

percent of the employers who offer health care coverage do not offer choice—not because they are evil. They would love to do it. They cannot afford it. The administrative costs are too crushing.

So, again, if we get employers and employees into these larger systems, where they will have clout in the marketplace, there will be the ability for everybody to choose, not just folks who are unemployed or uninsured or small business, but give everybody, over the next few years, the ability to have these choices and be in a position to help drive more competition and more accountability and hold down their premiums in the private sector.

We can do that on a bipartisan basis. We have 15 Senators of both political parties on legislation that does it now. It could fit with the structure of several of the bills that are being considered. We can do this, as Senator KENNEDY suggests in his wonderful essay, on a bipartisan basis. Both Democrats and Republicans have a good point.

I believe my party is right on the issue that you cannot fix this system unless you cover everybody. The reason that is the case is, you cannot build a market unless you cover everybody. Unless you cover everybody, there is too much cost shifting. The people who are uninsured shift their bills to the insured.

But my colleagues on the other side of the aisle—the distinguished leader from Kentucky and I have had this conversation on a number of occasions—they have valid points too. The Congress ought to be very careful about freezing innovation, about restricting private choice, about setting up price controls.

There is the sweet spot for a bipartisan bill: Democrats with good ideas, as Senator KENNEDY lays out in his wonderful essay, about expanding coverage; Republicans bringing creative ideas to the table about innovation and choice. Both sides have some valid points. That is what Senator KENNEDY is saying in his wonderful essay.

I see the leader on the floor. I hope colleagues will go to our Web site. That is where we lay out this free choice proposal. I think it is consistent with the idea of not blowing up the employer-based system but not saying we cannot improve on it. It gives new tools to both employers and employees to hold down costs. It ensures that all Americans will have choices, not just some.

I submit to colleagues, if folks in Virginia and Kentucky and Oregon come away from this and say that only some people got choices, that is not going to go down very well. Let's do what the President says on his Web site and give all Americans choices—choices such as we have in Congress from these big insurance pools, where you cannot discriminate and you have some leverage in terms of holding costs down.

It has certainly been a tumultuous week on this health care issue. But I

hope colleagues, this weekend, will pick up a copy of Newsweek and read the inspiring essay by Senator KENNEDY, who has led our body for more than 40 years—led the country—on this issue, and continues to lead us because there is a lot for us to build on now to finally end this injustice that we have not been able to fix our system so we hold costs down and all Americans get good, quality, affordable coverage. We can do it. We can do it this year, on the President's timetable, by working together.

Mr. President, with that, I yield the floor.

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#### RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

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#### CONGRATULATING SENATOR WYDEN

Mr. McCONNELL. Mr. President, I wish to take a moment to congratulate the senior Senator from Oregon for his extraordinary contribution to this most important topic. He has been open. He has been convinced of the need for bipartisanship and has been entirely constructive throughout this process, and we look forward to continuing our conversations in the weeks and months to come.

The ACTING PRESIDENT pro tempore. The Senator from Pennsylvania.

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#### HEALTH CARE REFORM

Mr. CASEY. Mr. President, I rise this morning to speak on an issue that so many of us, not only here in Washington in the Senate and in the Congress, generally, but across the country have been concerned about, talking about, debating; and it is the issue, of course, of health care.

We have a long way to go over the next couple weeks and months. I know there is a lot of coverage and debate about timing and what is going to happen this week or next week or by the August break. But I believe we are going to get this done, and I think it is important we have a good debate about it.

I think too often in this debate we have focused on conflict and controversy as opposed to looking at some substantive parts of this legislation. I start this morning, as I have so many times when I have been discussing this issue over the last couple months, with a constituent, one person, but I think a person who speaks for many people across Pennsylvania and across the country. Her name is Trisha Urban.

She sent me a letter back in February that I have noted before. This letter, I think, tells us an awful lot about all we need to know about what is wrong with our health care system right now. Despite all the positive fea-

tures of it—great hospitals and medical personnel and people we can be justifiably proud of and boast about—there are problems with our health care system.

Trisha Urban, when she sent this letter in February, was recounting what had happened in her life just a few weeks before. She talked about her husband Andrew, who had to change positions in life, change jobs because he was completing an internship. She said:

Because of pre-existing conditions, neither my husband's health issues nor my pregnancy—

She referred earlier to the fact she was pregnant at the time of the letter—

... neither my husband's health issues nor my pregnancy would be covered under private insurance.

She said:

I worked 4 part-time jobs and was not eligible for any health benefits.

She says later in the letter that they lost their health insurance coverage, and they had close to \$100,000 worth of medical bills. Then she says:

Concerned with the upcoming financial responsibility of the birth of our daughter and the burden of current medical expenses, my husband missed his last doctor's appointment less than one month ago.

And this is how the story ends for this family. She talks about—just a few weeks before this letter—what happened to her. She says:

My water had broke the night before, we were anxiously awaiting the birth of our first child. A half-hour later, 2 ambulances were in my driveway. As the paramedics were assessing the health of my baby and me, the paramedics from the other ambulance told me that my husband could not be revived.

That is her story—a story of not having the kind of health care coverage that she and her husband and her new baby should have—the story of her husband missing his last doctor's appointment because of financial burdens and, of course, the tragic part of that story, which is the loss of her husband, the same day her daughter was born.

I do not think every story we have told about our constituents ends the same way. But the blessing here of this story, of this letter, is this: Trisha Urban could have said: Do you know what? I have a terrible burden and I can't handle this, and I am not going to try to talk to anyone about it. I am going to carry this burden myself. And she could go off and not be heard from again.

But she took the time to write to me. This is how she ends the letter. She does not just tell her tragic story and just say: Can you help me? And: I am in trouble. She thinks beyond herself. She thinks of an issue that is affecting so many Americans, and she says this:

I am a working class American and do not have the money or the insight to legally fight the health insurance company. We had no life insurance. I will probably lose my home, my car and everything we worked so