free, but it is a lot cheaper to invest in health before it is too late. Unfortunately, that investment is peanuts right now. We spend only 4 cents out of every health care dollar toward preventing disease. That is far too little. Although we spend only 4 cents of every dollar toward preventing disease, we spend 75 cents of every health care dollar caring for people with chronic conditions. It isn't enough just to treat and cure disease, we must also prevent disease and help people stay healthy. Reducing the number of us who suffer from chronic diseases will cut costs and help more Americans lead healthier and more productive lives. It is the same principle we bring to health care reform overall. Reform isn't free, but it is a lot cheaper to invest in our citizens' health, our country's health, and our economy's health before it is too late.

Everyone needs to listen, especially based on my colleague's statement he just gave. We Democrats are committed to lowering the high cost of health care. We Democrats want to ensure every American has access to that quality, affordable care, and letting people choose their own doctors, hospitals, and health plans. We are committed to protecting existing coverage when it is good, improving it when it is not, and guaranteeing health care to the millions—including 9 million children—who have no health care.

We are committed to a plan that says: If you like the coverage you have, you can keep it. We are committed to reducing health disparities and encouraging early detection and effective treatment that saves lives. Just a small investment in prevention and wellness can make a big difference for American families. Reforming health care, doing so in the right way, and making that investment will help people get sick less often—and even when they do get sick, it will cost them less to get back on their feet. Benjamin Franklin famously said: ''An ounce of prevention is worth a pound of cure.'' For Americans' physical health and America's fiscal health it may be worth much more.

Madam President, I believe it is time to announce morning business.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period of morning business for 1 hour, with time equally divided and controlled between the two leaders or their designees, with Republicans controlling the first half and the majority in control of the second half, with Senators permitted to speak for up to 10 minutes each.

The Senator from Nebraska is recognized.

Mr. JOHANNS. I thank the Chair.

(The remarks of Mr. JOHANNS pertaining to the submission of S. Res. 206 are located in today's RECORD under ''Submission of Concurrent and Senate Resolutions.'')

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

Mr. ALEXANDER. Madam President, how much time is remaining on Republican time?

The ACTING PRESIDENT pro tempore. There is 18 minutes remaining.

Mr. ALEXANDER. Thank you, Madam President. Will you please let me know when 4 minutes remain?

The ACTING PRESIDENT pro tempore. The Chair will do so.

Mr. ALEXANDER. Madam President, let me talk about a threat to the middle-class family's budget, and that is health insurance. How do we pay for health care? I do not have to explain to anyone who might be listening or reading these remarks that health care, for most Americans, is a cost that is difficult to afford.

It is difficult for most small businesses. We have many large businesses who are having a difficult time competing in the world marketplace because of health care costs. We think of the auto industry in Detroit which has claimed that the legacy costs of health care have put them out of business, unable to compete, even with car companies that locate in the United States and make cars here employing American workers.

So we on the Republican side, like our friends on the Democratic side, want health care reform this year. President Obama is going to town meetings and saying what he is for. He is saying: Let's do it this year. He is saying: Let's make sure we cover the 47 million Americans who are uninsured. He is saying: Let's make sure we can afford it.

''We do not want more debt,'' the President is saying. We certainly agree with that. He already has proposed, over the next 10 years, more new debt than it cost to wage all of World War II according to the Washington Post. So we agree with him, we do not want any health care bill that creates more new debt. We do not want a health care bill that puts more new taxes on States as they pay for State-operated health care programs such as Medicaid.

We want to make sure that Americans who like their insurance are able to keep the insurance they have. About 177 million Americans have employer-sponsored health insurance which they like. They like the quality of the health care they get. We do not want to think about the 47 million who are uninsured, we want to think about all 300 million Americans.

We Republicans agree with the President. We want health care reform this year. We want a health care plan that you can afford. We want a health care plan your Government can afford, so your children do not get a big debt piled on top of them, and we want to make sure all of the uninsured are covered as well.

We want to make sure, on this side, that Washington does not come in between you and your doctor. In other words, you and your doctor make the health care choices, not some Washington bureaucrat who might cause you to wait in line or deny treatment that you and your doctor think is needed.

So how does the Senate bill that we are working on stack up with the President's ideas that we should cover everybody, be able to pay for it, and allow people to keep their insurance? Well, I am very disappointed to report that, according to the Congressional Budget Office, which is the nonpartisan agency in the Congress—and the Congress, of course, is majority Democratic, by a large margin—has given us some very disturbing information about the bill we are working on in the HELP Committee, a place that I am about to go in a few minutes to continue considering parts of the bill, since we only have a little bit of the bill that we are being asked to consider.

Here is what we know about cost: The Congressional Budget Office has said that in the first 10 years of the partial Kennedy bill which has been presented to us, it would add over $1 trillion to the debt, the national debt, $1 trillion.

Senator GREGG of New Hampshire, who is the ranking Republican on the Budget Committee, has pointed out that once the health care program envisioned in the Kennedy bill is up and going, that over a 10-year period, say years 5 through 14, it would be $2.3 trillion added to the debt, a debt that already has more new debt in the next 10 years, according to the Washington Post, than we spent in all of World War II in today's dollars.

People in Tennessee and across this country are saying: Whoa. Wait a minute. This is getting out of control. We need some limits. We know you have got a printing press there in Washington, DC, but our children and grandchildren and even we are going to pay the consequences if we do not have some limits on the amount of debt.

I would think the President would say to the Senators who are working on this: Wait a minute, Senators, I said this needs to be something that pays for itself. We cannot add $2.3 trillion.

That is not all. We do not even have all the Kennedy bill. Some of the most important parts are yet to come. Some of the most expensive parts are yet to come. The assumptions that we are left to work with—because we hear them discussed—is that there will be a big expansion of the Medicaid Program that States help to operate and help to pay for, usually about 40 percent of the cost, and an increase in the reimbursement rates that go to doctors and hospitals who participate in the Medicaid Program.

What would that cost? Well, in the State of Tennessee, if we increase Medicaid eligibility to 150 percent of the poverty level, which sounds pretty good, that adds about $600 million to the State cost of Medicaid in Tennessee.

If we increase the Medicaid reimbursement rates, that adds another $600 million to the State costs of Medicaid. When the stimulus funding goes away after 2 years, which was sent to the States to help pay for Medicaid costs, that is another $600 million.

Now we throw so many dollars around up here that it is hard to say what is important. But to give you one idea of what would happen if a Senator went home to be Governor and had to manage a Medicaid Program that expanded that much and were faced with a $1.2, $1.5, $1.8 billion new State cost about 2015, where would he or she get that money? A 10-percent income tax in our State would raise about $1.2 or $1.3 billion. So the costs we are talking about adding to States are astronomical. Most States are having a difficult time even balancing their budgets this year, some nearly bankrupt—think of California—and add to that huge new Medicaid costs, as well as a Federal addition to the debt of $2 or $3 trillion. It is an unimaginable prospect and totally inconsistent with what President Obama has said, who said very sternly to Congress 2 or 3 weeks ago: We need pay as we go. If we are going to spend a dollar, we need to save a dollar or we need to tax a dollar. So we would have to raise or save $2 or $3 trillion to pay for the Kennedy bill, as we know it, and if you live in a State that has increased Medicaid costs, you could have, depending upon what these provisions say, huge new State taxes to pay for it.

That bill gets an ''F'' on the first aspect of the President's request, cost, and debt.

The second is that we cover the 47 million uninsured. Unfortunately, even though we add perhaps $2 to $3 trillion to the Federal debt, and a lot of new State taxes, the bill we are considering in the Senate HELP Committee will only cover 16 million more people who are not now insured.

In other words, we would reduce the uninsured from 47 to 30 million. We would have 30 million people left even though we added $2 or $3 trillion to the Federal debt and a lot of new State taxes. I think that is a flunking grade as well for this bill.

Then what about allowing you to keep your insurance if you like it? Well, the Congressional Budget Office also had something to say about that. It said: If the Kennedy bill, as it is presently, were enacted, about 15 million people would go from private insurance that they now have to an existing or a new government-run health care plan.

You might do that because you choose to, or you might do that because your employer says: I think I will quit offering the insurance you now have.

So this does not seem to fit what the President is suggesting we do. With all respect, I know that there has been a lot of hard work done on this bill, but we need to stop and start over even to get close to the President's own objectives.

Let's take the 46 or 47 million uninsured Americans. We need to be realistic about what we are dealing with here. Some 11 million of those are noncitizens, and about half of those are illegally here. So we deal with those in one way or another. About one-third of the uninsured, about 15 or 20 million, have incomes of over $75,000 a year. In other words, they could afford health insurance but do not have it. About 13 million are young and believe they are invincible and would only buy health insurance on their way to the hospital.

So the question is, do we raise costs for everybody else in a failed attempt to try to pass a ''one size fits all'' for all of those 46 million uninsured Americans, or do we come up with different ways of trying to entice them or require them to have an insurance policy, at least a catastrophic insurance policy, so we all are not paying $1,000 more in insurance so you cannot have insurance and go to the emergency room when you have a problem?

That is who the uninsured are.

Then let us think about the approach the Kennedy bill and other bills are making to the so-called government-run programs. There are some competing polls in newspapers, depending on how you ask the question. The New York Times, the other day, had a huge headline: Everybody likes the government-run health care program. But the Wall Street Journal and other polls that have presented questions in different ways said that by a 2-to-1 margin most people preferred a private insurance policy that they choose themselves, which is what 120 or 140 million Americans have chosen today.

Why do we need a government program? Let's think about that. The President said: Well, we need to keep the insurance companies honest. That is a little bit like saying: We need a government drugstore to keep the drugstores honest, or we need a government car company—actually we have almost got one with GM—to keep the other auto companies honest, or a government anything. That is not the way this country is supposed to work. We have a big free market system. We are entrepreneurs in this country. We want limited Federal Government.

We ought to get out of the car and banking business and out of the insurance business and stop these Washington takeovers. Yet the most imposing feature of the health care proposals proposed by our Democratic friends is a big, new government-run program to keep everybody honest.

I do not see that we need such a program under the proposals that Republicans have offered. I think we agree that whatever plan we have should require that everybody have a chance to be a part of it, that a preexisting condition you might have does not disqualify you, and that your rates need to be reasonable.

The ACTING PRESIDENT pro tempore. The Senator has 4 minutes remaining.

Mr. ALEXANDER. I thank the Chair.

We agree on that. We think competition is what helps keep prices low. The President says you need a government-run program for competition. But that is like putting an elephant, the government, in a room with a lot of mice and saying: All right, fellows, compete. After a while, there would not be any mice left. Your only choice would be big government, because it has the power to lower prices and subsidize itself to make sure it succeeds.

What is wrong with that? Most Medicaid patients can tell you what is wrong with that. Some 40 percent of doctors restrict access to Medicaid patients. Why? Mostly because the reimbursement rates are so low. The government program is cheaper, but it does not allow you to get any health care. It is like giving you a bus ticket, but there is no bus to catch.

So if what we chose to do in our plans is to expand the Medicaid Program, at enormous cost to State taxpayers, and have big increases in the Federal debt, we will be dumping low-income Americans into government programs that exist, and new government programs we create to which they might not gain admission.

So we think we have better ideas. They are in the Wyden-Bennett bill, which is bipartisan. They are in the Burr-Coburn bill. They are in the legislation introduced by Senator GREGG of New Hampshire. They are in the legislation Senator HATCH and Senator CORNYN are working on.

We would like to give dollars to low-income Americans so they can choose to buy an insurance policy and have the same kind of coverage that most of the rest of us can buy. We would rather give them choices in the private market, which is what, by far, most Americans have and choose today. We can do that without adding debt to the national debt. The Wyden-Bennett bill is scored at no extra debt. And we can do that in a way that reduces the number of uninsured more than the Kennedy bill does.

So, Madam President, with respect, I suggest we start over, we do it in a bipartisan way, that we take some suggestions actually from the Republican side, which has not been done at all. That is another thing the President said. He said he wanted a bipartisan bill. We have had a completely partisan bill in the Senate. We do not like that. We came here to be a part of solving this big problem. We have our ideas on the table. They are not being considered. Everyone is being polite to us, but it is: We have the votes. We won the election. We will write the bill.

I am afraid America will not be better off, and the President's goals will

not be met because we will have added $2 or $3 trillion to the Federal debt, have a big new tax for states and locally, stuff low-income people into government programs, and we will still have 30 million people uninsured.

Madam President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Colorado.

Mr. BENNET. Madam President, I rise to speak about the urgent need for health care reform. I wish to thank both the Finance and HELP Committees for the enormous amount of effort they are both putting into this monumental task.

When it comes to health care, if you talk with Coloradans, they will point you in the right direction. They want us to end double-digit premium increases on the middle class and small businesses. They want us to leave alone the parts of the system that are not broken. They agree that all Americans should have access to affordable and secure health care coverage.

But they are skeptical that Washington can get this done without breaking the bank. They want us to find a way to pay for these reforms now and not just pass on the cost to the next generation in the form of increased deficits and debt.

That is a tall order, but it is the right one and simple common sense. We will be tempted throughout this process to settle for half-fixes and easier political victories that help a few people but do not deliver real reform for all families. We have to work hard across party lines and avoid these temptations.

Showing resolve means not giving in to the usual political posturing that has characterized the debate on health care for 30 years and has gotten us nowhere. Failing to act responsibly now will result in yet another lost decade of soaring health care costs for families and small businesses.

Working families with good health insurance are now spending over $3,700 of their own annual income just on premiums, drug copays, and other out-of-pocket costs. The amount a family has to pay before health insurance coverage kicks in has gone up by over 30 percent in the last 2 years alone.

Even the amount all of us pay to cover the uninsured as a part of our health care premium—a hidden tax on every family in the country who has health insurance—has increased to over $1,000 a year. This hidden tax will only continue to increase for all families if we keep walking down this path.

Our top priority must be to stop this ever-increasing spiral of health care costs that create such a struggle for families and small businesses. But we do not have the luxury of spending recklessly to accomplish these goals.

I agree with the President that reforming the health care system is the most pressing fiscal challenge our Nation faces right now. That is right, fiscal challenge.

Fail to reduce costs and health reform will not work. Fail to pass meaningful reform and we will face a worsening fiscal mess. Americans spend over $2 trillion on health care each year. Yet premiums continue to skyrocket, and our coverage is not keeping up with what we are paying for it.

Coloradans know this is a bad deal, and it is getting worse every day we do not act.

We do not have to look very hard for enormous cost savings. The potential savings in Medicare and Medicaid are right in front of us. We must look at inefficiencies and perverse incentives in the system and address those first. Medicare's payment incentives spur doctors and nurses to recommend procedures instead of spending more quality time with patients.

We can empower medical professionals to do the best job possible by fixing this incentive structure. It starts with Medicare. If we want a culture change in health care, we must start with our largest health care spending program, Medicare.

If nothing changes in the next 8 years, the cost of health insurance for families covered by their employer will rise by 124 percent. The average annual cost to cover a family will increase from $11,000 to $25,000.

As you can see, increases in the growth of health care costs have rapidly outpaced increases in family income. Median income has risen by $11,300 in the last decade, and it is projected to increase by $10,600 in the next decade. Income growth will stay relatively stable.

Let's look at the growth of health care costs in this same time. In the last decade, health care insurance to cover a family rose by $5,400, and now the cost of health insurance for a family will increase by $14,000 in this next decade. This rapid increase in growth is clearly unsustainable.

What you can see from this chart is that median income, in real dollars—the increase—remains essentially flat over these decades. From 1996 to 2006, the growth was $11,300. From 2006 to 2016, we see $10,600. But look at the growth in median health care premium costs at the same time: $5,400 over the first period; $14,000 over the second period. It is clearly unsustainable.

We have just come out of a decade when median family income in the United States, in real dollars, actually declined by $300, and over the course of this same time, health care costs went up by 80 percent and the cost of higher education went up by 60 percent. These are not ''nice to haves.'' These are essential things if our middle class is to remain intact and we are to preserve the American dream for the next generation of Americans.

Our revenues as consumers have been far outstripped by the costs of that which is essential to all of us, and it is one of the reasons we find ourselves in the fiscal mess we are in. Because in order to finance that gap, we piled on credit card debt, we had home mortgage loans we could not afford—all to try to finance this gap. It is unsustainable. It has been a house of cards, and we are dealing with the consequences now.

Already, some Coloradans are seeing cutbacks on the benefits in their coverage, and some businesses are no longer able to afford coverage for their workers. Faced with these unchecked increases, health coverage becomes a luxury few families and small businesses can afford. Many people are cutting back on other essentials, visiting the doctor less frequently, even when they know they need care.

We must meet this economic challenge head on. The first goal is fixing health care. But we cannot forget the second goal. It is just as important: fiscal responsibility. A more efficient health care system can save taxpayers money in the long run.

A study from the White House Council of Economic Advisers shows that smart reform will slow the rapid rise in health care costs by a percent and a half or more. Slowing health care costs by just a percent and a half will have a significant impact on our Federal budget.

If we were to look at how much we will save by reforming our health care, economists have shown us our Federal deficit will decrease. By 2040, we would have saved enough money to reduce our Federal budget deficit by 6 percent from health care cost savings alone.

Just this point and a half would increase the income of the average family in this country by $2,600 in the next decade, growing our economy and improving our ability to get a handle on the deficit. Colorado families will use $2,600 to make purchases, put away for college tuition and retirement, and obtain new employment skills to improve their earning potential. Part of fiscal responsibility is empowering middle-class families. The current health care system is holding them back.

If nothing changes, employers will see about a 10-percent increase in their health care costs next year. Businesses are straining to pay salaries already and remain competitive because health care costs are so high. Every day, they are making tough decisions about what kind of benefits they can afford to offer and whether they can even offer health coverage at all.

Coloradan Jean Butler is the clerk and treasurer for the small town of Blanca in Costilla County. The town has about 400 people and employs 6 people in its government. Two of those town employees, the town police officer and the head of maintenance—who oversees roads, water, and sewer—get health benefits provided with their employment.

The town pays the full premium for the two employees, though they do have to pay some out-of-pocket costs. The cost of maintaining a plan that covers just these two employees has become an increased burden on the small town. The coverage has been in place for about 10 years and has increased in cost almost every single year.

Jeannie said the town budgets for a significant increase every year, with the hope it has budgeted enough. In 2008, the increase was 25 percent; the year before, it was 15 percent—40 percent in 2 years. No other town expense requires such a big year-to-year increase. Most others are budgeted to increase with the inflation rate.

The current plan with San Luis Valley HMO costs the town $804 a month and the employees $750 in out-of-pocket expenses. But that plan is no longer available. Jean said that similar plans from other providers would increase the cost premium anywhere from 33 percent to 235 percent. Even with the smallest cost increase, the total annual cost to the town will be close to $12,000.

Jeannie said—Jeannie told me her official name is Jean but that I could call her Jeannie; and she said everybody else does—Jeannie said:

> My [town] board now has to decide whether to accept the higher rates, reduce the coverage, require the employee to pay a much larger share of the premium, or try something else. It is not an easy decision.

Jeannie may have summed up the problem we face as well as anyone. She pointed out that:

> They should call it sick care not health care because the insurance companies do not pay to keep anyone healthy.

Because Jeannie cannot find another plan, hard decisions are being made about employees. We cannot continue down this path when we know health care costs are overwhelming businesses and working families.

Ann Brown and her husband Gordon run New Vista Image, a large-format digital design and printing company in Golden. The business has nine employees and provides health care benefits, covering 60 percent of each employee's premium but not that of their dependents.

Ann said she is happy with the choices available in Colorado for different types of plans, and she believes in the employer-provided benefits model. She and her husband built in the cost of health care when they began their business because she knew it would help attract the best employees.

Ann said she understands how important a healthy workforce is and supports wellness programs, so employees can prevent major medical conditions. Whenever she brings someone in, she knows the first question asked will be: Do you have a health care plan?

Nevertheless, the business has been forced to offer less and less coverage in order to keep premiums within its budget. Health care is one of the biggest ticket items they worry about. Ann said that in recent years, the percent cost increase over the previous year has been in the double digits. As a result, they have had to offer less coverage, with higher deductibles and more out-of-pocket costs.

The plan's deductible has gone from $1,500 to $3,000, and Ann said it is likely the next step they will have to take is a $5,000 deductible. She knows how hard those out-of-pocket costs can be for employees to absorb. A few years ago, when an employee was facing a serious health condition, the business covered the deductible so the employee would not be saddled with the medical bills.

''I would do it again,'' Ann said, although she knows higher deductibles mean a less generous plan to offer to her employees and less of a competitive edge for the business overall.

Teresa Trujillo of Pueblo, CO, has employer-based coverage. For 7 years, Teresa saved up money to buy a home, and then learned she had breast cancer. After 14 months of treatment, the money ran out and Teresa had to take a loan out to finish paying for the rest of her treatment.

For Teresa, her health insurance coverage only took her so far. While she has been cancer-free for 4 years, she constantly worries that her cancer will come back, and with it, the huge financial strain it would bring. All she wants is health care she can count on.

These are people who have done everything right, played by the rules, looked out for their fellow employees and fellow citizens. Our health care system is failing them. People should not have to wait until they get sick to learn their health insurance will not cover the cost of their treatments. Families should not have to watch their loved ones go through sickness and also deal with the anxiety of paying for medical bills that are increasingly becoming completely unaffordable.

We know health care reform will not be easy. As the President has said, if it were easy, we would have done it a long time ago. But for these Coloradans—for their families and for their businesses—the system must change. For our Nation's long-term prosperity, the system must change. We cannot burden future generations with responsibility for the reform we need today. If we make the hard choices, we will create a better health care system, a better economy, and a better future for our children and our grandchildren.

I thank my colleagues for listening this morning.

I yield the floor, and I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. SPECTER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

SOTOMAYOR NOMINATION

Mr. SPECTER. Madam President, I have sought recognition to comment briefly on the pending nomination of Judge Sotomayor to be an Associate Justice on the Supreme Court of the United States.

I have made it a practice to write to nominees in advance of the hearings in order to give advance notice to the nominee so that the nominee will be in a position to respond to questions raised without going back to read cases or consider the issues and facilitate the proceeding. I commented to Judge Sotomayor, when she had the so-called courtesy call with me, that I would be doing that.

In a letter dated June 15, I wrote her and commented about it in a floor statement, discussing in some detail the qualifications of Judge Sotomayor for the Supreme Court.

To briefly recapitulate, I noted in my earlier floor statement her excellent academic record and highest rankings in Princeton undergraduate and Yale Law School, her work as an assistant district attorney, her professional experience with a major law firm, her tenure on the Federal trial court, and her current tenure on the Court of Appeals for the Second Circuit.

Today, I am writing to Judge Sotomayor to give her advance notice that I will be inquiring into her views on televising the Supreme Court. I have long advocated televising the proceedings of the Supreme Court and have introduced legislation to require that, subject to a decision by the Court on a particular case if they thought the Court ought not to be televised. I think the analogy is very apt to televising proceedings of the Senate or the House of Representatives so that the public may be informed as to what is going on with these public matters.

The arguments in the Supreme Court are open to the public. Only a very few people have an opportunity to see them. First, it is not easy to come to Washington and, second, there are so many people who do come to Washington, but they are only allowed to be in there but a few minutes. With the marvel of television, this proceeding appears in the homes of many Americans on C–SPAN2, the House is televised on C–SPAN1, and many of our hearings are similarly televised. That is a great educational tool, and also it shows what is going on.

The Supreme Court of the United States, in a 1980 decision, Richmond Newspapers, Inc. v. Virginia, noted that a public trial belongs not just to the accused but to the public and the press as well. The Supreme Court noted that such openness has ''long been recognized as an indisputable attribute of an Anglo-American trial.''

Chief Justice William Howard Taft put the issue into perspective, stating:

> Nothing tends more to render judges careful in their decisions and anxiously solicitous to do exact justice than the consciousness that every act of theirs is subject to the intelligent scrutiny of their fellow men and to candid criticism.

In the same vein, Justice Felix Frankfurter said:

> If the news media would cover the Supreme Court as thoroughly as it did the World Series, it would be very important since ''public confidence in the judiciary hinges on the public's perception of it.''