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,

and ask the Senator if he remembers when the previous President, President Bush, under a Republican administration, brought to Congress a 3-page bill to create the Troubled Assets Relief Program that cost $800 billion and did it in 3 pages. Does that tell us there was wisdom in this idea of spending billions of dollars to bail out the banks? In Ohio, as you travel around, how many people have stopped you and said: Wait a minute. I will not support any health care reform bill that goes over 200 pages? If it is 201 pages, I want you to vote against it. If it is 2,000, I hope you will filibuster it. Has the Senator run into that?

Mr. BROWN. I know the question in part is in jest, but it is pretty interesting, when you contrast this bill with the TARP bill. President Bush, Secretary Paulson, and Chairman Bernanke came to us and said: Pass this 3-page bill, and we will all be better off. Obviously, that didn't quite work the way they wanted. I come to the floor regularly and read letters from people around my State, from Zaynesville, Toledo, Bowling Green, Athens, Oxford, and Dayton. I guess the Senator is right. I don't see anybody saying: Please vote yes for the short bill and no for the long bill. I wish we could talk less around here and write a little more concisely. The letters I get that I read on the floor are letters generally from people who a year ago, if you had asked them, would have said: I have really good health insurance or at least I think it is good. But then they got sick and found out that the insurance company practiced rescission which is insurance company speak for taking your policy away or canceling your policy, or they had a child. One of my letters is from a woman who had a child and thought she had good insurance. The child had a preexisting condition. She had her insurance canceled. Others come from people who graduate from college. They are 22 years old. They are taken off their parents' insurance policy, and they are struggling because they are not making enough money. They don't have a job that has insurance at that stage in their lives. They would like to stay on their parents' policy for another 4 or 5 years, as our bill allows them to do.

I guess when I hear the assistant majority leader ask that question about the length of the bill—and he is right, that is what Senator ALEXANDER was talking about mostly, the length of the bill. Part of their criticism is the length of the bill. Their other criticism is to try to scare people. How long have they been trying to scare people?

Mr. DURBIN. If I may I ask the Senator another question through the Chair, I also understand that the major force opposing health care reform is the health insurance companies, the private, for-profit health insurance companies that, incidentally, are declaring some of the largest profits in their history, even in the midst of this recession. This week Humana announced record-breaking profits primarily from Medicare Advantage. Medicare Advantage was the health insurance companies' challenge to the Federal Government. The private insurance companies said: The Federal Government has been running Medicare for 40 years and has done a rotten job. We can do better. We can cover seniors with the benefits promised in Medicare at a lower cost because we are the private sector. We know efficiency. We are not a bureaucracy. We are the private sector.

They were given that chance. A few years ago they started offering the Medicare Advantage plan to compete with traditional government-run Medicare. At the end of the day, after years of evaluation, what we found was the private companies were charging 14 percent more, many of them, than government-run Medicare, which meant that the Medicare Program was paying them more for the basic benefits than what the government was asking to provide the same benefits.

These health insurance companies have gotten rich on it. Humana this week announced a record-breaking profit primarily based on their Medicare Advantage plan which was supposed to save us money. In fact, it cost us more money.

I say to the Senator from Ohio, when we write a bill that deals with health insurance reform to stop these major companies from denying coverage to people for preexisting conditions, putting a cap on the amount of money that they will give them if they have a serious illness, you can count on these health insurance companies hiring their law firms, teams of lawyers to fight us. If it takes another 50 pages or 100 pages to make sure we state clearly in the law the rights of American families and consumers and businesses when it comes to health insurance reform, that is paper well spent. That is time well spent.

I ask the Senator from Ohio, he has listened to the Republicans on the other side of the aisle. I have yet to hear the first Republican Senator come forward in favor of health insurance reform. They have not come out for the consumer protections which are fundamental to our bill. I ask the Senator from Ohio if he has heard that?

Mr. BROWN. No, I haven't. Again, who are the major opponents to this bill? It is two groups. It is the insurance industry, and it is the Republican Party. Not Republicans who live in Springfield, IL or Springfield, OH, not Republicans who live Urbana, IL or Urbana, Oh. They are Republican Members of Congress. They are very closely aligned with the insurance industry. Of course, they are not going to support this legislation because the insurance industry didn't write it. In fact, it is legislation that the insurance companies obviously don't much like. We have seen these battles before. They did it with the creation of Medicare, the same arguments and scare tactics, the same distortions and the same exaggerations. And we are seeing it again.

The Senator mentioned Humana. Look at this, Humana profits, while 47 million Americans are uninsured and tens of millions more underinsured, premiums double in 9 years, small business premiums increase by 15 percent or more in 2010. Small business always gets hit harder than larger companies, because they can't spread their risk quite as much, because the companies can charge smaller businesses more for their insurance than they can charge larger companies.

You go back to their business plan. Look at what insurance companies do. The private sector says the government has these big bureaucracies. Medicare administrative expenses are significantly under 5 percent. Private insurance administrative expenses are anywhere between 15 and 30 percent. Look at their business plan. The insurance industry hires a bunch of bureaucrats to figure out how to deny care. They hire bureaucrats to say: Sorry, you have a preexisting condition. We won't insure you. They hire bureaucrats to discriminate against people because of a disability or gender or something else. They hire people so they can sift through and get the ''right customers.'' Then they hire a bunch of other bureaucrats on the other end to deny claims that people submit. They hire this huge bureaucracy in order to keep people from buying insurance, if they are not a good risk. And they hire this huge bureaucracy to deny your claims.

Something like 30 percent of insurance claims are denied the first time around. If you get sick, you send it in to Wellpoint or Aetna or Cigna, they deny your claim. What do you have to do? Instead of taking care of your sick wife or your mother, helping her, if you are on your own, you spend your time fighting with the insurance company instead of taking care of them. That is the good news, if you win on those. So often they turn you down and you still don't win if you appeal.

Mr. DURBIN. I wish to give the Senator a specific example. Several years ago the Illinois State Medical Society invited Members of Congress to spend a day with a doctor. I wasn't sure I wanted to do it because I thought doctors and patients, will this work? It didn't sound right to me, but I said: Only if each time I am about to see a patient, you tell them, watch out, there is a politician in the room. And make sure they give permission. Lo and behold, we did rounds with the doctor, and many folks in their hospital rooms were bored enough that they wanted to see not only their doctor but this trailing Congressman. I was in St. John's Hospital in Springfield, IL as we went into this woman's room. She was living by herself at home. She was suffering from vertigo and dizziness. As a consequence, she had stumbled down the

stairs. She had not hurt herself too badly, but the doctor admitted her. After an examination, he said: We will have to do brain surgery. You have an imbalance caused by a brain tumor, and the operation will be on Monday. This was a Friday. So he said: I am going to want to keep her in the hospital until the brain surgery on Monday. I can't send her home. She lives alone. She will fall down again. She could hurt herself. I want to make sure she is ready for the surgery, which was very important for her.

Then he found out that the insurance company said: No, send her home, bring her back Monday morning for the brain surgery. This doctor said: That is an outrage.

I watched him as he went to the nurses' station, picks up the phone and gets into a debate with the clerk at an insurance company who is saying: Send her home. Finally, he slams down the phone, after spending 15 minutes arguing with no benefit to this clerk, and says: I don't care what they say. I am leaving her in the hospital. Either I will pay for it or we are going to fight it out later on.

Think about that for a minute. This is a medical doctor, a surgeon getting ready to prepare this woman for surgery, fighting with a clerk at an insurance company who says: Send her home. We don't want to pay for 2 extra days.

Mr. BROWN. These are not government bureaucrats. Medicare doesn't exclude people for preexisting conditions; right?

Mr. DURBIN. That is right.

Mr. BROWN. But insurance companies will use their bureaucracy to deny care that way.

Mr. DURBIN. Deny care. This is the reality of what we are up against. So when the Republicans come to the floor and do not want to support our efforts toward health care reform, they are saying the current system is just fine.

I saw, incidentally, the Senator from Tennessee come to the Senate floor and say: You ought to be able to buy health insurance across State lines. Well, there is some appeal to that. You would not think much of going from Ohio—I would not encourage this—to go to an adjoining State to buy a car. You know, it is the same car, and so forth.

But isn't it a fact that as you go State by State, the standards for health insurance change? Some States have very high standards of the kinds of health insurance we can expect to buy in our States; others, very low standards. Some States are much better at looking at the books of insurance companies to make sure they can pay off as promised. If you go moving around State by State shopping, you may end up with something that looks like good insurance until you really need it.

So our bills—at least the ones considered in the HELP Committee and in other committees—try to establish a basic standard of care so no matter where you live in America, you are going to have the same kind of basic protection when it comes to what your family needs. And, believe me, I have had personal examples in my family and as a lawyer where you need it.

We had, in Illinois—before we changed the law—companies that were selling health insurance to new mothers covering their obstetric care and then would not cover the newborn baby until it was 30 days old. You know what that is all about. Brandnew babies sometimes are very sick and very expensive. So this health insurance company was excluding newborn infants from coverage for 30 days. We changed the law in Illinois and said: You cannot do that. If you want to cover the mother and the baby, you cover that baby from the very moment of birth. So there are laws to protect them.

Other States may not have this law. Their premiums may be cheaper. Then what happens when you have a sick baby?

Mr. BROWN. Well, we know from these letters I have brought to the Senate floor from Ravenna and Gallipolis and Galion and Mansfield—these letters are examples of how people thought their insurance policy had some consumer protections in it. It was a fine policy as long as they did not use it. Once somebody got sick, they found out the State laws were too weak in some States.

In my State, they are not bad, but they are not as strong as they should be. In most States, the consumer protections are not nearly strong enough. That is why our legislation says no more preexisting condition. Our legislation says, no more discrimination based on gender or geography or disability. Our legislation says no more annual caps or lifetime caps, so if you get really sick and your care is really expensive, they will not cancel your insurance.

That is why we are building these consumer protections into our bill. That is why the insurance industry and the Republicans do not much like our bill: it makes the insurance companies do some things they do not want to do. That is why the public option is so important. Not only do we change the rules for the insurance companies for consumer protection on preexisting condition—it is outlawed—and there are no more caps, no more discrimination, but we need the public option to enforce that.

I would like to talk about something else Senator DURBIN touched on. The Republican opponents to this, in their opposition and some of their exaggerations—again, I make the very clear distinction between what Republicans in Lima and Middletown, OH, think about this health care bill and what Republicans who are elected to office, who have very close ties to the insurance industry, think about this bill.

As Senator DURBIN suggested, I do not hear anyone on the street—I do not ask their party affiliation, but if I am in a Republican part of the State, I probably assume they may be a Republican. It does not matter. They may be an Independent or a Democrat. But I do not hear them say: The bill is too long or hear them say: I want the insurance companies to continue to be able to discriminate or be able to use a preexisting condition to exclude people.

It might be Republicans here who say that who are elected to office, who are close to the insurance company lobby and the pharmaceutical drug companies' lobby. But regular people in Mansfield, OH, and Shelby, OH, and Zanesville, OH, and Cambridge, OH, do not think that way.

Last week, as shown on this chart, a constituent shared this mailing with me from Homerville, OH, Medina County. It is an official-looking notice, complete with a Pennsylvania Avenue address. As you can see, this shown here is the envelope: ''325 Pennsylvania Avenue, Southeast, Washington, DC.'' ''IMPORTANT: PROJECTED MEDICARE CHANGES.'' ''Presorted, United States Postage.'' It has some identifying numbers that suggest perhaps it is a government mailing. This is not a mailing from the U.S. Government. This is not a mailing from the Center for Medicare & Medicaid Services. This is not a mailing sanctioned by anybody in our government. But it sure looks like it with ''325 Pennsylvania Avenue, Southeast, Washington, DC.'' They did not send this from Columbus, OH, or Troy, OH. They sent it from Washington, DC, with a Pennsylvania Avenue address.

This official-looking notice declares:

> Proposed cuts to existing government programs include a significant reduction in the federal Medicare program, resulting in an increase in premiums and fees that you must pay . . . and a decrease in some benefits.

It goes on to state:

> This new cutback in the federal Medicare program means that you will become responsible for an even greater portion of your health care expenses . . . expenses that were previously paid by Medicare.

Again, this is made to look like a government mailing. Clearly, that was their intent. Clearly, their intent is to deceive. Clearly, their purpose was to obfuscate and to confuse and to exaggerate. These are the same accusations we hear from insurance companies, the same accusations we hear, not from Republicans in Columbus or Zanesville or Saint Clairsville, OH, but from Republicans who dress like this and who were elected to represent us around the country who are very tied in with the insurance industry.

Look at the facts. Health care reform will not increase the premiums paid by seniors for regular Medicare by a dime—no increase, zero. Health care reform will not reduce Medicare benefits, which are guaranteed by law. They will not reduce benefits.

If health care reform affects the additional benefits some seniors in Medicare Advantage receive, if it affects the

premiums seniors pay for that coverage, it will not be because of any action on the part of Medicare. It will be because private insurers, the private insurance industry has decided to use health care reform as an excuse to squeeze more money out of seniors.

All you have to do—again, as Senator DURBIN suggested—is look at what has happened. In the last 7 or 8 years, the profits of private insurance companies have gone up 400 percent. Humana profits went up 65 percent in the third quarter—$301 million. How can they make that kind of money? How can they pay their executives what they do? Aetna pays its CEO $24 million. For the 10 largest insurance companies in America, the average CEO pay at those 10 companies is $11 million. How can they do that? They do that because they double the premiums in 9 years.

They do that because they increase premiums, especially on small businesses. They are able to do that because they have squeezed people. They do that because they use preexisting conditions to deny care. They do that because they hire bureaucrats who refuse to pay legitimate claims people submit to their insurance companies.

Taxpayers and seniors will continue to pay these private plans tens of billions of dollars each year to provide coverage to seniors, enough to keep premiums where they are, and, according to the industry itself, enough to offer the same benefit packages as they do today.

How is that? Medicare Advantage plans are required by law to provide the same benefits as Medicare. If they offer extra benefits, those benefits are supposed to be paid for out of efficiencies, not extra tax dollars.

So the insurance companies, 10 years ago, said: Let us in on Medicare and we will save taxpayer dollars because we are the insurance industry. We are the private sector. We can do it more efficiently than the government can. So let us into this and we will save you money. We will actually give taxpayers back 5 percent of what you now pay per person for Medicare.

Well, that is how it started. But then the insurance lobby went to work. The insurance lobby worked on Newt Gingrich successfully. The insurance lobby went to work on the Republican majority in both Houses successfully. The insurance lobby went to work on George Bush and Dick Cheney very successfully. All of a sudden, instead of discounting and paying the taxpayers back 5 percent, they have raided the Federal Treasury and have gotten 12 or 13 percent more dollars than we spend on regular Medicare, which more than 80 percent of the American people are in.

They have always claimed they operate so much more efficiently than regular Medicare that they can offer basic Medicare benefits, plus extra benefits, and not spend a penny more than Medicare spends on basic benefits only. Unfortunately, 10 years ago, some in Congress believed them. Even more tragically, some in Congress continue to believe them, as they shovel dollars out of the Federal Treasury into insurance company coffers—people who put things like this out, as shown on this chart.

So here is the question: Are Medicare Advantage plans no more efficient than Medicare? Do they require a government handout to keep their promises to seniors or is all the propaganda being fed to the public simply a ploy to pump up profits?

I find it so interesting—as the country overwhelmingly supports the public option, as doctors, in survey after survey, overwhelmingly support the public option—I hear conservatives say: The government can't do anything right. The government just messes everything up. Why? It is a big bureaucracy. It can't do anything right. Those same conservatives say: But if we have a public option, it is going to be so efficient, it is going to drive the insurance industry out of business.

Which is it? Is it they are so wasteful and bureaucratic they cannot do anything right or are they so efficient they are going to drive the insurance industry out of business? They always want to have it both ways. They want to have it both ways in Medicare Advantage. They get these government subsidies. They raid the Federal Treasury. They shovel the money off to their buddies in the insurance industry. And look what happens. Taxpayers are paying way too much, and seniors are not getting what they ought to get.

Then this mailing comes along, which is outrageously misleading, not only by what it says but by what it does not say. It does not say that health care reform legislation will actually increase Medicare benefits and decrease Medicare costs; that health care reform legislation will decrease—not increase—the amount of money that the more than 8 million seniors have to pay out of pocket for prescription drugs once they hit the doughnut hole. Remember the doughnut hole?

The doughnut hole—for people who are not seniors, they probably are not too aware of this, but the doughnut hole was created because when President Bush and the Republicans in the House and Senate wrote the Medicare drug bill 6, 7 years ago, they allowed the drug industry and the insurance companies to have a little too much influence on that bill. So they created this doughnut bill, this desert, if you will, where people still had to continue to pay their premiums month after month after month, but they did not get anything for it. They did not get any payment for their drugs.

So our legislation, first of all, begins to close that doughnut hole where seniors will not have to continue to reach into their pockets and pay that.

Health care reform legislation, in other words, will reduce, by half, the amount of money that Medicare beneficiaries must pay for needed prescription drugs. By 2019, our legislation will totally eliminate that doughnut hole. That is good news for seniors, especially those who have high prescription drug costs.

In addition, health care reform legislation will eliminate the copays that Medicare beneficiaries must pay for such crucial diagnostic services as mammograms and colonoscopies. Seniors in Medicare now typically pay 20 percent of the cost of their preventive services.

So a man who goes in for a colonoscopy—$700, if you can get it for that—has to pay $140 out of pocket. What does that mean for a lot of seniors? It means they probably don't get a colonoscopy. They just cross their fingers and hope they are not going to get sick, that they are not going to get colon cancer. Most of them will not, but some of them will, and some of them will have colon cancer that could have been detected early, diagnosed early, and saved both a lot of pain and perhaps their lives and saved a lot of money for the health care system.

What our bill does is very simple. It will say that preventive care will be paid for entirely by Medicare. There will be free annual checkups. Our health care reform legislation will provide a new Medicare benefit: free annual checkups for seniors. So once a year, a senior will get a checkup for free, and that can make all the difference in the world.

None of us should be surprised that opponents of health care reform are sending out these deceptive mailings. Of all the offensive aspects of this mailing, I am most appalled at the very visible writing in the lower left corner, which states down here—I did not see this when I saw it. Somebody in Ohio from Medina County handed me this little mailing, and we obviously blew it up. I never saw it until it was pointed out by Jessica McNiece in our office. The language says: ''Not Affiliated With Any Government Agency.'' But you sure would not see that when you look at everything else that is on this mailing. But that is the game they play.

One can sure notice the large, bolded writing at the top, though, where it says: ''IMPORTANT: PROJECTED MEDICARE CHANGES.'' Projected by whom? Projected by the insurance industry? This isn't clear because the mailing conveniently doesn't tell you who is sending it.

We are trying to get to the bottom of where this mailing originated because we know the best way to defeat legislation in this body is to scare people. The best way is to exaggerate and distort, to turn the very young against the very old. When I hear my colleagues in this body say the Democrats are going to cut Medicare to pay for insurance for the rest of the population, they are trying to turn older people against their kids and against their grandkids. It is pretty despicable to play that game, to scare people, trying to get

seniors upset because they are going to cut our Medicare to pay for insurance for these other two populations.

A similar mailing in 2004 led Texas to sue the American Seniors Alliance, the front group that masterminded that scam. When we think about all this, we need to ask ourselves, what does health care reform mean for seniors? What does it mean for taxpayers? Be careful whom you believe.

When the insurance industry attacks health care reform, it is not out of altruism, it is out of greed. Usually, anybody who has been around here very long knows that when the insurance industry and the drug industry are trying to defeat legislation such as this—and, of course, they don't like this legislation; the CEO of Aetna is not going to make $24 million anymore if our bill passes, the CEO who in 1 year made $24 million. Their profits aren't going to keep going up and up and up and up, so they put everything they have into this. But what we see around here is, when the drug industry and the insurance industry oppose a bill, they don't send out a mailing coming from CIGNA or Aetna. They don't send out a mailing coming from Pfizer or Merck. They send out a mailing from a group they have created called—not precise names but names such as Americans For Better Patient Health Care or Americans For Safe Drugs or associations or trade names; they make them up on paper and then the drug companies and the insurance companies funnel money in. This one is not even identified that well. We don't know who sent this one out, but we are finding out.

If they had your best interests at heart, they would tell the truth. They would come to the table and play a productive role instead of a destructive one, not in their various front groups. Insurance companies are in the business of businesses. If they thought health care reform was going to help their bottom line, they would be for it. But Republicans here have consistently opposed health care legislation, at the behest of the insurance companies and the drug companies that have consistently opposed it.

I see Senator LEAHY, who wishes to speak, so I will close with this: We know these tricks. In 1965, the insurance companies teamed up with the Republicans to try to defeat the creation of Medicare. In the 1990s, the insurance companies and their allies in the drug industry, with Republicans, teamed up to try to privatize Medicare. In the first part of this decade, they succeeded, teaming up—the drug companies and the insurance companies teamed up with Republicans for a privatized prescription drug benefit that meant tens of billions of dollars for the insurance companies, tens of billions of dollars for the drug companies. But it doesn't work for the American people. That is why our health insurance legislation is so important. That is why we need to move forward and do the right thing. So dismiss mailings such as this, when they are not identified, when you don't know who sends them. When they try to be something they are not, ignore them.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, what is the parliamentary situation?

The PRESIDING OFFICER. The Senate is in a period of morning business.

Mr. LEAHY. Mr. President, I am delighted to follow the Senator from Ohio, who has been such a leader in this area. Of course, I am delighted to see my distinguished friend from Massachusetts in the chair, a friend of probably more years than either one of us is willing to count.

Today, we as Members of Congress have the opportunity to complete an effort that actually began decades ago. The status quo has a powerful lobby, and the centuries of status quo have killed health insurance reform before. They are pouring all their energy not into offering constructive solutions but into erecting new pillars of obstruction at every turn.

Each of the various reform plans that have been brought forward by now have their strengths and their weaknesses. We all know that. But one other thing we should know: Radical reforms they are not.

As President Obama asked, these proposals are based on the existing system of employer-based private insurance. But in the absence of comprehensive national reform, several States have helped fill the void by crafting some of their own solutions. I am proud my home State of Vermont has been a leader and an innovator on several issues that are now being wrapped into the reform package. One such provision mirrors a pilot program in Vermont, the Blueprint for Health. This coordinates care among patients and does it in a way to prevent costly hospitalizations and procedures. Patients who participate in the program have their care monitored to ensure they are receiving the kinds of preventive services and disease management they need. The blueprint rewards physicians who keep their patients healthy. The program has already slowed costs. Of course, it has reduced emergency room visits.

Vermont has also coordinated patient care as one of the States at the forefront of the movement toward electronic medical records. That is a reform I have long promoted. Recently, I visited Montpelier Pharmacy in our capital city, a small city of 8,500. I had the privilege of being born there. But I visited Montpelier Pharmacy to announce a grant I secured to help small pharmacies across Vermont adopt a system for electronic prescriptions. With electronic prescribing, you can have all kinds of computer safeguards to prevent dosages from being too large or also prescribing a medication which may conflict with another medication that has already been prescribed. The system gives the physicians—but also the pharmacists—a concrete medication history that doesn't rely just on a patient's memory alone. In fact, if you have a patient who cannot or does not remember what medication they have been taking, this can be lifesaving. It is a little bit better than a patient saying: Well, I have that small white pill, and I think it is something for heart or something like that; they can press the button and know exactly what medications they have and what the contraindications are for other medications.

Vermont has also been a national leader in children's health care and in expanding coverage for low-income Vermonters to the Medicaid Program. All this in a little State of 650,000 people. But because of our early action, more than 96 percent of Vermont's children have health insurance. In our little State—not a wealthy State, but 96 percent of Vermont's children have health insurance. We have one of the lowest rates for uninsured adults in the country. It makes Vermont a leader and model for the rest of the Nation.

The proof is in the pudding. We have 96 percent of the children with health insurance, the lowest rates for uninsured adults, so it should be no surprise that Vermont has been ranked the healthiest State in the Nation by the American Public Health Association and the Partnership for Prevention and ranked No. 1 in health care by the Commonwealth Fund. We can talk about things to do, but when you actually do them, it works.

While Vermont has been a model in coordinating care and offering wider health coverage through public programs, a provision to expand Medicaid coverage nationwide threatens to penalize States such as Vermont that have acted early to do the right thing; States, such as Vermont, that did not wait but went forward to protect the people in their State. Instead of rewarding States that have taken the initiative to expand Medicaid Programs early, one of the Senate bills would require States that have been leaders in expanding coverage to accept less Federal assistance than other States who are offered only the bare minimum of coverage. In other words, it penalizes those that have done the right thing and rewards those that have done the wrong things. Taxpayers in early leader States such as Vermont would be forced to sustain programs in States across the country that traditionally ignored the needs of their citizens. So to address this disparity, I recently joined with 13 other Senators from early leader States to offer a proposal that treats all States fairly. We can all share the goal of increasing access to essential medical services by expanding Medicaid coverage nationwide. I look forward to working with others in a way that does not misguidedly harm early leader States.

Even though Vermont has long recognized the importance of a health care system that includes all Vermonters

and Americans, individual States can't make enough progress without comprehensive health insurance reform. We need that. Workers nationwide are losing insurance for their families when they change or lose jobs. Insurance companies can and do discriminate against sick people. Notwithstanding what the hundreds of millions of dollars' worth of ads say, they can and do discriminate.

I hear heartbreaking stories daily from constituents in Vermont. They tell me of the trouble they have getting, paying for, and keeping health insurance. I hear it when I go to the grocery stores at home. I hear it when I am putting gas in my car at home. I hear it when I am walking down the street or coming out of church, such as the woman from Winhall, VT, who spends $500 a month on prescriptions—$500 a month on prescriptions—but she would be uninsured if not for her husband's job. She is working two jobs just to make ends meet and afford their health care costs.

Then there is the small business owner in Vermont who has three full-time employees and one part-time worker and she works 6 and 7 days a week, but she can't afford the blood test her doctor recommended. If she becomes sick, she will lose her business, she will lose her home, her employees will lose their insurance.

There is the man from central Vermont who told me about his sister-in-law who lost parts of both feet because she didn't have health insurance. She didn't have health insurance, and when she needed medical attention, she waited, hoping things would get better. Well, they didn't, and she had to be rushed to the emergency room for amputation.

Real-life stories such as these make us ask: Why are we the only industrialized Nation in the world that lacks health insurance for its citizens? Why does the wealthiest Nation on Earth lack health insurance for its citizens? Why does the most powerful Nation on Earth lack health insurance for its citizens? It is shameful. We owe it to all Americans to pass meaningful reform.

I strongly believe the best way to meet these goals is to include a public health insurance option in health insurance reform. A public option would give consumers more choices to purchase an affordable and quality health insurance plan. It would bring about competition. It will bring down costs. I applaud the majority leader for saying the Senate bill will consider this.

In order to introduce true competition in the insurance industry we must also end the exemption from antitrust scrutiny that has been carved out of our laws for the benefit of health insurers and medical malpractice insurance companies. The antitrust laws exist to protect consumers and promote competition, and we should no longer allow the insurance industry to hide behind its special, statutory exemption from the antitrust laws. During the Senate's debate on health insurance reform, I will offer as an amendment the Health Insurance Industry Antitrust Enforcement Act, which I introduced last month, to end the health insurance industry's exemption from our antitrust laws.

We know our current health system is unsustainable. It threatens not only our health security but also our economic security. Doing nothing has been seen as an option before us. It is always easier to do nothing, but that is not an option now. We tried doing nothing for years and the situation has grown worse. So let's debate and let's pass health insurance overhaul in the coming weeks. Let's give Americans the competition they need. Most importantly, let's give Americans the choice they need.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, first, I wish to compliment my good friend from Vermont on his excellent remarks. I am proud to be a cosponsor on his legislation on the antitrust exception. I also wish to say to my friend that I know he was a little bit under the weather the last few days. I called him a couple times to wish him well. I think I can speak for every one of the other 99 of us, we are glad the Chairman is back and in fighting form.

UNEMPLOYMENT COMPENSATION EXTENSION

Mr. SCHUMER. Mr. President, I rise to speak in favor of the unemployment relief expansion that the Senate is poised to pass, hopefully, later today, with broad bipartisan support, although there were, I am sorry to say, some unnecessary delays from the other side.

This bill is vitally important and we could have, and should have, passed it weeks ago. I am relieved to finally see the light at the end of a very long, very dark tunnel that being out of work has caused for hundreds of thousands of American workers who have lost their jobs.

Since we first began considering this vital legislation nearly a month ago, nearly a quarter of a million Americans, and 50,000 New Yorkers have seen their benefits dry up. With each passing day of inaction, tens of thousands of middle-class families have seen their safety net pulled out from under them. So I am glad to see the Senate finally take action.

I think of something that happened to me on Monday. I was rushing to my New York City office in midtown Manhattan. A well-dressed gentleman was obviously waiting at the front door of the office building in which my office is 17 floors up. He was well dressed, in a camel hair coat, and he was well groomed. I could see anxiety in his eyes. He pulled me aside and said, ''Senator, I have been waiting for you. Can I speak with you for a minute?'' I said, ''I am late for a meeting, so can you walk with me?'' He said to me again, ''I would like to ask you a question. When will you pass an unemployment benefit extension? I have a lot of friends who are asking.'' I sort of knew what was happening. Of course, he was a man who was obviously middle class, and maybe more, who had lost his job and could not find his benefits. He was too proud to ask me for himself, so he asked me for others.

It hit home to me that New Yorkers of all backgrounds and economic levels and all parts of our State are out of work through no fault of their own. They are desperately looking for jobs, and not enough of those jobs have come back. Our job is to help them. That is what this bill does. I am glad to see the Senate finally take action.

The bill will also extend the home buyer tax credit for 7 months, which I support, and it will provide for a 5-year carryback of net operating losses, or NOLs.

The main focus of my remarks today is on this last provision, since one of the important effects of this NOL part of the legislation will be to provide much needed and deserved tax relief and, in too many cases, the money needed to survive to thousands of Americans who were lured into Ponzi schemes such as Bernie Madoff's and have lost everything. These evil schemes hurt so many people.

When we hear about the Madoff investors, we hear a lot about celebrities who lost hundreds of millions. But for every wealthy individual, there are hundreds, if not thousands, of people not at all of wealth who had their retirement savings stolen from them. They trusted Madoff or their investment adviser who put their money with Madoff. Now these poor folks have lost everything. In many ways, these average people are worse off than the people who lost many times as much, because so many—too many—of these smaller victims lost everything.

As you know, many of them are in New York, because Bernie Madoff was located there. I want to explain to my colleagues how what we are doing today helps the little guy, the average person, who saved for their retirement and now finds, at age 60, 65, or 70, that their retirement savings are gone. Everything they have worked for their whole life has been stolen from them. In many cases, the victims are destitute and have nothing to live on. They saved their money for years. They got statements and confirmations and 1099 forms that looked real. The SEC had checked out Madoff and said everything was fine. The victims did everything right. They played by the rules, and then their future financial security evaporated before their eyes on December 11 of last year.

Here is what we are doing to try to help those thousands of smaller investors. There are basically two types of Madoff investors, leaving out the charities and pension funds that were also