worried about our coasts, home to over 53 percent of the U.S. population, where we generate over 83 percent of our gross domestic product. We put a lot at risk if we follow the lead of the do-nothing caucus.

We learned: the “Do Nothing Caucus” argue that strong environmental legislation would hurt the economy and cost us jobs. It is the same old polluters’ argument. It is as wrong now as it has always been before.

In 1990, debate on the acid rain program, manufacturers warned that the health benefits of the program were unclear and that their adoption could deal a “crushing blow to U.S. business.” But when the acid rain program was enacted, the program began delivering $70 billion annually in human health benefits, at a benefit-to-cost ratio of more than 40 to 1. Industry and environmentalists alike now agree the program was a success. Ooops to that argument.

In 1995, DuPont warned the costs of phasing out ozone-depleting chemicals would exceed $135 billion and that “entire industries would fold.” But when the phasetout became law, compliance costs turned out to be less than 1 percent.

In 2000, commercial pilots warned that their flying days were numbered. DuPont made millions selling substitutes for the phased-out chemicals, and we managed to shrink the hole in the ozone layer of our Earth’s atmosphere. Ooops again.

We are at a crossroads. We can step toward the clean energy economy that beckons and show the world our capacity for leadership in the world economy, as we have done time and time again, or we can cling to the status quo, heads firmly wedged in the sand, and trade in our future for the well being of big oil and the Saudi Arabia royal family.

The right choice is clear, and I am confident we will make it. I yield the floor.

The PRESIDING OFFICER (Mr. MERKLEY): The Senator from Texas is recognized.

TORT REFORM

Mr. CORNYN. I know a number of our colleagues have come to the floor and talked about health care reform. I think this is not only an important debate, I think the American people deserve our best work and certainly our closest attention to something that will impact not just some of us but literally all 308 million of us living here in the United States.

I want to focus my remarks on the next few minutes on what is missing, what is missing from the bills moving in the Senate and the House of Representatives. Millions of Americans are paying attention to what is in these bills. That is a good thing. Everybody wants to see what Congress is up to and everybody wants to understand what is in these bills and how it will impact their health care.

As I talk to my constituents in Texas, they tell me that Congress may well make the problem worse, and for good reason. Families are worried that Congress will increase the cost of their health care or force them into a government plan, a pathway to a single-payer system.

Small business owners are concerned that many candidates will make it harder for them to weather the current recession. Physicians and other health care providers are worried that we will not fix the problem with Medicare and Medicaid, and will make their hassles even worse by forcing them onto an exchange with the top of flawed and unsustainable current government programs.

Patients—that would be all of us—are worried about the quality of care and whether the government will ultimately deny treatment or delay treatment as in Canada and the United Kingdom and other places where the government has taken over health care. And everybody is, frankly, worried about spending more taxpayer dollars, especially at a time when we saw earlier this year with the flawed stimulus package which spent more than $1 trillion, including interest, of borrowed money, and which has failed so far to meet its intended goal of keeping unemployment down to 8 percent or less.

I believe the people of this country will have greater confidence in Congress if we focus on reforms that will actually lower the cost of health care and not reduce access or quality, and that will actually increase access and quality.

One proven way of doing that is not even on the table. I think the American people would be justified in asking: Why? Why is that not on the table? Why are we not talking about eliminating junk lawsuits that create the practice of defensive medicine and which do nothing but exacerbate and worsen high health care costs in this country?

Medical liability laws exist for a very good reason, to compensate victims of negligence and other medical errors. Every victim of medical malpractice deserves access to the courts and for their case to be heard. But over the years our laws have somehow encouraged a wave of frivolous litigation which has done little but enrich trial lawyers and encourage the practice of defensive medicine and increase the cost of health care for all of us. It is estimated that punitive damages in medical malpractice cases cost the American taxpayer more than $100 billion every year, $100 billion of additional cost. That is according to economists Daniel P. Kessler and Mark B. McClellan.

Yet despite this potential savings of $100 billion, trial lawyers have not been asked to make the same sacrifices as others have to lower health care costs. We know there is a lot of arm twisting going on here in Washington these days: doctors, drug makers, insurers, and others have all been asked to pitch in, make a commitment to help. But so far there is one contingent that has not been asked for one dime. That is the trial lawyers. They have not been asked to step up and take one for the team.

Medical liability reform can lower costs while expanding access to care, I believe. It is the advice of my colleagues that they look to the experience we have recently conducted in the State of Texas. It is a successful experiment to increase access and lower costs. Texas illustrates both the problem and the solution. In the early part of the decade, Texas allowed its trial lawyer’s dream and a doctor’s nightmare. Our State had become a haven for medical malpractice lawsuits. As a result, physicians’ medical malpractice premiums had doubled and many insurers simply gave up and left the State and would no longer write medical malpractice insurance coverage at all. In fact, the number of physician liability insurers writing policies in Texas fell from about 17 to 4. Many doctors left the State or other states were willing to perform or simply retired early. This reduced access to health care as well as quality for millions of people across the State of Texas.

Our legislature and our Governor at the time saw the problem, and in a series of legislative reforms culminating in 2003, they took action. They placed a $750,000 cap on noneconomic damages in medical malpractice cases. They required that punitive damages—what is, damages that are awarded for punishment, not as compensation, be approved by juries unanimously. They imposed a firmer statute of limitations saying you needed to bring your claim within a specified time rather than sit on your rights and allow this claim to be stale and witnesses’ memories dim.

They set a higher standard for expert witnesses, the so-called out-of-town folks with a briefcase who are willing to testify for or against a particular claim depending on their compensation.

These and other reforms were designed to create an honest and predictable civil justice system, in which victims would receive just and timely compensation, bad actors would be held to account; and the good doctors could afford to practice in our State.

As I indicated, the results of this experiment have been dramatic. Average premiums for medical malpractice fell by 27 percent on average. 27 percent lower premiums, and in some cases by more than 50 percent.

Patients saw lower premiums for health care because doctors no longer had to pay skyrocketing premiums for their medical liability insurance. That translated into lower premiums for patients for their health care.

More than 400,000 Texans are now covered by health insurance because premiums have become more affordable. That is 400,000 more since these reforms took place.

Another amazing phenomenon here is that physicians literally flocked to our
State. They literally returned to the Lone Star State in large numbers. We saw the overall growth rate of 31 percent in the number of new physicians moving to our State, including underserved areas such as El Paso, TX, where a 76-percent increase in that underserved area was seen as a result of this reform.

We also saw a number of key medical specialists who had simply fled critical parts of our State—such as obstetricians, orthopedics, and orthopedic surgeons—return to practice and provide access to good quality health care.

Some Texans who had never had access to prenatal care or emergency care available within their county now have greater access, which means shorter drive times and wait times and healthier babies and happier families.

The results in Texas, I would submit, have simply been remarkable. But what really impressed me from enacting commonsense medical liability reform as part of our overall health care debate. But, of course, Texas is not unique in this experience. Other States have reformed their laws as well with effect, including California, Colorado, Florida, Indiana, Montana, and Virginia. They have seen lower costs and greater access to health care. What works in the State can also work here in Washington, DC and around the whole country generally if we were simply to have the courage to embrace it. We must include medical liability reform in eliminating junk lawsuits and frivolous litigation as part of any comprehensive health care reform bill.

Specifically, we should enact standards that cap noneconomic damages, establish firmer statutes of limitations so that claims will be brought on a timely basis and not after years have passed, and provide for exceptions for medical malpractice. I have made it a personal point that any health care reform proposals that have proven so successful in a number of States. If we reform medical liability laws nationwide, eliminating junk lawsuits and frivolous litigation, we will lower the cost of health care, which drives up the cost of health care, and we will show the American people that we are listening to them and focusing on solutions that will work. I yield the floor.

AMENDMENT NO. 1903 TO AMENDMENT NO. 183
The PRESIDING OFFICER. The Senator from Vermont [Mr. SANDERS] asks unanimous consent to proceed to the consideration of Amendment No. 1903.

Mr. SANDERS. Mr. President, I call up amendment No. 1903.

The PRESIDING OFFICER. The assistant legislative clerk read as follows:

“Mr. SANDERS. Proposes an amendment numbered 1903 to amendment No. 183.

Mr. SANDERS. I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To provide additional amounts for technical assistance grants)

On page 34, line 7, before the period, insert “Provided further, That within existing funds for industrial technologies $15,000,000 shall be used to make technical assistance grants under subsection (b) of section 399A of the Energy Policy and Conservation Act (42 U.S.C. 6711–1(b))”:

Mr. SANDERS. Mr. President, this amendment addresses the issue of district heating which has incredible potential as a force for sustainable energy. Specifically, what this amendment would do is provide $15 million in technical assistance grants to institutional entities such as municipal utilities, institutions of higher learning, public school districts, local government or a designee of any of these entities through the Energy Policy and Conservation Act as incorporated by the Energy Independence and Security Act of 2007. It would do this by directing $15 million within the $100 million for the DOE industrial technologies program to be directed toward district energy and combined heat and power.

This Nation has a huge opportunity to reduce greenhouse gas emissions, create jobs, and provide reliable energy for heating and cooling and electricity by moving toward district energy and combined heat and power. District energy systems provide heating and cooling to two or more buildings, facilities, or homes through underground pipes. These systems can efficiently meet the heating and cooling needs of towns and cities. Much of Copenhagen, for example, is now heated through district heating. It can provide electricity and heating for college campuses, for hospitals, public buildings, and other facilities.

Combined heat and power refers to the production of both electricity and thermal energy. You are creating electricity and heat from the same power plant. Combined heat and power plants can provide thermal energy for district energy systems.

In my city of Burlington, VT, where I lived the honor of being mayor for 8 years, we built the largest wood chip burning power plant in the State of Vermont. This plant has a 50-megawatt capacity that runs on wood chips and wood waste. Roughly 60 percent of the energy produced by this plant is lost as wasted heat. Burlington, similar to other cities around the country, could capture that waste heat and use it to provide heating and cooling to multiple buildings downtown.

According to a 2008 Department of Energy report, combined heat and power systems, particularly in coordination with district energy systems, could make a huge impact in meeting our energy needs while lowering greenhouse gas emissions. Approximately 40 percent of our energy consumption is for heating and cooling of our buildings as well as industrial process heat. Combined heat and power represents roughly 9 percent of our electric power capacity today. If we can move to 20 percent combined heat and power by 2020, we could, according to the DOE, create more than 1 million new jobs and avoid more than 800 million metric tons of carbon dioxide emissions. This would avoid more than 60 percent of the projected growth in carbon dioxide emissions between now and 2020. In other words, this is a big deal. We are talking about real technology that is deployable today, not 50 years in the future. It is here today, ready to be utilized.

In Copenhagen, district energy provides clean heating to 97 percent of the city. This has saved energy, reduced fossil fuel consumption, and avoided greenhouse gas emissions. In our own country, in St. Paul, MN, district energy and combined heat and power provide 6 megawatts of thermal energy and 25 megawatts of electricity from renewable urban wood waste. That is an extraordinary development. This