

me, and I want to express my gratitude to them.

The work of the bipartisan Finance Committee staff—through all its fits and starts—is what got us here today. I want to thank all of them, and I think it is very appropriate that my colleague from Washington State, Senator CANTWELL, who has done so much good work on these issues, is going to close today.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I thank the Senator from Oregon for his leadership on this legislation and on health care in general. I will always think of him as a Senator who has been an advocate for reforming our health care system and oftentimes wanting to move faster than everybody here.

I am with him and the Northwest is with him, and that is why tonight is really a very proud moment for him as the ranking member of this committee to see the monumental shift in the way we have been dealing with the payment system and the Medicare access system and the children's health care program. So tonight, hopefully, we will put behind us a long-debated issue of how physicians are paid, but it will also start us on a new path to make sure people in America are guaranteed better outcomes and a process by which we will help reduce the costs of health care by focusing on both the cost of health care and the outcomes. So my colleague entered into the RECORD tonight—and I want to thank him for that—a colloquy that addresses the issue of how those who are part of accountable care organizations who will be given the resources to focus on high-performing health care systems will be able to under this study equate exactly how well they can do and how well they should be rewarded in reducing costs and giving better outcomes.

My colleague from Oregon speaks of this because he and I come from a part of the country that literally delivers better outcomes in health care at lower costs than many other States in the United States of America. Our residents want to know why the rest of the country can't practice medicine the same way. We want those savings that you get from the health care system to be plugged in or used for other purposes. They could be part of tax reform even. But we also want the citizens of our State to get better health care. We want them to have better outcomes, and we think that moving off a fee-for-service system and onto a system that focuses on the outcome of patients is the best way for our country to move forward.

So this legislation before us today builds on that process we started in the Affordable Care Act, something that is called the value-based modifier that basically takes the fee-for-service system—when you think about it, fee for service is about volume, about ordering more tests—and we are saying we want physicians to be rewarded for the out-

come and the good performance and the focus on whether the patient actually gets well or is given the best health care delivery.

In essence, the value modifier seeks to emulate the success Washington and Oregon have had and give us better, healthy outcomes for patients and lower costs. This year the value-based modifier is the beginning which physicians for the first time will see an adjustment. And building on that progress, Sylvia Burwell, the Secretary of Health and Human Services recently announced that Medicare would aim to tie 90 percent of their Medicare fee-for-service payments to quality or value initiatives by 2018. So this is tying half of all Medicare fee-for-service payments to an alternative payment model and helping us move forward on, again, focusing on outcomes.

I thank my colleague for entering into the colloquy the ongoing analysis that we need to do to continue to make changes on the health care system and congratulate him on the significant success of getting this bill done. It means we can spend more time focusing on efficiency, on quality, on the best way to compensate physicians but also keeping the focus on the patients and making sure they get better outcomes.

I thank the Presiding Officer, and I yield the floor.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

POSITIVE TRAIN CONTROL AND RAILROAD SAFETY

Mr. BLUMENTHAL. Mr. President, I wish to state my opposition to S. 650 in its current form. This legislation would extend the deadline for installation of Positive Train Control, PTC, by 5 years. I cannot agree with allowing such an extension without addressing so many other critical rail safety matters.

As Joe Boardman, the head of Amtrak and former FRA Administrator has said, "PTC is the most important rail safety advancement of our time." The need for this technology was first brought to our attention over 45 years ago, sparked by a head-on train collision in Darien, CT in 1969. There have

been many other horrible crashes since, and within the past decade alone, the National Transportation Safety Board has completed more than two dozen train accident investigations that took 65 lives and injured over 1,100 people—all of this, according to the NTSB, could have been prevented by PTC.

One of those horrific crashes occurred in 2008 in Southern California, and 25 lives were lost. PTC could have saved those lives. Accordingly, soon after that tragedy, Congress took real, thoughtful, substantive action and gave railroads more than 7 years to implement the life-saving technology of PTC. Since then, there have been other major accidents, such as the horrific crash of a Metro-North train in the Bronx in 2013 in which four lives were lost. Metro-North did not have PTC, and the NTSB has said the technology could have prevented those four deaths. Now, as we near the end of the 7 years, S. 650 gives railroads an extension of 5 more years—and then an option for 2 more after that. So, again, we must wait and risk continued loss of life as we further put off proven, life-saving technology.

There may be issues with the deadline, and we should have a discussion about those issues. We should also have a discussion about the many other issues with PTC. These include the need for resources for commuter railroads, the need for greater transparency for all railroads and the need for dedicated spectrum to ensure commuter railroads have bandwidth to operate PTC. S. 650 doesn't address these other issues. Rather, the bill just focuses on the deadline. I want to make sure the bill solves all the other problems.

In the Commerce, Science, and Transportation Committee, I filed amendments that actually address these other outstanding issues. I want to make sure funding is available for cash-strapped passenger railroads and commuter lines. I want to bolster transparency and make sure we know where railroads truly are in the implementation process. I want to make sure commuter railroads have the frequency they need to build out PTC, and I do not want any bill to move to the floor that ignores these needs and shortchanges our commuter railroads.

Another issue I hold with S. 650 is the bill's lack of attention to other serious safety concerns that should be addressed hand-in-hand with the shortcomings PTC works to resolve. Over the past few years, we have witnessed an onslaught of other rail safety issues spurred by far too many preventable accidents. Many of these accidents have happened on Metro-North, the commuter railroad serving Connecticut, the State I proudly represent. From mid-2013 into early 2014, we witnessed five major incidents on our commuter railroad. Then, again in February 2015, we witnessed another horrific incident in which six lives were