,000 pages in health care reform. Then he puts his alternative up and says: I can do it in 200 pages. It reminds me of the old show ''Name That Tune.'' How many notes do you need to hear to name that tune. The Senator from Tennessee says he can name that tune for health care reform in 200 pages. Therefore, he has a better proposal.

I wish to ask the Senator from Ohio, how much importance should we attach to the number of pages in a bill,