

SENATE—Monday, December 21, 2009*(Legislative day of Sunday, December 20, 2009)*

The Senate met at 12:01 a.m., on the expiration of the recess, and was called to order by the Honorable MARK UDALL, a Senator from the State of Colorado.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Eternal God, help of the ages, as we labor a great while before day, give our lawmakers the wisdom to see the right and the courage to do it. Cause them to be men and women of integrity, so that our citizens can lead quiet and peaceful lives in all godliness and honesty. Remind our Senators that You have called them to be servants of the people during this challenging season, so that they must not succumb to pessimism and cynicism or grow weary in well doing. Gird them with fortitude. Illumine them with the light of truth, and make them more than conquerors in the faith that the kingdoms of this world are to become the one and radiant Kingdom of Your redeeming love.

Lord, please remind the many workers who support the legislative process that You see their diligence and will reward their faithful sacrifices.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable MARK UDALL led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, December 21, 2009.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable MARK UDALL, a Senator from the State of Colorado, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. UDALL of Colorado thereupon assumed the chair as Acting President pro tempore.

SERVICE MEMBERS HOME OWNER-SHIP TAX ACT OF 2009—Resumed

Pending:

Reid amendment No. 2786, in the nature of a substitute.

Reid amendment No. 3276 (to amendment No. 2786), of a perfecting nature.

Reid amendment No. 3277 (to amendment No. 3276), to change the enactment date.

Reid amendment No. 3278 (to the language proposed to be stricken by amendment No. 2786), to change the enactment date.

Reid amendment No. 3279 (to amendment No. 3278), to change the enactment date.

Reid motion to commit the bill to the Committee on Finance, with instructions to report back forthwith, with Reid amendment No. 3280, to change the enactment date.

Reid amendment No. 3281 (to the instructions (amendment No. 3280) of the motion to commit), to change the enactment date.

Reid amendment No. 3282 (to amendment No. 3281), to change the enactment date.

The ACTING PRESIDENT pro tempore. Under the previous order, the time until 1 a.m. will be equally divided and controlled between the two leaders or their designees, with the majority leader controlling the final 10 minutes prior to 1 a.m., and the Republican leader controlling the 10 minutes immediately prior to that.

The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I intend to take 10 minutes of the Republican time. Will you please let me know when 1 minute remains?

The ACTING PRESIDENT pro tempore. The Senator will be notified.

Mr. ALEXANDER. Thank you, Mr. President.

Mr. President, there may be a number of Americans who are switching over from the Minnesota v. Carolina football game and they may be wondering what in the world is the U.S. Senate doing coming into session at midnight on a Sunday in the middle of a snowstorm and getting ready to vote at 1 a.m.? So let me try to explain that for a moment.

The reason is, the Democratic majority leader, who is the only one who can set our schedule, showed up yesterday with a 400-page amendment—yesterday. This amendment had been written in secret for the last 6 weeks. The assistant Democratic leader said, last week, on the floor, he had no idea what was in it. Of course, none of us on the Republican side knew what was in it. So almost no one here knew what was in it. It was presented to us. Then the Democratic leader said: Well, we are going to start voting on it, and we are going to pass it before Christmas.

This is an amendment to the health care bill, which when fully imple-

mented, will cost about \$2.5 trillion over 10 years, according to the Senate Budget Committee; which restructures a sixth of our economy; which affects 300 million people; which will raise taxes by about \$1 trillion when fully implemented over 10 years; and which will cut Medicare by about \$1 trillion when fully implemented over 10 years. It doesn't cut Medicare to make Medicare more solvent which, as we know, it is going to become insolvent, according to its trustees, by 2015, but to spend on a new entitlement.

It will also shift to the States a great many expenses, so much so that our Democratic Governor in Tennessee has said it is the mother of all unfunded mandates. The Governor of California says it is the last thing we need, take your time, get it right. But the Democratic leader and his colleagues insist that we need to bring this up in the middle of a snowstorm, write it in secret, vote on it in the middle of the night, and get it passed before Christmas Eve.

Why would they want to do that? Well, I think the answer is very clear. It is because they want to make sure they pass it before the American people find out what is in it. Because the American people, by nearly two to one, according to a CNN poll, do not like what they have heard about the health care bill. When they have to start explaining what is in it, they are afraid it will be worse, and it will never pass.

Republicans are not the only ones who believe we ought to stop and think about big issues before we deal with it. Eight Democratic Senators—Senators LINCOLN, BAYH, LANDRIEU, LIEBERMAN, MCCASKILL, NELSON, PRYOR, and WEBB—wrote Senator REID on October 6, saying to Senator REID:

As you know, Americans across our country have been actively engaged in the debate on health care reform. . . . Without a doubt, reforming health care in America is one of the most monumental and far-reaching undertakings considered by this body in decades. We believe the American public's participation in this process is critical to our overall success. . . .

I am quoting from the eight Democratic Senators. They go on to say they want to make sure the bill is on a Web site "for at least 72 hours" before we vote on it. This bill was given to us yesterday—400 pages of it—we had not seen before. Seventy-two hours would be Tuesday. So the minimum requirement, according to the eight Democratic Senators and all 40 Republican Senators, would be that we should not even think about voting on it until at

least Tuesday. And then one would think we would be amending it and debating it and considering it and thinking about it and trying to find out what it actually does.

According to the eight Democratic Senators:

By publicly posting the legislation and its [Congressional Budget Office] scores 72 hours before it is brought to a vote in the Senate and by publishing the text of amendments before they are debated, our constituents will have the opportunity to evaluate these policies. . . . As their democratically-elected representatives . . . it is our duty to listen . . . and to provide them with the chance to respond to proposals that will impact their lives.

Yet, we are presented with it in the middle of a snowstorm on Saturday, we are meeting at midnight, we are voting at 1 a.m. It is being demanded that it be passed, even though most of the provisions, as the Senator from Maine has said, do not even begin to take effect for 4 more years.

What is the rush? I think the rush is that our friends on the other side do not want to explain to 40 million seniors how you can cut \$1 trillion out of Medicare—it is exactly \$470 billion over the next 10 years, but when fully implemented \$1 trillion out of Medicare—and spend it on a new program without reducing Medicare services to 40 million seniors. The Director of the Congressional Budget Office has already said that for the 11 million seniors who are on Medicare Advantage that fully half their benefits will be affected.

I think our friends on the other side do not want the American people to understand why the \$578 billion in new taxes that are going to begin to be imposed next year—they are going to have a hard time explaining how that will create new jobs in America, at a time when we have 10 percent unemployed. New taxes?

They do not want the American people to find out the Director of the Congressional Budget Office said that if we put those new taxes on insurance providers, on medical devices, almost all of those taxes will be passed on to the consumers and, as a result, premiums will go up.

There are some very strong words that have been coming from the other side about Republicans saying this bill will actually increase the cost of health care. It is not Republicans who are saying that. Here is what David Brooks of the New York Times said in his analysis of the bill when he gave the reasons for it and the reasons against it this week and came to the conclusion that if he were a Senator he would vote against it. Mr. Brooks said:

The second reason to oppose this bill is that, according to the chief actuary for Medicare, it will cause national health care spending to increase faster.

That is right, we are going to raise taxes, cut Medicare, send a big bill to the States—all for what? “. . . accord-

ing to the chief actuary for Medicare, it will cause national health care spending to increase faster.” So if you are paying X for premiums, you are going to be paying more as a result of this bill.

Continuing, David Brooks said:

Health care spending is already zooming past 17 percent of [our gross domestic product] to 22 percent and beyond.

Then it is going to be hard to explain to the 9 million people who the Congressional Budget Office letter said would lose their employer insurance under this bill why that will happen. Of course, it will happen because under the bill as a whole, as employers look at the mandates and the costs, many will decide not to offer health insurance, and so those employees will find themselves either in Medicaid, the program for low-income Americans—into which 15 million more Americans are going; a program for which 50 percent of doctors will not see new Medicaid patients; it is like giving you a ticket to a bus when the bus only runs half the time—that is where many of these Americans will go, or they will go into the individual market, and the individual market will have higher premiums.

The other side says: Ah, but there will be subsidies for some of you. But the premiums are going to be higher, the health care costs are going to be higher.

The majority does not want to explain why this bill changes the bipartisan agreement not to have Federal funding for abortion that has been agreed to since 1977.

They do not want to take time for the American people to understand the CLASS Act, the long term insurance act, a new entitlement which sounds wonderful, but the Democratic chairman of the Budget Committee described it as a Ponzi scheme worthy of Bernie Madoff. That is because the amount of money that would be paid in, if a person pays a premium of \$2,880 per year for 5 years, would be \$14,000, and then they would have a \$1,500 monthly benefit for a long time after that.

It is obvious why the majority has cooked up this amendment in secret, has introduced it in the middle of a snowstorm, has scheduled the Senate to come in session at midnight, has scheduled a vote for 1 a.m., is insisting it be passed before Christmas, because they do not want the American people to know what is in it.

It is a deeply disappointing legislative result. But our friends on the Democratic side seem determined to pursue a political kamikaze mission toward a historic mistake, which will be bad for the Democrats, I am convinced, but, unfortunately, even much worse for our country.

Mr. President, I yield the floor.

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

Mr. MCCAIN. Mr. President, as we approach in less than an hour a very important vote—some have called it historic, some call it pivotal; it has been given various adjectives and adverbs—I think it might be appropriate to discuss for a minute or two how this all began.

It all began in the Presidential campaign. I do not like to spend much time recalling it. But health care was a big issue in the Presidential campaign. On October 8, 2008, less than a month before the election, then-Candidate Obama said, concerning health care reform:

I'm going to have all the negotiations around a big table. . . . What we'll do is we'll have the negotiations televised on C-SPAN, so that people can see who is making arguments on behalf of their constituents and who are making arguments on behalf of drug companies—

Keep that in mind: the drug companies—

or the insurance companies.

That was the statement made by then-Senator/Candidate Obama. What we have is a dramatic departure. There has never been a C-SPAN camera. There has never been a negotiation, a serious negotiation between Republicans and the other side. There has never been. I say that with the knowledge of someone who has negotiated many times across the aisle on many agreements. So don't stand and say there were serious negotiations between Republicans and Democrats. There never were.

But there were negotiations with the special interests, with PhRMA, the same ones the President said he was going to see who the American people were on the side of. Clearly, this administration and that side of the aisle was on the side of PhRMA because they got a sweetheart deal of about \$100 billion that would have been saved if we had been able to reimpose prescription drugs. The AARP has a sweetheart deal. There is a provision in this deal for them, plans that Medigap insurance sold by AARP are exempt from tax on insurance companies. The AMA signed up because of the promise of a doc fix. Throughout we should have set up a tent out in front and put Persian rugs out in front of it. That is the way this has been conducted.

Of course, after the special interests were taken care of, then we had to take care of special Senators. One deal is called—we have new words in our lexicon now—the Louisiana purchase, the corn husker kickback. I have a new name: the Florida flimflam, the one that gives the Medicare Advantage members in Florida the benefit, but my constituents in Medicare Advantage don't get it.

So in answer to this, in answer to a question today, the majority leader said:

A number of States are treated differently than other States.

Really?

A number of States are treated differently than other States. That is what legislation is all about. That is compromise.

Where is that taught? Where is that taught?

A number of States are treated differently than other States. That is what legislation is all about. That is compromise.

My friends, that is not what the American people call governing. That is called exactly an opposite contradiction of what the President of the United States said, where he says:

We will have negotiations televised on C-SPAN so that people can see who is making arguments.

I see the leader from Illinois over there. Just a few days ago, I said: What is in the bill?

The Senator from Illinois said: I don't know. I am in the dark too. I can give him his own quote.

So here we are, as the Senator from Tennessee said, in the middle of the night, and here we are, my friends, about to pass a bill with 60 votes. Sixty votes represent 60 percent of this body, but I can assure my friends on the other side of the aisle it doesn't represent 60 percent of the American people. In fact, 61 percent of the American people, according to a CNN poll, say they want this stopped. They disapprove of it. I guarantee you, when you go against the majority opinion of the American people, you pay a heavy price, and you should.

I will tell my colleagues right now that when you—this will be, if it is passed—and we are not going to give up after this vote, believe me. For the first time in history, for the first time in history, there will be a major reform passed on a party-line basis. Every reform—and I have been part of them—has been passed on a bipartisan basis. This will be a strict party-line basis.

I was thinking today about this vote, and I was thinking about other times and other examples I have had of courage or lack of or the fact that in the face of odds, you have to stand for what you believe in. I thought about back when I first entered the U.S. Naval Academy at the young age of 17. One of the first things they told us about in our learning of naval traditions was about a battle that took place early in the Revolutionary War. An American ship run by a captain engaged a British ship, the mighty British Navy. The American ship was outgunned and was outmanned. As they came together in mortal combat, with dead and dying all around, the British captain said: Do you surrender? The captain, John Paul Jones, said: I have not yet begun to fight.

I tell the American people: We are going to go around this country. We

are going to the townhalls, we are going to the senior centers, we are going to the rotary clubs. We are going to carry this message: We will not do this. We will not commit generational theft on future generations of Americans. We will not give them another \$2½ trillion in debt. We will not give them an unfair policy where deals are done in back rooms, and we—all of us on this side of the aisle—will stand for the American people, and we have just begun to fight.

The ACTING PRESIDENT pro tempore. Who yields time?

The Senator from Iowa is recognized.

Mr. HARKIN. Mr. President, for the last several weeks, all we have heard from the other side is attack, attack, attack. All we have heard from the other side is no, no, no. They keep talking. I just heard the Senator from Arizona saying this is not a bipartisan bill. I have heard so much talk on the other side in the last several weeks about how this should be bipartisan. Well, let's look at that for a second.

As I see it, the Republicans have no bill of their own. Our bill has 60 Democrats, a supermajority, a supermajority. Well, I guess there is a bill over there. It is the Coburn-Burr bill. It has seven cosponsors. That is it. That is it. Nothing else. Not all the Republicans are supporting it. My friends on the other side are all over the place. They can't even agree among themselves what they want to do. They have no comprehensive bill as we have come up with.

So I keep hearing that we Democrats are not bipartisan, but whom do we deal with? Just the Senator from Arizona? Just the Senator from Tennessee? How about the Senator from Oklahoma or the Senator from South Carolina? So I am sorry. I feel sorry the Republicans are all split up. They have not done their own homework to pull their own Senators together for something positive. So what they have done is they pulled together to say no, to try to kill the reform bill we have worked so hard on all year.

We extended a hand. If we had wanted to ace out the Republicans, we would have followed their lead on what they did in 2001, when they rammed through that tax cut for the wealthy. They did it on reconciliation so we couldn't filibuster it, so we couldn't have any debate on it. That is what they did. We didn't do it that way.

President Obama said we want to hold out the olive branch. We want to work with Republicans, so that is what we tried to do. Under the leadership of Senator DODD on our committee, we had numerous meetings with Republicans. We had a markup session that lasted 13 days 54 hours. We accepted 161 of their amendments and, in the end, everyone on the Republican side voted against it.

Senator BAUCUS bent over backward, week after week. He not only went the

extra mile, he went the extra 100 miles to try to get Republicans to work with him on this bill. In the end, only one Republican would vote for the bill out of committee.

So that is what we have. I am sorry to say my friends on the other side are in total disarray. They have nothing they can agree on. Well, we have something we have agreed on. Sixty, a supermajority, have agreed on moving a bill forward, a pivotal point in our history, in a decades-long march toward comprehensive health reform. It has alluded Congresses and Presidents going back to Theodore Roosevelt.

My friends on the other side defend the status quo. They want us to vote our fears—fear, fear, fear. Everything you hear, it seems, on the other side is fear. Be afraid. Well, it is not going to work this time because what the American people want is not fear, they want hope. They want the hope they will have the health care they need when they have to have it at a price that is affordable. They want to have the peace of mind and security of knowing that their children, if they have a pre-existing condition, will be covered by health insurance. They want to have the peace of mind of knowing that if they lose a job, they don't lose their health insurance. The American people want the hope and the security of knowing that if they get ill, they will not be dropped by their insurance company. They want the hope and the security to know they aren't just one illness away from bankruptcy.

We are the only country in the world—the only one—where people can go bankrupt because they owe a medical bill. No other country would allow that to happen. We are the only one. This bill is going to stop that. People will not have to fear going bankrupt because someone in their family got a chronic illness or a disease that is going to cost a lot of money. The American people want us to move forward, and we are going to do it tonight at 1 o'clock. We are going to move forward. We are not going to vote fears, we are going to vote hope.

We are going to tell the American people we are going to do three big things. First of all, we are going to cover 94 percent of Americans with health insurance—94 percent. Thirty-one million people out there without health insurance are going to get health insurance.

Secondly, we are going to crack down on the abuses of the insurance companies. No more cancelling your policy just because you got sick. No more lifetime caps which basically cause more and more people to go into bankruptcy. No more of those lifetime caps. We are going to make sure your kids can stay on your policy until they are age 26. We are going to do away with all these preexisting condition clauses next year for children, up to age 18, and then for

everyone later on after we get the exchanges set up.

Insurance companies will not be able to rescind your policy or drop you because you got cancer or heart disease. If you are a person out there who has your own health insurance policy right now and you like it, you can keep it. But guess what this bill will do. It will lower your premiums, and it will improve your coverage if you want to keep your own health insurance that you have right now.

Every year, about 45,000 Americans die in this country because they have no health insurance. Johns Hopkins did a study and said that children who have no health insurance are 60 percent more likely to die because of hospitalizations than kids who have health insurance coverage. It is a moral disgrace. The health insurance policies of America, what we have right now is a moral disgrace. You can talk to people from other countries, our closest allies, our closest friends who share so many of our values, and when they find out about our health care system, they say: How can you put up with it? This is disgraceful. You are the leader of the free world. You are supposed to set the example. And what a terrible example we have set in health care, what a terrible example.

Well, we have finally arrived at one of the most significant moments in the history of the Senate, one of the most significant. Our former chairman, Senator Ted Kennedy, fought all his life for national health insurance, and years ago, back in the 1960s, said health care ought to be a right, not a privilege.

He said that over 40 years ago, almost 50 years ago, that health care should be a right and not a privilege. It was always his highest priority. It was his great dream of an America where quality, affordable health care is that right. He thought of it as a moral imperative—a moral imperative. A lot of times, we lose that. We hear a lot of debate about how much this is, who is going to lose this, all these scare tactics. We see all these numbers and all that kind of stuff. We forget the essence of it. It is a moral imperative. We are called upon to right a great injustice, a great wrong that has been put upon the American people for far too long. It is a moral imperative that confronts us now that we will vote on in half an hour. We are closer than we have ever been to making Ted Kennedy's dream a reality.

A lot of people have worked very hard on this bill. I mentioned Senator BAUCUS. I mentioned Senator DODD; Senator REID, our leader, the amount of hours he has spent and the days he has spent here without his family, without going home, being here all the time working; our assistant leader, Senator DURBIN. So many people have worked so hard on this bill. We have

had so much input. Everyone has had input on this bill. Our Republican friends have had input on this bill. They had it in our committee. As I said, we accepted 161 amendments. So I guess you can say this bill has a lot of authors. But there is really only one author of this bill—Senator Ted Kennedy. It is his bill because it does get us the start.

To my friends, I say this is not the end of health care reform, it is the beginning. But we must make this beginning in order to fulfill that dream and really make health care a right, not a privilege.

In half an hour, let's make history. The other side says fear. We say hope. The other side says no. We say yes. We say yes to progress, yes to people, yes to health care as an inalienable right of every American citizen.

I yield the floor.

Mr. CORNYN. Parliamentary inquiry.

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

Mr. CORNYN. Mr. President, earlier today Senator GRASSLEY raised a parliamentary inquiry on rule XLIV of the Standing Rules of the Senate. As my colleagues recall, this was a rule that the Senate passed pursuant to the Honest Leadership and Open Government Act of 2007. The question had to do with whether the managers' amendment we are getting ready to vote on complied with rule XLIV's earmark disclosure requirement. At the time, the Chair indicated that the disclosure list was not submitted at the time. That was 6 p.m. today.

My inquiry is this: Is the Chair aware of the disclosure list being made available as required by rule XLIV now as we vote in the next 30 minutes?

The ACTING PRESIDENT pro tempore. The Chair is not aware at this time whether that statement has been made.

The Senator from Connecticut is recognized.

Mr. DODD. Mr. President, I wish to take a few minutes in closing, if I may.

I spoke earlier this evening about the importance of the moment we have all come to appreciate, I believe, a moment that has been years in the making, dating back, as all have pointed out or most have pointed out who spoke in favor of this legislation, to the early part of the last century with Theodore Roosevelt, a former Republican, who first advocated the notion of a national health care system in our Nation. Franklin Roosevelt picked up that challenge, and Harry Truman, of course, was the one who articulated it in specific terms.

It was 69 years ago this very month that Franklin Roosevelt identified the four freedoms: freedom of religion, freedom of speech, the freedom from want, and the freedom from fear. It is

that last freedom that Franklin Roosevelt talked about in December of 1941 that is deserving of our attention in these closing minutes.

Whatever else one may argue about the specifics of this bill, it is that fear that so many of our fellow citizens have over whether they will be confronted with a health care crisis and have the resources to address it and the ability to have a doctor, a physician, a health care provider, a hospital to provide them with that kind of help when they need it. That fear is not just for those without health care; it is even for those who have health care insurance. That fear persists.

This evening, more than anything else, beyond the specifics of the legislation in front of us is our desire to address that freedom from fear that was addressed so eloquently almost 70 years ago. So this evening we attempt, anyway, to begin that journey of eliminating those fears so many of our fellow citizens have over the loss or inability to acquire that kind of health insurance or the inability to have a doctor.

So we are poised to make a monumental vote on legislation that finally makes access to quality health care a right for every American. If you do not believe it is a right, that it is only a privilege, then I suppose you could come to a different conclusion. And there are those, I guess, who believe it is a privilege to have access to health care as an American citizen. Those of us on this side of the aisle believe it is a right, and as a right, you ought not to be denied that right based on economic circumstances, your gender, or your ethnicity in this Nation. You ought to have access to health care as a fundamental right in our Nation.

Obviously, we need to participate, engage in responsible activities that will make sure we contribute to the well-being of all our Nation to reduce the cost of health care.

This is a comprehensive bill. It has been more than just a year specifically on this effort but goes back 40 or 50 years in terms of drafting, and efforts have been made to achieve what we are trying to achieve this evening.

At the end of the day, however, this legislation is really about freedom from fear, as I said a moment ago. The bill frees Americans from the fear that if they lose their job, they will never find insurance coverage again. The bill frees Americans from the fear that they might get sick and be unable to afford the treatment they need. And the bill frees Americans from the fear that one illness, one accident could cost them everything they built—their homes, their retirement, their life savings.

In a nation founded on freedom and sustained by unimaginable prosperity, as I mentioned before, this bill is long overdue and critically important. No

American can be free from fear when getting sick could mean going broke.

This fight is older than most of us who serve in this body. Our path has been illuminated by a torch lit years ago in the days of Harry Truman and sustained for decades by good people, Republicans and Democrats—the Nixon administration, the Clinton administration, Members such as John Chafee, who worked tirelessly in trying to craft a good health care bill. We heard others talk about the regrets they had not acknowledging his ideas when he proposed them or we might have been able to address this issue years ago. Good people have tried to come up with some answers to this issue. It is with a note of sadness this evening that we are going to have a partisan vote on this matter. I wish it was otherwise.

I would like to point out that many of us have fought and challenged us to come up with these answers, but tonight this is our answer, the 60 of us who will vote to go forward with this bill. As Senator HARKIN just pointed out, it is hardly the final answer on this matter, but it allows us to begin that process of addressing these issues in a more thoughtful and comprehensive way in the years ahead.

Of course, no one was a better champion of all of this, as Senator HARKIN pointed out, than our deceased and beloved colleague from Massachusetts, Senator Ted Kennedy. He fought these battles for so many years. He understood that you could never solve all of these issues in one fell swoop. It was going to take an incremental approach to get us there.

I can guarantee that if he read this bill, there would be disappointments he would have in it. I knew him well enough to say that this evening. If he had written it on his own, he would have written it differently. Were he here among us this evening, he would urge all of us to move forward on this bill to address it, to vote for it, to allow this Nation to begin to grapple with this issue that should have been solved more than 50 years ago.

So this evening, again, as we come down to the final minutes of this debate, let's remind ourselves that history will judge us well for taking up this challenge once again and asking ourselves to give Americans the opportunity to live free from those fears they have this very evening. And tonight, we begin to alleviate those fears.

I urge my colleagues to support this effort.

I yield the floor.

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

Mr. McCONNELL. Mr. President, tonight marks the culmination of a long national debate. Passions have run high, and that is appropriate because the bill we are voting on tonight will impact the life of every American. It

will shape the future of our country. It will determine whether our children can afford the Nation they inherit. It is one of the most consequential votes any of us will ever take, and none of us take it lightly. But make no mistake, if the people who wrote this bill were proud of it, they would not be forcing this vote in the dead of night.

Here are just some of the deals we have noticed: \$100 million for an unnamed health care facility at an unnamed university somewhere in the United States. The bill does not say where and no one will even step forward to claim it. Mr. President, 1 State out of 50—1 State out of 50—gets to expand Medicaid at no cost to itself while taxpayers in the other 49 States pick up the tab. The same Senator who cut that deal secured another one that benefits a single insurance company—just one insurance company—in his State. Do the supporters of the bill know this? I say to my colleagues, do you think that is fair to all of your States? What about the rest of the country?

The fact is, a year after the debate started, few people would have imagined this is how it would end—with a couple of cheap deals—and a rushed vote at 1 o'clock in the morning. But that is where we are. And Americans are wondering tonight: How did this happen? How did this happen? So I would like to take a moment to explain to the American people how we got here, to explain what has happened and, yes, what is happening now.

Everyone in this Chamber agrees we need health care reform. Everybody agrees on that. The question is how. Some of us have taken the view that the American people want us to tackle the cost issue, and we proposed targeted steps to do it. Our friends on the other side have taken the opposite approach, and the result has been just what you would expect. The final product is a mess—a mess. And so is the process that has brought us here to vote on a bill that the American people overwhelmingly oppose.

Any challenge of this size and scope has always been dealt with on a bipartisan basis. The senior Senator from Maine made that point at the outset of the debate and reminded us all of how these issues have typically been handled throughout our history. The Social Security Act of 1935 was approved by all but six Members of the Senate. The Medicare Act of 1965 only had 21 dissenters, and the Americans with Disabilities Act in 1990 only had eight Senators who voted no.

Americans believe that on issues of this importance, one party should never be allowed to force its will on the other half of the Nation. The proponents of this bill felt differently.

In a departure from history, Democratic leaders put together a bill so heavy with tax hikes, Medicare cuts,

and government intrusion that, in the end, their biggest problem wasn't convincing Republicans to support it, it was convincing the Democrats.

In the end, the price of passing this bill wasn't achieving the reforms Americans were promised, it was a blind call to make history, even if it was a historical mistake, which is exactly what this bill will be if it is passed. Because in the end, this debate isn't about differences between two parties, it is about a \$2.3 trillion, 2,733-page health care reform bill that does not reform health care, and, in fact, makes the price of it go up.

"The plan I am announcing tonight," the President said on September 9, "will slow the growth of health care costs for our families, our businesses and our government. My plan," the President said, "would bring down premiums by \$2,500 for the typical family. I will not sign a plan that adds a dime to our deficit," the President said, "either now or in the future." And on taxes, "No family making less than \$250,000 a year will see any form of tax increase," he said.

He said he wouldn't cut Medicare. He said people who liked the plans they have wouldn't lose their coverage, and Americans were promised an open and honest debate. "That is what I will do in bringing all parties together," then-Senator Obama said on the campaign trail, "not negotiating behind closed doors, but bringing all parties together and broadcasting these negotiations on C-SPAN."

Well, that was then and this is now. But here is the reality. The Democratic bill we are voting on tonight raises health care costs. That is not me talking, it is the administration's own budget scorekeeper. It raises premiums. That is the nonpartisan Congressional Budget Office talking. It raises taxes on tens of millions of middle-class Americans, and it plunders Medicare by $\frac{1}{2}$ trillion. It forces people off the plans they have, including millions of seniors. It allows the Federal Government, for the first time in our history, to use taxpayer dollars for abortions.

So a President who was voted into office on the promise of change said he wanted to lower premiums. That changed. He said he wouldn't raise taxes. That changed. He said he wanted lower costs. That changed. He said he wouldn't cut Medicare. And that changed too.

And 12 months and \$2.3 trillion later, lawmakers who made these same promises to their constituents are poised to vote for a bill that won't bend the cost curve, that won't make health care more affordable, and it will make real reform even harder to achieve down the road.

I understand the pressure our friends on the other side are feeling, and I don't doubt for a moment their sincerity. But my message tonight is this:

The impact of this vote will long outlive this one frantic snowy weekend in Washington. Mark my words: This legislation will reshape our Nation, and Americans have already issued their verdict: They do not want it. They do not like this bill, and they do not like lawmakers playing games with their health care to secure the votes they need to pass it.

Let's think about that for a moment. We know the American people are overwhelmingly opposed to this bill, and yet the people who wrote it will not give the 300 million Americans whose lives will be profoundly affected by it as much as 72 hours to study the details. Imagine that. When we all woke up yesterday morning, we still hadn't seen the details of the bill we are being asked to vote on before we go to sleep tonight.

When we woke up yesterday morning, we still hadn't seen the details of the bill we are going to be asked to vote on before we go to sleep tonight.

How can anybody justify this approach, particularly in the face of such widespread and intense public opposition? Can all of these Americans be wrong? Don't their concerns count?

Party loyalty can be a powerful force. We all know that. But Americans are asking the Democrats to put party loyalty aside tonight, to put the interest of small business owners, taxpayers, and seniors first.

And there is good news: It is not too late. All it takes is one—just one. All it takes is one. One can stop it. One can stop it or everyone will own it. One can stop it or every single one will own it.

My colleagues, it is not too late.

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

Mr. REID. Mr. President, all over this great country of ours, people are dying soon—far too soon. More and more Americans who come down with the flu, develop diabetes, or suffer a stroke are dying far earlier than modern science says they should die. More and more Americans who contract skin cancer or have a heart condition are dying rather than being cured.

Pull out the medical records of these patients and the official forms will tell you they died from complications of disease or maybe some surgery. But what is really killing more and more Americans every day are complications due to our health care system.

Much of our attention this year has been consumed by this health care debate. A national study done by Harvard University found that 45,000 times this year, nearly 900 times every week, more than 120 times every day, on average every 10 minutes, on end, an American died as a result of not having health insurance. Every 10 minutes. The numbers are numbing, and they don't even include those who did have health insurance but who died because

they couldn't afford a plan that met their most basic needs.

This country—the greatest and richest the world has ever seen—is the only advanced Nation on Earth where dying for lack of health insurance is even possible. To make matters worse, we are paying for that privilege. The price of staying healthy in America goes up, it goes up, it goes up and, not surprisingly, so do the numbers of Americans who can't afford it. In fact, medical bills are the leading cause of bankruptcy in America. And the second choice is way down the list—it is medical bills.

That is why we are here. Just as we have the ability to prevent diseases from killing us too soon, we have before us the ability to provide quality health care to every American. We have the ability to treat our unhealthy health care system. That is what this historic bill does. It protects patients and consumers. It lowers the cost of staying healthy and greatly reduces our debt.

This landmark legislation protects America's youngest citizens by making it illegal for insurance companies to refuse to cover a child because of a pre-existing condition.

It protects America's oldest citizens by strengthening Medicare and extending its life for almost a decade. We are also taking the first steps to closing the notorious loophole known as the doughnut hole that costs seniors thousands of dollars each year for prescription drugs. These are some of the reasons the AARP—the American Association of Retired People—and its 40 million Americans are supporting this bill.

Contrary to what we heard from my distinguished friend, the Republican leader, premiums are reduced by 93 percent. Ninety-three percent of people who have insurance will have reduced premiums.

This effort also strengthens our future by cutting our towering national deficit by as much as \$1.3 trillion over the next two decades. What my distinguished Republican counterpart is saying is without basis in fact. These aren't numbers that I came up with, these are numbers that the Congressional Budget Office came up with—\$1.3 trillion. That is trillion with a "t." It cuts the deficit more sharply than anything Congress has done in a long time. It lowers costs. I have talked about Medicare.

My friend, the Republican leader, said it is going to reshape our Nation. That is why we are doing it. That is why we are doing this. We want to reshape the health care delivery system in our country. Is it right that America has 750,000 bankruptcies a year, about 80 percent of them caused by health care costs, and 62 percent of the people who have filed bankruptcy have health care costs? We are reshaping the Nation. That is what we want to do. That is what we have to do.

With this vote, we are rejecting a system in which one class of people can afford to stay healthy while another cannot. It demands for the first time in American history good health will not depend on great wealth. Good health should not depend on how much money you have. It acknowledges, finally, that health care is a fundamental right, which my friend Senator HARKIN spoke about so clearly—a human right—and not just a privilege for the most fortunate.

President Johnson, former majority leader of the Senate, signed Medicare into law when he was President, with the advice: "We need to see beyond the words to the people they touch." That is just as true today as it was 44 years ago when he signed that legislation.

This is not about partisanship or about procedure. And everyone knows we are here at 1 o'clock in the morning because of my friends on the other side of the aisle. For them to say with a straight face—and I know some of them didn't have that straight face—that we are here because of us is without any foundation whatsoever. And everyone knows that.

This is not about politics. It certainly is not about polling. It is about people. It is about life and death in America. It is about human suffering. Given the chance to relieve the suffering, we must.

Citizens in each of our States have written to tell us they are broke because of our broken health care system. Some have sent letters with even worse news—news of grave illness and preventable death. For weeks, we have heard opponents complain about the number of pages in this bill, but I prefer to think of this bill in terms of the people it will help.

A woman named Lisa Vocolka, who lives in Gardnerville, NV—a beautiful city below the Sierra Nevada mountains—lives with her two daughters, both of whom are in elementary school. The youngest suffers seizures. Her teachers now think she has a learning disability.

Because of her family history, Lisa, the girl's mom, is at high risk of cervical cancer. Although she is supposed to get an exam every 3 months, she doesn't go. She is lucky if she goes once a year, and most of the time she is not very lucky. When Lisa lost her job, she lost her health coverage. Now both Lisa and her daughter miss the tests and preventive medicine that could keep them healthy. Her long letter ended with a simple plea. It was: "We want to be able to go to the doctor."

That is why this bill will ensure all Americans can get the preventive tests and screenings they need. I am voting yes because I believe Lisa and her daughter deserve to be able to go to the doctor.

A teenager named Caleb Wolz is a high school student from Sparks, NV.

Like so many students, he used to play soccer when he was younger. Now he sticks to skiing and rock climbing. You can forgive him, I am sure, for giving up soccer. You see, Caleb was born with legs that end above his knees.

As children mature, even Caleb, they grow out of their clothes. Most kids grow out of their shoes. Caleb doesn't. A lot of kids probably get a new pair every year but Caleb has needed a new pair of prosthetic legs every year since he was 5 years old. Unfortunately and unbelievably, Caleb's insurance company has decided it knows better than his doctor and has decided Caleb doesn't need those legs. That is why this bill will make it illegal for those insurance companies to use preexisting conditions as an excuse for taking our money but not giving coverage.

This is a big change. But isn't it a good change? I am voting yes because I believe Caleb deserves a set of prosthetics that fit.

Ken Hansen wrote to me from Mesquite, NV, a town on the border of Nevada, Utah, and Arizona. He has chronic heart problems and parts of his feet have been amputated but Ken can't go to the doctor because he makes too much to qualify for Medicaid and too little to afford private insurance. I share with the Senate exactly what Ken wrote me:

I am very frustrated because it seems my only hope is that I die very soon, because I cannot afford to stay alive.

That is why this bill will expand Medicaid to cover people like Ken from Mesquite, NV, who are caught in the middle. I am voting yes because when someone tells me his only hope is to die, I think we have to take a close look at that. I can't look away. I cannot possibly do nothing.

A man by the name of Mike Tracy lives in North Las Vegas. His 26-year-old son has been an insulin-dependent diabetic since he was a baby. The insurance Mike's son gets through work will not cover his treatments and the Tracys can't afford to buy more insurance on their own. But his family's troubles are about more than just money. Since they couldn't afford to treat his diabetes, it developed into Addison's disease—which of course they can't afford to treat either. It could be fatal.

This is what he wrote to me 2 weeks ago:

I don't know what to pray for first: that I will die before my son will so I don't have to bear the burden, or that I outlive him so I can provide support to his family when he is gone.

Quite a set of prayers. This should not be a choice any American should have to make. It should not be a choice any father or mother should have to make—and when given the chance to help people like Mike, our choice should be very easy.

That is what this legislation is all about. These are hard-working citizens

with heartbreaking stories. They are people who played by the rules and simply want their insurance company to also do the same. They are not alone. These tragedies do not happen only to Nevadans. They don't happen only to people who, despite all their pain, find time to write their leaders in Congress. These tragic events happen to people on the east coast, the west coast, and everywhere in between. These tragedies happen to Americans in small towns and in big cities. These tragedies happen to citizens on the left side of the political spectrum and on the right side. As Mike Tracy wrote in his powerful letter about his son:

Democrats need health care. Republicans need health care. Independents need health care. All Americans need health care. Get it done.

He is right. Every single Senator, every one of us, comes from a State where these injustices happen every single day. Every single Senator represents hundreds, thousands of people who have to choose between paying an electricity bill or a medical bill; between filling a doctor's prescription or—well, maybe just hoping for the best—between their mother's chemotherapy treatment and their daughter's college tuition.

As I mentioned earlier, on average an American dies from lack of health insurance every 10 minutes. That means in the short time I have been speaking our broken system has claimed at least two lives. Another American has died, another American has died—two have died a preventable death, each of them.

So as our citizens face heart-rending decisions every day, tonight every Senator has a choice to make as well. That choice: Are you going to do all you can to avert the next preventable death? I hope so. I urge an aye vote to stop this filibuster.

Mr. President, I advise my Members that in 1984 the Senate adopted a resolution, S. 40, to impose a requirement that Senators vote from their desks. I know we do not do this all the time but I ask tonight we do vote from our desks and follow the rule, S. Res. 40, and have Senators vote from their desks.

CLOTURE MOTION

The PRESIDING OFFICER. The motion to invoke cloture having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the Reid amendment No. 3276 to the Reid substitute amendment No. 2786 to H.R. 3590, the Service Members Home Ownership Tax Act of 2009.

Christopher J. Dodd, Richard Durbin, Max Baucus, Paul G. Kirk, Jr., Claire McCaskill, Jon Tester, Maria Cantwell, Barbara A. Mikulski, Mark Udall, Arlen Specter, Sherrod Brown, Mark

Begich, Sheldon Whitehouse, Bill Nelson, Roland W. Burris, Kirsten E. Gillibrand, Ron Wyden.

The PRESIDING OFFICER. By unanimous consent the mandatory quorum call is waived. The question is, Is it the sense of the Senate that debate on amendment No. 3276 to the Reid substitute amendment No. 2786 to H.R. 3590, the Service Members Home Ownership Tax Act of 2009, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

The yeas and nays resulted—yeas 60, nays 40, as follows:

[Rollcall Vote No. 385 Leg.]

YEAS—60

Akaka	Franken	Mikulski
Baucus	Gillibrand	Murray
Bayh	Hagan	Nelson (NE)
Begich	Harkin	Nelson (FL)
Bennet	Inouye	Pryor
Bingaman	Johnson	Reed
Boxer	Kaufman	Reid
Brown	Kerry	Rockefeller
Burris	Kirk	Sanders
Byrd	Klobuchar	Schumer
Cantwell	Kohl	Shaheen
Cardin	Landrieu	Specter
Carper	Lautenberg	Stabenow
Casey	Leahy	Tester
Conrad	Levin	Udall (CO)
Dodd	Lieberman	Udall (NM)
Dorgan	Lincoln	Warner
Durbin	McCaskill	Webb
Feingold	Menendez	Whitehouse
Feinstein	Merkley	Wyden

NAYS—40

Alexander	DeMint	McCain
Barrasso	Ensign	McConnell
Bennett	Enzi	Murkowski
Bond	Graham	Risch
Brownback	Grassley	Roberts
Bunning	Gregg	Sessions
Burr	Hatch	Shelby
Chambliss	Hutchison	Snowe
Coburn	Inhofe	Thune
Cochran	Isakson	Vitter
Collins	Johanns	Voinovich
Corker	Kyl	Wicker
Cornyn	LeMieux	
Crapo	Lugar	

The PRESIDING OFFICER (Mrs. SHAHEEN). On this vote, the yeas are 60, the nays are 40. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The Chair announces that because cloture has been invoked, the motion to refer falls.

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

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

Mr. REID. Mr. President, I would like to thank the employees in the Office of the Secretary of the Senate who read the managers' amendment aloud for more than 7 hours on Saturday, December 19, 2009. They are:

Kathie Alvarez, John Merlino, Mary Anne Clarkson, Scott Sanborn, Leigh Hildebrand, Sheila Dwyer, Adam Gottlieb, Joe Johnston, Elizabeth MacDonough, Ken Dean, Michelle Haynes, Patrice Boyd, William Walsh, Valentin Mihalache, and Cassie Byrd.

The readers represent the offices of the Legislative Clerk, Assistant Secretary of the Senate, Parliamentarian, Bill Clerk, Journal Clerk, Executive Clerk, Daily Digest, Enrolling Clerk, and the Official Reporters of Debates.

Mr. CARDIN. Mr. President, on Wednesday, the junior Senator from Vermont offered his "single-payer" health insurance amendment, amdt. No. 2837, to H.R. 3590. Under rule XV of the Standing Rules of the Senate, an amendment must be read aloud into the RECORD unless its reading is dispensed with by unanimous consent. Such consent is routinely granted but in this instance, the junior Senator from Oklahoma objected so the clerks commenced with reading the 767-page amendment. After several hours passed, Senator SANDERS withdrew his amendment.

Later in the day, the Republican leader came to the floor and complained that "the majority somehow convinced the Parliamentarian to break with the longstanding precedent and practice of the Senate" with regard to the reading of the amendment. He claimed that continued reading of the amendment could not be dispensed with absent consent being granted, suggesting that Senator SANDERS had no right to interrupt the reading to withdraw his amendment. The Republican leader cited Riddick's *Senate Procedure: Precedents and Practices*, pages 43-44, which states, in part:

Under Rule XV, paragraph 1, and Senate precedents, an amendment shall be read by the Clerk before it is up for consideration or before the same shall be debated unless a request to waive the reading is granted; in practice that includes an ordinary amendment or an amendment in the nature of a substitute, the reading of which may not be dispensed with except by unanimous consent, and if the request is denied the amendment must be read and further interruptions are not in order; interruptions of the reading of an amendment that has been proposed are not in order, even for the purpose of proposing a substitute amendment to a committee amendment which is being read.

When an amendment is offered the regular order is it reading, and unanimous consent is required to call off the reading.

A Senator has, at the sufferance of the Senate, reserved the right to object to dispensing with further reading of an amendment.

Later on Wednesday, the senior Senator from Illinois ably addressed the Republican leader's concerns but I bring the matter up again because I was presiding at the time Senator SANDERS withdrew his amendment and Senator COBURN called for regular order. I received several phone calls afterwards from individuals who claimed that I acted erroneously in permitting Senator SANDERS to with-

draw his amendment so I would like to set the record straight.

First of all, before Senator SANDERS withdrew his amendment, I consulted with the Senior Assistant Parliamentarian, who was on the floor while I was presiding. He assured me that a Senator has the right to withdraw an amendment if no action has been taken on it. No action can be taken on an amendment until it is officially pending. An amendment is not officially pending until it has been read into the RECORD or such reading has been waived by unanimous consent.

It is important to understand that while the Presiding Officer, not the Parliamentarian, makes rulings, it would be unusual for him or her to ignore the advice of the Parliamentarian. Martin Gold, who was the senior floor staffer to two former Republican majority leaders, Howard H. Baker, Jr., and William H. Frist, MD, of Tennessee, writes in his definitive book, "Senate Procedure and Practice," that former Parliamentarian Floyd M. Riddick "claimed that in twenty-five years of advising the presiding officer, the Senate only once voted to overturn him on appeal. He also cites an example of Vice President Alben Barkley ignoring the parliamentarian's advice, only to be overturned on appeal." The Parliamentarian is a nonpartisan officer of the Senate. In the 72 years since the position was created, there have been just five Parliamentarians. The Parliamentarian and his staff are experienced professionals. I sought and received the Parliamentarian's advice on this matter and I followed it, which is how the Senate usually operates.

The Parliamentarian and his staff conducted extensive research on rule XV and the precedents governing the reading and withdrawal of amendments prior to what happened during Wednesday's session. While the Riddick's text the Republican leader cited seems plain enough, it is trumped by section 2 of rule XV itself, which clearly and succinctly states:

Any motion, amendment, or resolution may be withdrawn or modified by the mover at any time before a decision, amendment, or ordering of the yeas and nays, except a motion to reconsider, which shall not be withdrawn without leave.

Prior to the time Senator SANDERS withdrew his amendment, no action had been taken on it that would have prevented such a move without consent for a very simple reason: the amendment wasn't officially pending while it was being read into the RECORD. So Senator SANDERS had an unfettered right to withdraw it under such conditions.

The precedent for a Senator's ability to withdraw an amendment while it is being read without gaining consent first, either to dispense with the reading or to withdraw it, was firmly established in 1950 and reiterated in 1992. On

April 14, 1950, Senator Forrest C. Donnell insisted that an amendment being offered by Senator William Benton be read in its entirety. Afterwards, Senator Benton sought unanimous consent to withdraw his amendment. Senator Donnell made a parliamentary inquiry of the Chair, asking the Presiding Officer whether a Senator may withdraw an amendment while it is being read. He further stated that if consent were necessary he would object. The Presiding Officer replied that an amendment may indeed be withdrawn while it is being read, citing the language in rule XV I just mentioned. And Senator Benton withdrew his amendment.

On September 24, 1992, Senator Brock Adams offered an amendment to a tax bill and sought consent twice to dispense with reading it. In both instances, Senator Bob Packwood objected so the clerk proceeded to read the amendment aloud. Later, Senator Adams asked for "permission" to withdraw the amendment and the Chair replied affirmatively that he had the right to do so.

The 1950 precedent is cited on page 119 of Riddick's for the proposition that an amendment may be withdrawn "even as soon as it has been read" but it is, in fact, the same ruling as the 1992 precedent, that a Senator may withdraw his amendment while it is being read.

The Republican leader did not refer to the 1950 precedent in his comments on Wednesday but spoke disparagingly of what happened in 1992, saying, "the Chair made a mistake and allowed something similar (to Senator SANDERS' move) to happen. But one mistake does not a precedent make."

The Parliamentarian doesn't share the Republican leader's contention that the 1992 action was a "mistake," not a precedent. The Parliamentarian's view is echoed by Walter Oleszek, the noted senior specialist in American National Government at the Congressional Research Service, CRS, who wrote last year, "Senators are free to modify or withdraw their amendments until the Senate takes "action" on them." This is from *Senate Amendment Process: General Conditions and Principles*, CRS Report 98-707, May 19, 2008. Martin Gold's book, "Senate Procedure and Practice," states:

When a senator sends an amendment to the desk, he continues to "own" that amendment in the sense that he can modify or withdraw it *at will* (my emphasis) . . . Once "action" has been taken on the amendment, that situation changes, and the senator can modify or withdraw his amendment only by unanimous consent. This is from page 102.

The minority has tried to argue that there was Senate action on the Sanders amendment because the Senate previously had agreed to a unanimous consent request defining the amendment and the Hutchison motion to recommit as the only propositions in order at

that stage and prohibiting amendments to them. It is true that if an amendment is on a defined list of the only amendments made in order, that amendment when pending cannot be withdrawn except by unanimous consent. But that order is irrelevant in this case because, as I mentioned before, the Sanders amendment was not pending and could not be until it was read in full or unless the reading was dispensed with by unanimous consent. Another way to put it is that the reading of the amendment was not "interrupted" by Senator SANDERS; in withdrawing it he obviated the reason for a reading. The order allowed but did not require, as it could not, that Senator SANDERS offer the amendment and take steps to make it pending.

So, to summarize, rule XV of the Standing Rules of the Senate and the 1950 and 1992 precedents are clear that Senator SANDERS was well within his rights to withdraw the amendment, the reading of it notwithstanding. The Parliamentarian advised me accordingly and I followed his advice. I would add that Senator COBURN never explicitly objected to Senator SANDERS withdrawing the amendment. He called for regular order. While regular order was indeed the reading of the amendment, that status couldn't prevent Senator SANDERS from exercising his right to withdraw it.

Finally, I regret that several of my colleagues on the other side of the aisle made comments that were critical of the Parliamentarian and his staff following this incident. The current Parliamentarian helped to write, edit, and revise Riddick's Senate Procedure and he has served in his current capacity as Chief Parliamentarian for 17 years and counting, and as a Senate Parliamentarian for 33 years. He and his staff have a combined total of 84 years of experience. They are professionals who serve this institution and the American people with distinction.

ORDERS FOR MONDAY, DECEMBER 21, 2009

Mr. KAUFMAN. Madam President, I ask unanimous consent that the Senate now stand in recess until 12 noon today, that immediately upon reconvening at noon and after any leader time, the Senate then resume consideration of H.R. 3590, with the time until 12:30 p.m. equally divided and controlled between the two leaders or their designees; that from 12:30 p.m. to 6:30 p.m., there be 1-hour alternating blocks of time, with the majority controlling the first block; that all postcloture time continue to run during any recess, adjournment, or period of morning business until 6:30 p.m. Monday.

The PRESIDING OFFICER. Without objection, the request is agreed to.

RECESS UNTIL 12 P.M. TODAY

The PRESIDING OFFICER. The Senate stands in recess until 12 p.m. today. Thereupon, the Senate, at 1:33 a.m., recessed until 12 p.m. and reassembled when called to order by the Presiding Officer (Mr. ROCKEFELLER).

SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 3590, which the clerk will now report.

The bill clerk read as follows:

A bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

The PRESIDING OFFICER. Under the previous order, the time until 12:30 shall be equally divided and controlled between the two leaders or their designees.

The assistant Democratic leader is recognized.

Mr. DURBIN. Mr. President, this morning we are continuing to run time postcloture on the managers' amendment. Following any leader remarks, the time until 12:30 p.m. is equally divided between the two leaders or their designees. Senator REID has asked me to serve as his designee on the Democratic side. At 12:30 p.m., we will begin alternating 1-hour blocks of time until 6:30 p.m., with the majority controlling the first hour. If all 30 hours postcloture is required, then the rollcall vote on the managers' amendment will occur about 7:15 a.m. tomorrow, Tuesday morning, and the cloture vote on the substitute will occur immediately after that. So we expect at least two rollcall votes early Tuesday morning. Hopefully, votes will not be needed today to recess or adjourn this evening. That is the state of play and business on the floor.

I see the majority leader has arrived on the floor, and I wish to give him a chance, if he is seeking that opportunity, to make any announcements he believes will be timely and appropriate.

The majority leader indicates he is not going to make an announcement, so I wish to make some comments about where we are at this moment.

I can't imagine there are many people in America who have been following this day's session because it began at 12:01 a.m., when the Senate was reconvened for a vote on the managers' amendment to health care reform, which took place just a few minutes after 1 a.m. this morning. We recessed and now are returning for the rest of the legislative day.

When the history of the Senate is written, I think this vote will be included because it is a historic vote. We consider many issues in the Senate of great importance to individuals,

groups, States, and to our Nation, but seldom do we address an issue of this magnitude or scope. This health care reform issue literally touches every person who is following this debate and many who are not even aware of it. What we are doing is addressing some of the fundamentals of our health care system in America that need to be changed.

Whenever you are suggesting change in America, there is resistance. There are people who are currently comfortable with the health care system as we have it, and there are people who are benefiting from the system as we know it, particularly health insurance companies which enjoy great profits because of the current system of health care in America. But at the heart of the issue, we know this system is unsustainable and, as a result, we have engaged in almost a 1-year effort to thoroughly investigate our health care system and to find ways to change it for the better. This has called on so many of our colleagues to make extraordinary contributions to this search for reform.

I wish to commend, first, our majority leader HARRY REID, who usually stands at our caucus meetings and says: Stop congratulating me; I am just doing my job. I am going to do it anyway. Senator REID has worked tirelessly—and I have seen most of it firsthand—to build a coalition for health care reform within the Democratic caucus. We didn't have a single Republican vote that was in support of reform in the early morning hours. I hope that changes as time passes, but he had to build a coalition within our caucus of conservative and progressive Senators, and he did it, so we had all 60 Democratic Members voting for health care reform.

We are united in the belief that there are fundamental things that need to be changed in our health care system. First, it needs to be more affordable. People cannot afford this dramatic escalation in the cost of health care. Ten years ago, a health care policy for a family of four offered through their employer cost about \$6,000 a year in premiums. That is \$500 a month which, instead of being paid to an employee as salary, was taken from them for health insurance—\$500 a month.

Today, that number has grown to \$12,000 a year for an average family of four for health insurance through their employment. One thousand dollars a month that might otherwise go to a family for basic necessities of life and savings and buying things that are important to their future instead goes to pay for health insurance. That escalation, that 100-percent increase in health insurance premiums in 10 years, is troubling but not nearly as troubling as the projection that if we continue to see an escalation in costs of health insurance premiums based on what we

have seen in the past, in another 8 years it will double again. Imagine 8 years from now, in 2017, that you have to work and earn \$2,000 a month just to pay for your health insurance. How many people will be able to do that? How many businesses will be able to afford it? The answer is obvious. More and more people will be dropped. Today, 50 million Americans have no health insurance. Many of them go to work every single day, but their employers can't afford to provide health insurance or they are unemployed or they have some other problem where they have been excluded by a health insurance company. So in addition to dealing with the fundamental issue of health care reform, we are focusing on affordability, how to bend the cost curve, as they say, or reduce the increase in costs of health insurance premiums. I wouldn't stand here and say to the people of America, with the passage of the bill we are now considering, everyone's health insurance is going down, but I think I can say, with some confidence, the rate of increase is going to decline, and that will give people a better chance of affordability. That is essential.

Secondly, what about those 50 million uninsured people? I have met them, as the Senator from West Virginia has as well. These are not lazy, shiftless people who aren't trying. Many of them are trying hard, but they don't have a chance for health insurance coverage for a variety of reasons. We are going to change that. Of the 50 million currently uninsured, over 30 million will have insurance under this bill. Those in the lower income categories will qualify for what we call Medicaid, which is a Federal-State health insurance program for the poor and disabled. Most of those people—those who make less than \$15,000 a year—will not pay any premiums because they can't. They don't have enough money. For those who are making slightly more, we provide in this bill tax credits that will help people pay for their premiums. So if your family is making up to \$80,000 a year, the Tax Code will now help you pay for your monthly premium for health insurance.

So we are going to expand coverage. Thirty million people are going to have the security of health insurance coverage. We are bending the cost curve so the increase in health insurance premiums is not as steep, making sure more people are covered, and then, equally important, we are changing the rules when it comes to health insurance companies.

For too long, these health insurance companies have ruled the roost. Since the early 1940s, they have been exempt from antitrust laws which allow them to literally collude and conspire with these set prices. Over half the insurance markets in America are domi-

nated by only two companies, and it is legal under our law for those two companies to sit down and say: OK, how much are we going to charge? They don't compete with one another, they conspire with one another to set premium rates. If you think I am a conspiracy theorist, what I am stating to you is what the law clearly says in the McCarran-Ferguson Act—something I think should be repealed posthaste—because they can sit down and set premiums. They can also allocate markets. They can say to two companies: You take over St. Louis and those two companies will do Chicago and these two companies are going to do Wheeling, WV. They can set up the market structures so there is little or no competition. How can that be good? If we truly believe in a free market system, how can this be good for America?

So what we are doing as well is saying: We are going to change some of these rules, some of the most egregious abuses by these health insurance companies—first and foremost, preexisting conditions. How many of us are in such perfect health that we can count on a health insurance company covering us without delving into our background, finding something in our family history or something in our own personal history and saying: Well, we are either not going to cover you or we are going to charge you dramatically more. Those days have to end.

Let me tell my colleagues what this bill does. It says immediately—immediately—children under the age of 18 with preexisting conditions cannot be discriminated against by health insurance companies. You can't deny them coverage because a child is born and develops diabetes. You can't deny coverage because a child has had cancer and is fighting that cancer. You cannot deny coverage because of those preexisting conditions. That is fundamentally fair. It gets to the heart of what we should be doing as a nation.

Senator TOM HARKIN of Iowa stood at this podium early this morning and said: What this debate is about is whether health insurance is a right or a privilege. If it is a privilege only for the wealthy in America, then we have lost our way as a nation. We have to understand that protection of our well-being and health through health insurance is something every American is entitled to. We have to understand we are the only developed Nation on Earth where a person could literally die because they don't have health insurance.

If you think that is overly dramatic, let me give an illustration.

A man I met in Illinois had a health insurance policy that wasn't very good. It had a \$5,000 copay. He had to take that copay so his premiums would be low enough so he could afford it. That man went to a doctor who said to him: I see some indications from tests that

you need a colonoscopy. You may be developing colon cancer. So the man went and priced a colonoscopy procedure and found out it was \$3,000 he would have to pay out-of-pocket and he said: I don't have it. So he didn't go through with the procedure. That is a risky thing, and it is something no one should have to face, but that is the current system.

What we are trying to do is change that system so that basically preexisting conditions are excluded from the discrimination of health insurance companies, that basic procedures that are needed for prevention and wellness are included in every health insurance policy. We are also making certain that these health insurance companies can't cut you off when you need them the most, can't cancel your policy when you face an accident or a diagnosis where medical bills are going to pile up. That is one of the provisions of this bill as well.

We also say, for families with young children who are off to college—and my wife and I have been through this—that you reach the point where you finally say: Wait a minute. My daughter is graduating from college. I wonder if she is still under my family health insurance plan. Today, in most cases, if your child has reached the age of 24, they are off your family plan. Well, we extend that now so those 24 and 25 will have the protection of their family health insurance plan while they finish school, look for their first job and obtain their own health insurance. That is going to be peace of mind for a lot of families across America, just those 2 years when young people are the most vulnerable and need the protection of their family health insurance plan.

Are these worth anything, these changes? I think they are worth a lot. I think that is why 60 Democrats stood proudly and voted for this.

Senator MCCONNELL, the Republican leader, turned to us in the midst of this dramatic debate early this morning and said: If one of you—and he pointed to all of us sitting here—doesn't vote against it, then all of you Democratic Senators will own this.

We know that, and we have pride in that ownership because we know the alternative. Those who voted against change are voting for a system that is unsustainable and morally indefensible—a system which, frankly, today puts good, hard-working people, folks who follow the rules, Americans who believe they are doing the very best for their country, at a distinct disadvantage for one of the most basic things we expect in life: protection of good health care when we are facing illness and when we need a helping hand.

This bill is also going to change the face of health care in America. I don't think I overstated it. Our bill has \$10 billion to be invested in community health clinics. Senator BERNIE SANDERS of Vermont has been such a leader

on this issue and deserves credit for it. He was dogged. Some Members looked to this bill for a variety of things, but Senator SANDERS looked to this bill to provide a helping hand across America through community health clinics. As those clinics are built and expanded, more and more small towns in West Virginia and in Illinois are going to have satellite clinics where people, regardless of whether they are wealthy or not as wealthy, will have a chance to walk in the front door and see a medical professional. They will not be queuing outside the emergency rooms of hospitals, where their care is much more expensive. They will be going to these community health clinics and meeting primary care physicians who will give them the basic care they need before their medical problems become much more serious.

That is what this bill is fundamentally about. There are many other parts to it, parts I am proud to be co-sponsoring and proud to be supporting—giving a hand to small businesses, giving a hand to individuals to expand health insurance coverage.

Some might ask: If you voted on it at 1 o'clock this morning, why are you still here? Because the minority is exercising its right under the Senate rules which requires us now to wait 30 hours before we can vote again on this one section of the bill. As I announced this morning, that means that in the early hours tomorrow morning, about 7:15 or 7:20, Senators will be coming to the floor again for two votes to move this process forward. I understand it is the right of the minority to ask us to come in at 1 in the morning or early in the morning. They have that right. Historically, we have usually reached some accommodation and agreement, and I hope we can here. The 60 votes that were there last night will be there again tomorrow morning, and they will be there every time needed until this bill is finally passed.

Those on the other side believe this bill is so bad that it is going to revitalize the Republican Party in the next election. I disagree with them. I think the American people, as they come to understand this bill, will view it in its historic context, one of the most dramatic steps forward to provide peace of mind and security to families and businesses across America for an issue we know needs to be addressed.

There are some who came to the floor yesterday—there was one Senator. I invited him to come in and explain his remarks. He said people should say a prayer that someone would miss the vote at 1 a.m. I do not think we should be praying for misfortune for our Senators, that they would be delayed or for some other reason could not make the vote. Instead, we should be praying to overcome the misfortune of 30 million Americans who will not have health insurance if this bill fails. That

is the kind of misfortune I want to avoid in the future.

We also have one other item of business remaining, and that is the debt ceiling of America. It is something none of us want to face. It is almost like making your monthly payment for the mortgage, and that is what it is, the mortgage of America. We have to acknowledge the fact that as we fight a war and incur the costs, as we have the workings of government assessed, and we know there are costs, it adds to the expense of our government, and some of it is in debt, and that debt needs to be extended for a short period of time as we move forward into the next year that begins in just a few days. This debt ceiling issue is one we need to come to grips with before we leave at the end of this month. There is a short-term extension which I hope the Senate will consider.

I wish to also say that Senator CONRAD of North Dakota, chairman of the Senate Budget Committee, has been a real leader in talking about coming to grips with this long-term debt. I have said to him, in the midst of a recession, with high unemployment, most economists believe it would be a mistake for us to pull back in terms of the safety net for families out of work, to pull back in terms of the investment in infrastructure to put people to work, and Senator CONRAD says he agrees. Although he believes we need to be honest about the debt of America, he has said to me repeatedly that he is not a Hooverite, referring to that period in history when the Great Depression hit and President Herbert Hoover believed government should address the debt of America instead of the depression of America. He lost that election to Franklin Roosevelt in 1932 as a result of that point of view.

Many of us believe the debt is a serious issue to be grappled with, but at the current moment we have to focus on the millions of Americans out of work who need a helping hand, first with unemployment benefits, COBRA benefits, food stamps, the basic necessities of life. We have to provide opportunities for education and training, and then we have to find a way to spark this economy and move it forward.

Senator REID has given to me and Senator DORGAN of North Dakota the responsibility of looking at the Senate jobs-creation package. We have been working on that, and we are close with our colleagues in the House in coming up with some ideas on how to expand employment. I hope we can have bipartisan support for that. It would certainly make it a lot easier, and it would be done more quickly so that we do not lose jobs in the next construction season coming up next year.

That is the reality of the agenda we face when we return. I did tell you that now most Members of the Senate on

both sides of the aisle are anxious to share their holiday season with their families. It is one of those special times of the year. We now have a record vote of 60 Members on this side on health care reform. I hope we can get the agreement from the Republican side to bring this matter to closure soon, to vote on the debt ceiling, and to have at least a short adjournment for some time for us to return home to our States and home to our families.

Mr. President, if there is no one seeking recognition at this time, I suggest the absence of a quorum and ask that the time under the quorum call be assessed against both sides.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

Under the previous order, the time until 6:30 p.m. will be divided in 1-hour alternating blocks of time, with the majority controlling the first block.

Mr. BAUCUS. Mr. President, I wish to take a few moments this morning to talk about a provision in this package about which I am particularly proud. This would finally follow through on the Federal Government's responsibility to provide screening and medical care to residents at Superfund public health emergency sites.

The term "public health emergency" is defined by the Comprehensive Environmental Response Compensation and Liability Act of 1980, otherwise known as CERCLA. People call that the Superfund law—CERCLA. That law reserves the declaration of public health emergency for the most hazardous Superfund sites. These are sites where the release or potential release of a hazardous substance rises to the level of an emergency.

When a public health emergency is declared, the law requires that the Secretary of Health and Human Services provide screening and medical care services to people who have been exposed. But to date, the government has not created a mechanism to allow the Secretary to deliver the screening and medical care required under current law. The bill before us finally provides that mechanism.

First, it authorizes a grant program for the screening services. These screenings would determine if a medical condition is present that is attributable to environmental exposure. Then, it allows those individuals with a diagnosed medical condition due to the environmental exposure at the site to get medical care services.

It also establishes a pilot program to provide additional medical care appropriate for the residents of the Superfund site at Libby, MT. This language

responds to Libby's rural nature and the lack of access to traditional care. This provision is important because it will provide vital medical services to Americans who, through no fault of their own, have suffered horrible effects from their exposure to deadly poisons. It will provide the vital medical services we owe these Americans under our commitment in prior legislation; that is, the Superfund Act.

This provision is especially important to me for a special reason. The Environmental Protection Agency currently has 1,270 sites designated where pollution contamination presents a danger to public health and welfare. Throughout the history of the program, the EPA has found only one site where conditions are so severe and the contamination so pervasive to have it warranted a declaration of a "public health emergency." That declaration occurred on June 17 of this year. EPA Administrator Jackson found that a public health emergency exists at the Superfund site in Libby, MT.

Many Senators have heard me speak about Libby. Libby, MT, is a beautiful little town, a small town in north-eastern Montana, surrounded by millions of acres of Federal forest lands. It appears to be an idyllic spot. It is home to families of all ages. It is a place where people spend their lives creating a sense of community not often found in the country today. It is also a town that has gone through lots of stress, lots of economic difficulties. The timber industry has virtually shut down Libby, one of the mainstays in Libby. Mining there is not quite what it used to be in years past. Here the people work together. They love Libby. It is tucked away, almost isolated in the northeastern part of Montana. Most people in Montana have never been to Libby, and some don't even know where Libby is, but they have this wonderful sense of community in their own town.

However, Libby is also a Superfund site. It is the home of a big mine. It is a place where hundreds of people have grown sick and died—died due to pervasive presence of asbestos spewed from the vermiculite mining and milling operations of W.R. Grace.

Gold miners discovered vermiculite in Libby in 1881. In the 1920s, the Zonolite Company formed and began mining vermiculite. In 1963, W.R. Grace bought the Zonolite mining operations, operated it, and made a lot of money, frankly, and the mine closed in 1990.

The EPA first visited Libby in 1999. In October 2002, EPA declared it a Superfund site. Cleanup was begun. It was very pervasive, very difficult, and it was a hard time getting the trust between the EPA and the people in the community. A lot of people didn't trust that EPA was doing the right job, not doing it the right way. In fact, I had to get so involved in so many ways in

holding EPA's feet to the fire because they weren't doing something such as a base-level study. They didn't know how clean clean was. They did not do a very good job.

A guy named Paul Peronard was the onsite coordinator, who was finally able to convince EPA back in Denver what they had to do. In my personal judgment, they didn't send Paul back because he was doing such a good job. Anyway, cleanup began in 2002, and we still have a long way to go.

For decades, the W.R. Grace operation belched 5,000 pounds of asbestos into the air in and around Libby every day. Deadly asbestos coated the town and its inhabitants. People used raw vermiculite ore or expanded vermiculite to fill their gardens, their driveways, they put the stuff on the high school track, the little league ballfield, and put the stuff up in their attics. It was used everywhere, this stuff. People sort of sensed there was something not quite right with all this vermiculite and asbestos, but it was kind of hard to put your finger on.

One day, I visited Libby, and I will never forget, when I went to the mine, I was stunned to see these miners come off the mine and into their buses. They were caked with dust. I mean, it added new meaning to a dustbin. They were just caked with the stuff on their clothes. They got on the bus, went home.

The one person I talked to and who got me interested in doing something about this—a guy named Les Scramsted—told me, when he got off the bus, he would go home—caked with dust—and embrace his wife, his kids would jump in his lap, and guess what: Les is now dead from asbestos-related vermiculite. His wife is ill, and one of his children has died as a consequence. Think of the pain he went through. He died because of mesothelioma asbestos. Also, even worse, he caused his wife to be ill and caused his son to die because of this disease.

Mine workers brought the dust home with them, as I mentioned, on their clothing. They contaminated their own families without knowing the dust was poison. We knew something was wrong, but we didn't know it was that wrong.

I think the company knew exactly what it was doing. In fact, I might say, the company has been subject to a criminal action against their officers, with allegations the officers knew they were contaminating the people and didn't disclose it. That suit went on for a year. It is true the officers were acquitted not long ago, but in my personal judgment, it was because of a lousy prosecution. But it is an example where somebody thought—a lot of people thought—not only did the officers of this company contaminate people, but they knew they were contaminating people at Libby, MT.

Asbestos was everywhere in Libby for decades. I must say, W.R. Grace Com-

pany sure did not help matters. I might say, parenthetically, this is the same company that is the subject of a book and a movie called "Civil Action," where W.R. Grace contaminated the water in Woburn, MA. In my judgment, they knew what they were doing. It is clear they knew what they were doing. As I recall, a big civil judgment was rendered against W.R. Grace because it was clear they knew what they were doing. They are now bankrupt. W.R. Grace shoved all their assets to another location so the plaintiffs in the suit against W.R. Grace could not attach their assets—and all the shenanigans this company undertook for their own benefit and at the expense of the people in Libby.

The type of asbestos in Libby is particularly deadly, and so many people in Libby are dead, dying, and sick because of this tremolite asbestos, an especially vicious, pernicious form of asbestos. This is not regular asbestos, such as chrysotile, this was tremolite asbestos mined at Libby, MT, where the fibers are deeper and they are stronger. They get in your lungs and they cause more damage and it takes longer to detect. It is that vicious.

The effect on Libby has been severe. Today, we know that nearly 300 residents of Libby have died—300. It is a small town. Thousands more have become sick with asbestos-related disease. That is 291 deaths in a county of 18,000. Lincoln County, MT, home to Libby, has the highest age-adjusted death rate due to asbestosis in the Nation.

Libby is an isolated community with limited access to health care. The median household income in Libby in 2007 was \$30,000. When I say "isolated community with limited access to medical care," what do I mean? There is just not that much there. And the company has reneged on its insurance policies. The company had mediocre insurance policies for folks, but as time goes on, the company just backs off—backs off. It is really what is happening in the health care reform here. They rescind—renege on their policies for one reason after another. The poor folks, when they know they have asbestos-related—either cancer or other lung-related disease, they do not have the resources to go to get the medical attention.

I have been at this for years. It is so frustrating, it is so wrong what has happened to the people of Libby, MT.

It is this combination of devastating characteristics that led the EPA Administrator in June to find that the public health emergency does exist at the Libby Superfund site. This finding was based on years of work, having originally been recommended by the EPA in 2001.

I might say, I read the transcripts between EPA Administrators and OMB back in those years. The EPA Administrator under the Republican administration recommended that this action

be taken, but it was squelched at the White House by OMB. The correspondence is clear. This is exactly what happened back then in a previous administration. That is why EPA has never used this authority, and the Agency indicates there are currently no sites on the National Priorities List that come close to the conditions at Libby.

It is worth highlighting a few parts of the Administrator's findings. Let me indicate what they are. The Administrator has said:

The Libby Asbestos Site is unique with respect to the multiplicity of exposure routes [all ways this stuff gets to them], the cumulative exposures experienced by community members, and the adverse health effects from asbestos exposure already present and documented in the residents.

Investigations performed by the Agency for Toxic Substances and Disease Registry (ATSDR) have found hundreds of cases of asbestos-related disease in this relatively small community. ATSDR documented a disease and death rate from asbestosis in the Libby area significantly higher than the national average for the period from 1979–1998. The occurrences of disease are not limited to vermiculite facility workers or their families, but are spread throughout the population.

This is pervasive in the town—ball fields, tracks, lawns; it is awful.

Medical care in Libby has historically been limited due to Libby's isolated location and economic situation, thus reducing the chance of early detection and treatment of asbestos-related disease.

This piece bears repeating:

Let me refine that point. For a long time, we have been talking to lung specialists across the country about the Libby tremolite asbestos, and we got just so-so responses about how dangerous it was. Why? Because virtually none of those doctors had experience dealing with the pernicious kind of asbestos we have in Libby, MT. It took a long time to get their attention. We finally got some doctors to say this stuff in Libby is wicked stuff. That is why, frankly, EPA has started to understand how bad this really is.

Essentially, the lack of access to health care services in Libby—I will say it again—has actually worsened the effects of this contamination. It just worked to their disadvantage.

The language before us today helps to solve this. It allows us to fulfill the commitment we made to the people of Libby when we passed the Superfund Act 30 years ago. Heaven forbid, if in the future another Superfund site like Libby emerges, the bill before us today will allow the Secretary to use the authorities in this provision to fulfill our commitment to provide health care services for those residents as well.

I can never talk about Libby without remembering my friend Les Skramsted. I mentioned his name a few moments ago. I first met Les in the year 2000 at the home of Gayla Benefield. Les was there, Gayla was there, and lots of other miners were

there pleading for help, for some attention: We are dying. Someone pay attention to us. We are a small, isolated community up here in northwestern Montana. Please, someone, pay attention to us.

This did get our attention. I was stunned by the stories they told. I was talking to Les over coffee and huckleberry pie—a very popular pie up in Libby. Les was watching me very closely when I said: You bet, I will help do something about this. He was very wary.

After his neighbors and friends had finished telling me their stories, I will never forget that Les came up to me and said: Senator, a lot of people have come to Libby, and they told us they would help. Then they leave and nothing happens.

He told me, I remember, I think at that instant—you know, in life sometimes you find four, five, six, seven instances, man to man, whatever it takes, you are going to make sure they get justice; whatever it takes, whatever it takes. Such a commitment. That was one. I said to myself: Boy, I am going to do whatever it takes to take care of this because these people of Libby deserve justice. They have not received it.

He said: Senator, I heard you say that, but I will be watching you.

I knew he would watch. I knew that would help. I didn't actually say it because I was going to do it anyway. I accepted Les's offer, and I have a big photograph of Les behind my desk.

Les passed away a couple or 3 years ago. I spent a lot of time with him and his family at the hospital. I have a wonderful picture of Les Skramsted that reminds me what we have to do for the people of Libby but also for all the people in the Nation, people like Les Skramsted. It means that much to me.

I have not forgotten Les. I will not forget Les. That is why this provision is in here. I think Les, right now, up there, may be smiling, saying: Yup, he did not forget Libby, he did not forget Les. That is what this provision is all about.

This is a photograph behind me of Les Skramsted in Libby, MT. He is in a cemetery there, graves of lots of people in Libby who died. Les played a pretty mean guitar. He was a great guy—still is, always will be.

I yield to my colleague from Montana, Senator TESTER.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. TESTER. Mr. President, come snow or sunshine—day or night—we are close to sealing the deal to change our country for the better, to finally hold insurance companies accountable, and to make health care affordable for all folks in this country.

Right now we are all paying far too much for health insurance. Many of us

can not get health insurance at all. And even worse, insurance companies don't always live up to their end of the bargain.

Sure, a lot of folks are happy with the health care they have.

Our doctors, nurses and hospitals and medical research are the best in the world.

But when you add it all up, many are paying too much for it. Or nothing for it. Too many lives are lost. Too much money is wasted. And too many folks are falling through the cracks.

They are calling out for help. I have heard their voices. Now I want you to hear their stories. They are ordinary people who stand to lose everything unless we reform our health care system.

I support this health care reform bill because it saves lives. It saves money. It saves Medicare. And it is tough on insurance companies—taking them to task to ensure affordable, fair coverage.

I have a perspective different than most of my friends in the Senate.

I am—and always will be—a third generation Montana farmer. My wife Sharla and I do all the work on our farm. I am the guy sitting on the tractor.

A farmer knows a good year from a bad year. And I have had my share of bad years. In fact, for a few of those years—not long after our first kid was born—Sharla and I had to give up health insurance to make ends meet. We had no other choice but to hope and pray for health and safety.

Thank God our prayers were answered.

Now, I have the honor of serving Montana in the Senate.

But mine is one of the thousands of real Montana families that has been forced to wing it, rather than depend on a health care system that works. And that holds insurance companies accountable.

I know of a woman from Ravalli, MT, who cannot afford health insurance because of her pre-existing condition. She and her husband got letters from the insurance company telling them their premiums were going up, \$500, to \$600, to \$700 per month. Through no fault of her own, her insurance just became too expensive. So she gave up.

This legislation will prevent that sort of nonsense in the insurance industry from happening again. In this bill, a health insurer's participation in the exchanges will depend on its performance.

Insurers that jack up their premiums before the exchanges begin will not be included. That is a powerful incentive to keep premiums affordable.

We all have friends and relatives who aren't fortunate enough to have a job where health insurance is part of the deal. So they do what millions of others are forced to do: they hope and pray they stay healthy.

We have a problem. It is time for a solution using common sense and fiscal responsibility. And that is why I am going to vote for this health care reform bill, so we can save lives, save money, save Medicare. And so we can hold insurance companies accountable, so they don't drop people when they are sick, or drive families into bankruptcy.

Because of tax credits, this bill is good for small businesses. It gives eligible small businesses access to up to 6 years of tax credits. That will help small businesses buy health insurance for their employees.

Because of tough new rules for the insurance industry, it is good for families and kids.

And because of commonsense ideas like cross-State insurance markets, more competition, and more choices, it is good for millions of Americans who—until now—have had to rely on hope and prayers.

If we do not pass this bill, our entire economy could fall apart beyond repair. Right now we are working hard to rebuild our economy, and it is working.

We are creating jobs and investing in the basic infrastructure needed to get our economy back out of the ditch. Fixing our broken health care system is part of that job.

Over the past few years, I have heard from thousands of Montanans telling me about the need to fix health care.

One of them is Roxy Burley. Roxy owns a hair salon in Billings, MT.

She just bought a home. She works hard. But she just can't afford health insurance. So, she says, she is walking a tightrope. Her home and her business are on one side. Her health is on the other side.

If Roxy gets sick, she worries she will lose her home and her business.

In Montana, our economy relies on people like Roxy Burley. We can't afford to have our economy walking a tightrope.

In this bill, Roxy will be protected from losing her home and business. Her annual out of pocket expenses are capped at no more than \$5,950 per year.

I want to share another story that hits home for me. It is the story of Mindy Renfro. She lives in Missoula, MT.

Mindy got breast cancer not just once, not just twice, not just three times—four times: Breast cancers, four different cancers.

The same cancer didn't come back. She got a different cancer each time. The first two times, Mindy's insurance paid for her treatment.

The third time, the insurance company called her and said: We are sorry, but we are not going to pay. The underwriter, she says, determined her chances of survival were just too slim, so instead they offered to send a hospice nurse.

Mindy was a single mom in her early 40s, and she was simply not ready to

check out. So she asked about her options. She was told if she wanted to start chemo, she would have to come up with more than \$100,000 in cash. Her only option was to sell her home. Mindy and her children sold their home, and moved into an apartment. They packed up and moved out of their home so they could sell it and she could start the treatment she needed to stay alive. After many years of trying to repay that debt, Mindy recently declared bankruptcy.

I have heard many stories from folks in Montana who are in the same boat that Mindy is in. This isn't good business. This needs to stop. It is why I support this health care reform bill. I support it because under this bill, Mindy and people like her wouldn't have to declare bankruptcy. She would have had insurance, despite her pre-existing condition of being a cancer survivor, and her annual out-of-pocket expenses would have been capped at no more than \$5,950 per year, not the \$100,000 in cash she needed to start cancer treatment. This bill is strong and decisive and tough on insurance companies so they cannot say, sorry, but no, when you get sick; so they cannot say, sorry, but no, if you have a pre-existing condition.

Another story is about former ranchers Dan and Pat Dejong. This picture is of Pat. Dan and Pat used to own a cattle ranch in northwestern Montana. The ranch had been in their family for four generations. Dan and Pat couldn't afford health insurance. Then Dan was diagnosed with cancer. To pay the bills they had to make the painful decision to sell off their ranch.

I am going to tell you, when a piece of land has been in the family for four generations, you develop an attachment to that piece of land. But nonetheless when Dan got cancer, they had to pay the bills. They sold the family ranch. Under this bill, the Dejonges would have had access to subsidies so that they could have afforded health insurance in the first place. They never would have had to sell the ranch to pay the doctors' bills.

I want to read what Pat wrote to me about that experience:

The cancer ravaged Dan's body, but selling our ranch to pay for medical costs broke his spirit.

Dan Dejong lost his battle with cancer 2 years ago. All his bills were paid, but the ranch that had been in the family for four generations was gone, as well as Dan. After all that, Pat still cannot afford health insurance today.

Under this health care reform bill, getting sick won't force folks such as Dan and Pat Dejong to sell the land that has been in their family for generations. That is because it limits the amount of money you would have to pay out-of-pocket to a rate you can afford based on how much you earn. That means no Americans would have to sell

their homes or their family ranches to pay the medical bills.

I know a lot of folks already have health insurance, and they are wondering, how is this going to affect me. Let me be clear: If you like your plan, you get to keep it. If you don't, you can look for a more affordable plan that works best for you and your family. Everyone will have access to affordable health insurance. Right now those with health insurance are subsidizing those without.

The other day I struck up a conversation with a trucker back in Montana who told me: I don't need insurance. I don't want insurance. I don't get sick. I asked: What happens if you get into an accident? You are a trucker; that is always a possibility. He said: All I have to do is go to the emergency room where they take care of me, no questions asked.

That is exactly the problem. When everybody is insured, costs will go down, because no one will be paying extra to cover the folks who rely on the emergency room for health care that they eventually never pay for. It is common sense. It saves lives, and it saves money.

I have been on the phone with tens of thousands of Montanans over the past few weeks answering questions about health care. A lot of them want to know how we are going to pay for this bill. How much will it increase our debt?

It won't increase our debt one thin dime. In fact, it will lower our deficit by hundreds of billions of dollars, \$132 billion over the next 10 years alone. It reduces the deficit even more in the decade after that. The fact that this bill saves money is pretty important to me. It doesn't add to the deficit. It cuts billions of dollars of government waste. It requires a bigger chunk of your premiums to go directly to better health care instead of administrative costs and profits, it saves money for families by lowering costs for everyone and by limiting the amount of money you have to pay out-of-pocket for health care and by emphasizing wellness and prevention—the low-hanging fruit of health care reform, and by holding insurance companies accountable so we don't pay more than our fair share for the health care we need.

When you turn on the TV these days or open the newspaper, you see all sorts of spin about the health care reform and Medicare. It amazes me how distorted the facts have become. I have read the bill. The plain-as-dirt fact is it makes Medicare stronger. All guaranteed Medicare benefits stay as they are. They are just that—guaranteed. Seniors are guaranteed to keep their benefits, such as hospital stays, access to doctors, home health care, nursing homes, and prescription drugs. How do we make Medicare stronger? We make it stronger by getting rid of wasteful

spending, by making prescription drugs for seniors more affordable, and by spending your money smarter.

Without this bill, Medicare will be on the rocks within a matter of years. If we don't fix it now, it will go broke, leaving entire generations in the lurch. Millions of Americans have worked hard all their lives for Medicare benefits. They have earned it. That is why we are making Medicare better, not worse. That is common sense.

The same goes for VA health care. This bill does not affect VA health care or TRICARE. I serve on the Veterans' Affairs committee. Over the past 3 years we have made good progress in delivering the promises made to veterans. We still have a lot of work to do, but this health care reform legislation takes us forward even further for America's veterans.

Finally, this bill preserves some of the most important parts of quality health care: the relationship between you and your doctor and the freedom of choice you have as a patient. In Montana, as in many parts of the country, we don't tolerate the government snooping around our private lives or making personal decisions for us. Health care is no exception. This health care reform bill not only saves lives, it saves money and saves Medicare. It keeps the government out of the exam room and waiting room.

I go home to Montana about every weekend to visit with the folks and hear what is on their minds. I meet with doctors and nurses, hospital administrators and regular folks from all over the State to hear their concerns. Everywhere I go, health care is the No. 1 issue. It is clear that the worst option is to do nothing at all. If that happens, insurance companies won't be held accountable. As costs go up, health care costs will continue to break families and people who need treatment to stay alive won't get it.

I know a fellow farmer who worked some land back in Montana. When he got sick, he had to sell off entire chunks of his family farm to pay the bills, piece by piece. Piece by piece, I watched as he made painful sacrifices for his health care. Piece by piece, his livelihood was broken apart. No American deserves that.

People are calling out for help, because a lot of folks are falling through the cracks. I say to them: We are listening. We hear you, and we are doing something about it. That is why this is a good bill. It is a bill I support. It will allow Americans to get the health insurance they have needed, and the insurance will be affordable. It is the result of a lot of hard work and working together to do what is right for the country—for America's rural families, seniors, veterans, small businesses, family farms, and ranchers. The people of this country deserve no less.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I was proud last night to have voted for the health care bill. The reason is, as Senator TESTER indicated, this bill accomplishes a whole lot. Before I go on to talk about what I want to focus on this afternoon, I do want to say there are a number of provisions in the Senate bill I don't support and I hope we can improve in the conference committee by adopting the House language. One is the issue of the public option, with which the Presiding Officer has been so strongly involved. At the end of the day, it seems to me the American people have been very clear. If they are not happy with their private insurance, they want the option of a Medicare type public option. I think we should give them that.

Furthermore, as we look at the soaring cost of health care, we understand that one important mechanism to control escalating health care costs is a public option which provides real competition to private insurance companies that are only concerned about making as much money as possible. I know the Presiding Officer has worked very hard in that effort. I hope we can, in that regard, take the House language which includes a public option.

The other area where I disagree with the Senate and agree with the House is on the issue of taxing health benefits for middle-income workers. The House provision raises substantial funding by putting a surtax on the very wealthiest people in the country, people who received huge tax breaks during the Bush years. That makes a lot more sense to me than taxing the health benefits of middle-income workers.

Having said that, I want to focus on one new provision that was placed in the health care reform bill by Majority Leader REID. I thank him very much for his strong support for this concept. I also thank DICK DURBIN, CHUCK SCHUMER, PATTY MURRAY, the Presiding Officer, and the entire Democratic leadership for their support.

That provision simply provides \$10 billion over a 5-year period to the Federally Qualified Health Center Program and the National Health Service Corps. In my view, these two programs are some of the best and most effective public health care programs in the United States. They enjoy widespread bipartisan support. President Bush was a supporter. JOHN MCCAIN, when he ran for President, was a supporter of community health centers. Many Republicans have spoken positively of community health centers, as have virtually all Democrats. The reality, however, is that both community health centers and the National Health Service Corps have been starved for funding for many years. We are finally, in this bill, doing right by them.

I should mention, importantly, that while we have placed \$10 billion in the

Senate bill, in the House bill there is \$14 billion. My strong hope, expectation, and belief—and I have talked to the White House about this and the Senate leadership and House leadership—is that when this bill is finally passed, we will adopt the House language which calls for \$14 billion.

Let me tell you why this money is so terribly important. In a few days, the Senate will be voting on final passage of a historic health reform bill that will insure an additional 31 million Americans who have no health insurance. That is a huge accomplishment. About half of the new people who will get health insurance will be enrolled in an expanded Medicaid Program. While this reduction in the number of uninsured is an essential step in achieving reform, we have to ask a very simple question: If 15 million more people go into Medicaid, where are they going to access the health care they need?

It is no secret that today Medicare is a strained program. When some of my Republican friends make that point, I have to say they are right; it is a strained program. That is why expanding community health centers in the National Health Service Corps is so important.

We talk about the number of people uninsured—a very important number—46 million. But we do not talk about the number of people who every day do not have access to a physician or a dentist on a regular basis, and that number is close to 60 million. These are people who, when they get sick, cannot find a doctor. Where do they go?

Well, several things happen. They may end up going to the emergency room, which is the most expensive form of primary health care we have—that is where they go—or even worse, they do not go to any doctor at all. What happens is, they get sicker and sicker. Then they go stumbling into a doctor's office, and the doctor says: Why didn't you come in here 6 months ago?

And the person says: I don't have any health insurance. I couldn't afford it.

Then they go to the hospital, and we spend tens and tens of thousands of dollars treating somebody who is now suffering in a way they should not be suffering, at greater expense to the system than should have been the case. Now, what sense does that make?

Let me tell you the worst-case scenario. The worst-case scenario is, they walk into the doctor's office, and the doctor says: It is too late. I can't help you anymore. You should have been in here 6 months ago. I have talked to physicians who have told me about that. I suspect the Presiding Officer has as well. That is why this year we are going to see 45,000 of our fellow Americans die because they do not have health insurance, and they do not get to the doctor when they should.

Now, one of the advantages of the community health care program is

that it is an enormously cost-effective program. One study recently reported that \$20 billion is wasted every year in this country in unnecessary and inappropriate use of hospital emergency rooms for nonemergency care. When you walk into an emergency room—I do not know about West Virginia—but in Vermont it is about \$600. If you get that similar care for a nonemergency-type ailment, the cost is \$100. So think about all of the money we save—we save—when we have community health centers expanding all over the country.

One of the issues we have not focused on enough, in my view, in this whole health care debate is the very serious crisis in primary health care in general. The American College of Physicians, in a recent report, warned that the Nation's primary care workforce—which it called “the backbone of our health care system”—is, in its own words, “on the verge of collapse.” That is the American College of Physicians.

Over the past 8 years, for example, the number of family practice residents fell 22 percent, while the overall number of medical residents rose 10 percent. Currently—this is an extraordinarily frightening statistic—only 2 percent of medical students interested in internal medicine intend to pursue primary care as their specialty—2 percent.

This growing crisis was recently underscored in a report by the Association of Academic Health Centers, which warned that the country is rapidly running “out of time to address what is out of order in our health workforce.”

The good news is that 20 million of those people who live in medically underserved areas are fortunate to live where there are federally qualified community health centers.

Let me explain a bit. What is a federally qualified health center—which exists in all of our 50 States? It is a center which says: If you have no health insurance, you can walk in and do you know what. You will pay not only for primary health care but for dental care—which is a huge problem all over this country—for mental health counseling, and you will get the lowest cost prescription drugs available in America. And if you do not have any health insurance, you get it on a sliding-scale basis. If you have Medicaid, you are welcome into the center. If you have Medicare, you are welcome. If you have private health insurance, you are welcome into these centers. Currently, these centers serve 20 million Americans in all of our 50 States.

Conceived in 1965 as a bold, new experiment in the delivery of preventive and primary health care services to our Nation's most vulnerable people and communities, community health centers are an enduring model of primary care for the country and are designed to empower communities to create lo-

cally tailored solutions that improve access to care and the health of those they serve.

West Virginia centers will be different than Vermont centers, which will be different than California centers because they are designed and locally controlled to serve the needs of the local population.

By mission and mandate, community health centers must see all those who seek their care regardless of health status, income level, or insurance status. If you are rich, if you are poor, you will gain access to these community centers. Nobody is tossed away. Today, these health centers are America's health care home to one out of every four low-income uninsured individuals, one out of every six rural Americans, as well as one out of every seven Medicaid beneficiaries, and one in four low-income people of color. We need to guarantee that as we expand coverage, we expand community health centers as well. They are the one primary care provider who will see those on Medicaid without restrictions.

Furthermore, community health centers already employ so many of the features of what we seek in the medical home model. They provide integrated health care, which is what we are talking about.

A study recently by George Washington University—we are talking about spending money. What is so exciting about this whole concept is you are going to create more health care opportunities for people, and you save money—save money—by keeping them out of the emergency room and out of the hospital. A study by George Washington University found that patients using health centers have annual overall medical care costs that are more than \$1,000 lower than those who do not use a health center—\$1,000. That translated to more than \$24 billion in savings for the health care system last year alone.

We are keeping people out of the emergency room, we are keeping people out of hospitals, and we are keeping them from getting sicker than they otherwise would be. That is why I am so pleased Majority Leader REID has looked at this track record and concurred that we will guarantee—guarantee—funding of health centers over the next 5 years in order to provide health care to more people and to save money at the same time.

Let me tell you in concrete terms what \$14 billion—the amount of money that is in the House bill—will mean to the American people. What it will do is it will increase the number of people who have access to community health centers, from the current 20 million to 45 million over a 5-year period—20 million to 45 million. We are more than doubling the number of people who will be able to walk into a clinic for health care, dental care, low-cost prescription

drugs, primary health care—in 5 years going from 20 million to 45 million people.

This funding would create new or expanded health centers in an additional 10,000 communities—10,000 communities—from one end of our country to the other. In some cases, entirely new federally qualified health centers would be established. In other cases, new satellite centers would be created. In Vermont, for example, we have eight community health centers. We have 40 total sites. That is true all over this country.

But can you imagine, Mr. President, that in the United States of America, within a 5-year period, 10,000 new community health centers in this country would be established? People would not have to go 50 or 100 miles to find access to health care. It would be there in their own community. It would be in urban areas, in rural areas. This is extraordinary.

Now, these community health centers and the growth of these community health centers do not mean much unless we have the medical personnel to adequately staff them.

As I mentioned a moment ago, everybody concludes we have a real crisis in terms of access to primary health care in this country and the number of physicians and dentists and nurses who serve in the primary care area. What this language does, that we have just added, is it would—if we adopt the House numbers—triple funding in a 5-year period for the National Health Service Corps, which provides loan repayments and scholarships to medical students.

For the University of Vermont Medical School, if my memory is correct—this is fairly typical for America—the average medical school student graduates with \$150,000 of debt. Well, if you graduate with \$150,000 of debt, what are you going to do? You are not going to do primary health care. You are going to go into some fancy specialty and start making a whole lot of money to pay off that debt. But what the National Health Service Corps will be able to do is provide debt forgiveness and scholarships for an additional 20,000—an additional 20,000—primary care doctors, dentists, and nurses. That is a lot of new medical personnel that is going to get out into underserved areas all over America. That is a very exciting thought.

In short, when we more than double, in 5 years, the number of people who have access to community health centers, and within that same period of time we add an additional 20,000 primary health care doctors, dentists, and nurses, we are talking about nothing less than a revolution in primary health care in America—something which we have needed for a long time.

So let me conclude by saying: I want to again thank the majority leader,

Senator REID. I want to thank Senator DURBIN, Senator SCHUMER, Senator MURRAY, and thank the Presiding Officer and the Democratic leadership for their support of this concept. As you know, this idea was developed back in the 1960s with Senator Ted Kennedy, who developed this concept in the first place. It has expanded, and now we are going to take it a giant step forward and, in the process, I think we are going to make a difference—a real difference—in improving the lives and the well-being and the access to health care of tens of millions of Americans.

Mr. President, thank you very much. With that, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. GRASSLEY. Mr. President, I would call to the attention of the leadership of the majority party that I have a unanimous consent request I wish to make. I am going to be visiting with my colleagues about the issue of taxes on medical devices, so my unanimous consent is in regard to that. I hope people would observe that if there is an effort to block this motion I am going to make, I think it is an endorsement of the tax on medical devices such as the Berlin heart and hundreds of others that children across this country rely on.

With that in mind, I ask unanimous consent to set aside the pending amendment in order to offer my motion to commit.

The PRESIDING OFFICER. Is there objection?

Mr. DURBIN. With regret, I object.

The PRESIDING OFFICER. Objection is heard.

Mr. GRASSLEY. Mr. President, it is disappointing for those of us on this side of the aisle to not be permitted to offer an amendment or motion that is as important as this, so I will go ahead with my remarks.

This is another major problem in the Reid bill. Of the many taxes in this bill, I am especially worried about the excise tax on medical devices. Medical device technology is responsible for saving many lives and extending the overall life expectancy of people in the United States.

In the United States, over 6,000 companies are in the business of developing lifesaving medical products. The majority of these companies are very small businesses. Small business we tend to measure around here as being those with less than 500 employees. So what will happen when the Reid amendment imposes a tax hike of \$20 billion on these innovative medical de-

VICES? I think that is something we ought to consider if we are considering the quality of life in America and quality health care to preserve that life and extend life expectancy.

During the markup of the Finance Committee bill, I asked the question to the nonpartisan Congressional Budget Office and the nonpartisan Joint Committee on Taxation—and let me emphasize the word “nonpartisan” because these folks are professionals. So both of these organizations, the Congressional Budget Office and the Joint Committee on Taxation, said these excise taxes will be passed on to consumers in the form of higher prices and higher insurance premiums.

Also, I wish to emphasize on this chart a statement of the Chief Actuary of the HHS. The Congressional Budget Office, the Joint Committee on Taxation, and the Chief Actuary all say the tax gets passed on to consumers. Who are the consumers of these devices? Who is going to bear the cost of the new medical device excise tax? Well, it is quite a burden, so I am going to share some real-life stories here.

I will start by telling the story of the Tillman family, a family who would bear the burden of this new medical device tax. At only 5 months old, Tiana Tillman had her life saved by a medical device. This story has received a lot of attention because Tiana's father is a professional football player for the Chicago Bears. However, lifesaving stories such as this happen all across the country regularly.

When Charles Tillman reported to training camp in 2008, it wasn't long before his coach told him that his 5-month-old daughter Tiana had been rushed to the hospital. When Charles got to the hospital, Tiana's heart rate was over 200 beats per minute. That doctor told Charles and his wife Jackie that Tiana may not make it through the night. Tiana survived that night, and after a series of tests, she was diagnosed with cardio myopathy, an enlarged heart that is unable to function properly. Her condition was critical, and without a heart transplant she would not survive. But finding pediatric donors is very difficult and many children do not survive the long wait time, so Tiana was immediately put on an ECMO, a device that would help the function of the heart while Tiana waited for a transplant.

However, ECMO is an old device that has many shortcomings. Infants can only survive on ECMO for about 3 weeks, much shorter than the average wait for a donor heart. ECMO also requires that the patient take a paralytic medication which prevents a patient from moving and at the same time that obviously weakens the body.

The Tillmans waited for one of two outcomes: Either Tiana would receive a transplant or she would die waiting on ECMO.

But then the doctors told them about a new pediatric medical device called the Berlin heart. The Berlin heart is an external device that performs the function of the heart and lungs. It is designed for a long-term support to keep infants and young children alive for up to 421 days while they wait for the donor heart—obviously a lot longer than the 3 weeks on ECMO. So the Tillmans decided to move forward with the Berlin heart.

After 13 days of being on ECMO without any movement, Tiana underwent surgery to connect the Berlin heart. So we have pictures here that show what this is like. These two photos are of Tiana with the Berlin heart. You can see that this device is run by a laptop at the foot of the hospital bed. It pumps the blood through her body, a job that her heart could not perform on its own.

Unlike ECMO, the Berlin heart and its long-term support capabilities allowed the Tillmans some peace of mind while they waited for that donor. The doctor said that the Berlin heart helped Tiana regain her strength because she was off the paralytic medication and was finally able to move. Not long after Tiana was connected to the Berlin heart, a donor was found and Tiana underwent an 8-hour transplant surgery. The risky surgery was a success. Usually it takes some time for the new heart to start working, but doctors said that due to Tiana's strength, her new heart started working immediately.

I wish to talk about the tax on devices such as this.

This picture shows Tiana today holding a football. That is Tiana today, and we shouldn't be surprised about her love for football, considering her father is a professional football player. She enjoys playing on her swing set and watching her dad play football.

There are many people responsible for the successful effort to save Tiana's life, but without the Berlin heart to keep her alive and help her to gain strength, they may not have had that opportunity.

What does this legislation have to do with this story about Tiana? Well, the Reid bill would increase costs for families such as the Tillmans. In fact, the Reid bill would tax every pediatric medical device.

Pediatric devices aren't the only devices affected by the tax on medical devices in the Reid bill. The Reid bill also taxes one of the most important modern technologies: automatic external defibrillators. The defibrillator is used to save people from sudden cardiac arrest, and that is the leading cause of death in this country. Each year, nearly 325,000 people die from sudden cardiac arrest. That is nearly 1,000 deaths a day. Sudden cardiac arrest occurs when the heart's electrical system malfunctions and the heart stops beating

abruptly and without warning. When this happens, the heart is no longer able to pump blood to the rest of the body, and for about 95 percent of the victims, death occurs. Once cardiac arrest occurs, the clock starts ticking and the victim's proximity to a defibrillator could mean the difference between living and dying. As many as 30 to 50 percent of the victims could survive if such a device is used within 5 minutes of sudden cardiac arrest.

Here we have the story then of Mari Ann Wearda. Mari Ann is a constituent of the county I have lived my entire 76 years in, Butler County, IA. She is also a survivor of a sudden cardiac arrest, thanks to the prompt response of the Hampton Police Department and the availability of a defibrillator.

On July 26, 2002, Mari Ann pulled up to a stoplight in Hampton, IA. Without any warning, Mari Ann experienced sudden cardiac arrest. As she slumped over the steering wheel, her car drifted across the road, climbed the curb, knocked over a sign, and came to rest against a tree. She was only minutes away from brain damage and death. At 11:38 a.m. the police station dispatched Officer Chad Elness, who arrived at the scene 2 minutes later, at 11:40. When Officer Elness arrived, Mari Ann was as blue as his uniform, according to his own report.

Officer Elness attached the defibrillator to Mari Ann and pushed the button, sending 200 joules of electricity through her heart. That was one of the two shocks that Mari Ann required. Between the shocks, the defibrillator prompted officer Elness to perform CPR. Twice he almost lost Mari Ann. But by 11:50 a.m., Mari Ann had a pulse and her color was improving. At 11:52, just 11 minutes after the defibrillator was turned on, it had saved her life and was turned off.

Mari Ann then was taken by helicopter to Mercy Hospital, Mason City, IA, where she received care. One week later—just one week later—she was back home with no permanent damage.

Defibrillators are only effective if they are used within minutes of cardiac arrest, which means that in order to save more lives, there needs to be more of these devices. But do you know what this bill would do about all that? It would increase the cost, meaning there would then be fewer defibrillators.

We understand the laws of economics. If we increase a price, we get less of it. If we lower a price, we get more of it. So we are going to increase the price of these devices. That would make it more difficult for police departments, schools, libraries, churches, and other public places to purchase defibrillators, or for an individual to have one. If you have to be within 5 minutes of their use, you can understand why they have to be in every police department, school, library,

church, and a lot of other places. Right now, only one-third of police departments are equipped with defibrillators. However, Mari Ann was lucky that the Hampton Police Department had already purchased the device.

Increasing the cost of defibrillators will make it more difficult for communities to make this lifesaving investment. We already have 62—62—defibrillator stations throughout the Capitol and the three Senate office buildings. So you and I are protected, but we are going to put a tax on them for the people in the rest of the country. It seems as though around here we have one set of morals and ethics for Capitol Hill and another set of morals and ethics for the rest of the country. Congress clearly understands why having so many of these devices, the importance of them and having them on hand to protect us and to protect our staffs and the million visitors who come to the Capitol.

I made a motion that was objected to, so I cannot go through with that motion. My motion would have stopped this new Federal tax from increasing the cost of defibrillators and hurting the chances of placing the devices where they need to be—hopefully, within 5 minutes of people who need them. It is a disappointment my colleagues on the other side of the aisle would not allow that motion to go through.

It is a sad state of affairs when the majority is not only blocking the offering of the motions and amendments that will improve the bill but also trying to ram through a bill before the American people even know what is in it.

Yesterday, we heard things about Republicans having not offered amendments. There are 214 Republican amendments at the desk. One would think we would have a chance to offer more than a dozen or so—I doubt it is even a dozen at this point—on a bill that is going to restructure one-sixth of the economy.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, may I ask, is it 10 minutes—what is the procedural position as of now?

The PRESIDING OFFICER. The minority party controls the time until 2:30 and there are no individual limits.

Mrs. HUTCHISON. I thank the Chair.

Mr. President, for weeks we have been debating legislation that will dramatically and permanently reform our health care industry. It will impact the life of every American, and it will add to our growing national debt.

On Saturday, the majority leader filed an amendment increasing the size of this bill. Early this morning at 1 a.m., we had a vote to proceed to the revised bill that makes a mockery of transparency and public policy. Yet even though the majority took the op-

portunity to amend the bill, it is clear the concerns of the American people were not heard by my friends on the other side of the aisle.

I was astounded to see this revised bill still contains \$½ trillion in new taxes, \$½ trillion in Medicare cuts and mandates and penalties on individuals and businesses throughout our country at a time when businesses are struggling, unemployment is up, and families are trying to make ends meet.

I wish to talk about the taxes. The revised bill has an additional \$25 billion in taxes than the bill as introduced. We have been hearing for weeks about families who are struggling to pay their mortgage, struggling to find a job, struggling to pay their utility bills. Yet what do we find in this new bill? More taxes and more mandates.

The American people overwhelmingly oppose this bill, and just when we thought the final product could not get any worse, it does.

Under the revised bill, the taxes collected from individuals who cannot afford health insurance has been raised from \$8 billion to \$15 billion—almost double. Why? Because the penalty for not purchasing insurance has become more severe. If you cannot afford insurance, the tax is either \$750 or 2 percent of your taxable income, whichever is higher.

There are still taxes that begin next month, less than 2 weeks from now. Less than 2 weeks from now in this bill, \$22 billion in taxes on prescription drug companies will start, and the public can expect to see higher prices for medicines.

In 2011, we see \$60 billion in taxes on insurance companies except for companies in two particular States. That does not seem fair. Fortunately, the Constitution's equal protection clause may have something to say about this gross situation. This will not stand the test of the Constitution, I hope, because the deals that have been made to get votes from specific Senators cannot be considered equal protection under the law.

If it does stand and the taxes start in 2011, people who have insurance are going to pay higher premiums—even higher than what has been projected already.

In 2011, we also see the taxes on medical device manufacturers. So the public can expect to see higher prices for devices—thermometers, blood sugar machines, canes, walkers—the things people need to stay healthy. That is another \$19 billion in taxes.

Then there is another round of taxes in 2013: \$149 billion in taxes on high-benefit plans; a 40-percent excise tax on the amount by which premiums exceed \$8,500 for individuals and \$23,000 for families; \$87 billion collected from a Medicare payroll tax. This tax is actually \$33 billion higher than in the prior bill. Individuals earning more than

\$200,000 and couples earning more than \$250,000 are now assessed at a tax rate of 2.35 percent for a new Medicare payroll tax rather than 1.45 percent. So if you are a couple earning \$125,000 each, you have another tax increase, in addition to possibly a tax on not having insurance or a high-benefit plan.

Also, \$15 billion will be collected by raising the threshold for the medical deduction. To receive the medical deduction, you must now spend 10 percent of your income on medical expenses rather than 7.5 percent. This tax will impact those who have high medical costs or are suffering from a catastrophic or chronic illness.

This bill taxes those who have insurance and those who do not. All these taxes are collected. All the taxes I have mentioned will be collected before there would be the option that is the purpose of this bill. Whatever the insurance option becomes, it takes effect in 2014. All the taxes I have mentioned start before 2014.

Senator THUNE and I had a motion that would have sent this bill back to the committee and required that everything in this bill start at the same time. So if the program starts in 2014, the taxes would start in 2014. Under our motion, not one dime in taxes would be paid before Americans are offered the insurance option in the bill. The motion was defeated. Now the Democrats have revised their bill and the taxes collected are even higher than the previous bill.

But do not forget the penalties to businesses that cannot afford to offer health insurance to their employees. A tax of \$750 per employee is assessed. This at a time when unemployment has reached double digits. We should be encouraging employers to hire new workers. Yet this bill imposes \$28 billion in new taxes on employers.

What will these taxes do to small businesses which create 70 percent of the new jobs in our country? In a letter sent to the majority leader, the Small Business Coalition for Affordable Health Care stated:

With its new taxes, mandates, growth in government programs and overall price tag, the Patient Protection and Affordable Care Act—

The bill we are discussing—costs too much and delivers too little. . . . Any potential savings from those reforms are more than outweighed by the new taxes, new mandates and expensive new government programs included in this bill.

That letter is signed, in addition to the Small Business Coalition, by associations such as the Farm Bureau, Associated Builders and Contractors, Associated General Contractors of America, the National Association of Homebuilders, the National Association of Manufacturers, the National Automobile Dealers Association, the National Retail Federation, and more.

The National Federation of Independent Business, which is the voice of

small business, sent a letter expressing their strong concerns over this bill. It says:

The current bill does not do enough to reduce costs for small business owners and their employees. Despite the inclusion of insurance market reforms in the small-group and individual marketplaces, the savings that may materialize are too small for too few and the increase in premium costs are too great for too many.

That is the tax situation. How about the $\frac{3}{2}$ trillion in Medicare cuts? They are still there. They were in the first bill, and they are there now.

There are \$120 billion in cuts to Medicare Advantage, which we know reduces choices for seniors. In my State of Texas, over 500,000 currently enrolled enjoy the benefits of Medicare Advantage. That is in my State alone. Millions across the country like Medicare Advantage, but many seniors, without a doubt, are going to lose this option.

Oddly enough, once again, one of the points in the new bill is, there was an opt-out for certain States on Medicare Advantage cuts. So some States are going to have the Medicare Advantage cuts while other States will not.

The individual fixes for certain States, presumably to get the votes of certain Senators, do not pass the test of transparency. If you put it in the nicest way, it does not pass the test for fairness, for due process and equal treatment under the law, and it certainly does not pass the test for what is the right way for us to pass comprehensive reform legislation.

The other health care cuts in Medicare would be \$186 billion in cuts to nursing homes, home health care, and hospice providers.

Then there are the cuts to hospitals, approximately \$135 billion in cuts to hospitals. The Texas Hospital Association has estimated that hospitals in my State will suffer almost \$10 billion in reduced payments.

I have a letter from the Texas Hospital Association that outlines their concerns with these cuts and this bill and they are very concerned. Here is one of the quotes from their letter. The Texas Hospital Association says:

With a significant reduction in payments, hospitals may be forced to reduce medical services. [H]ospitals . . . may be forced to close or merge with another hospital, or severely reduce the services they provide to their community. Essential services, such as maternity care, emergency services, medical-surgical services or wellness programs may be reduced or entirely eliminated.

I have talked with so many hospital administrators and people on hospital boards, and they are very concerned about the cuts in this bill because most of them are on very thin margins. They are struggling, especially in our rural areas. They are very worried there are going to be shutdowns of hospitals throughout our State and certainly our country.

Our aging population is growing, so cutting payments to providers who treat those patients, whether it is in hospitals or health care providers, does not seem to be a way to reform Medicare.

Cuts in Medicare, and especially the payments for treating low-income seniors, will disproportionately impact rural hospitals which are the safety net for health care outside the metropolitan areas. The Texas Organization of Rural and Community Hospitals, which represents 150 rural hospitals in Texas, said in a letter:

We also fear the Medicare cuts as proposed could disproportionately hurt rural hospitals which are the health care safety net for more than 2 million rural Texans. Because of lower financial margins and higher percentage of Medicare patients, rural hospitals will be impacted more than urban hospitals by any reductions in reimbursement. These proposed Medicare cuts could have a devastating effect . . . which could lead to curtailment of certain services. And the closure of some of these Texas hospitals is a very real possibility. . . .

How could anyone support a reform bill that will result in seniors having to drive 30, 60, 90 miles and more to get the care they need—care that was accessible in their own community before this bill took effect?

Mr. President, what we have is a bill heavy with tax hikes, Medicare cuts, and government intrusion. This bill is being forced through Congress the week of Christmas because everyone knows this is not the reform that Americans want. The polls are showing that. We all know polls can have margins of error, and maybe they are not completely accurate, but the trend in the polls is clear: It has gone from people thinking that health care reform is a good thing and supporting it, in the majority, to going down now to the point where the trend is clear the American people now do not support this bill, they would rather have nothing, according to the latest polls, and have Congress start all over and do what they hoped it would do, and that is bring down the cost of health care not have this be a big government increase in debt, cuts to Medicare, and increases on taxes to small business and families, especially at this time in our country's economic period.

My Republican colleagues and I have tried to offer fiscally responsible alternatives to reform, allowing small businesses to pool together, increase the size of their risk pools, which will bring premiums down. If you have an exchange it would be fine unless you have so many mandates, such as we see in this bill, that are going to cause the prices to stay up and even go higher because of all the taxes on the underlying companies that are providing the health care.

Creating an online marketplace free from mandates and government interference where the public can easily

compare and select insurance plans would be a Republican proposal, something that I think would be a point at which we could start having health care reform that would be truly effective for America, if you didn't have the mandates that would drive up the cost.

Offering tax credits to individuals and families who purchase insurance on their own, that is a bill that we have put forward. Five thousand dollars per family would cut the cost and make it affordable without any government intervention that would be necessary.

Of course, medical malpractice reform could take \$54 billion out of the cost of health care by stopping the frivolous lawsuits, or at least limiting them. Yet Republicans were really not at the table. The bill was written in a room, with no transparency, no C-SPAN cameras, and no Republicans. We did not have input into this bill. That is why it is a partisan bill. That is why the vote last night—or this morning at 1 a.m.—was completely, 100 percent partisan. Why would a Republican vote for a bill that goes against every principle we have—higher taxes, higher mandates, and cuts in Medicare—and in which we had not one amendment pass? We offered amendments, but there were hundreds of amendments left on the table that we were closed out of offering because of the rush to pass this bill before Christmas.

Mr. President, Americans asked for reform; they deserve it. This bill is not the reform Americans hoped to get from a Congress that should have acted responsibly but did not.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. CORNYN. Mr. President, as my colleagues on this side of the aisle, I voted against the Reid health care bill last night because it cuts \$470 billion from Medicare to create a brand-new entitlement program that will cost approximately \$2.5 trillion over the next 10 years—a price we cannot afford. It increases premiums for American families who currently have health insurance and who are struggling to make ends meet during tough economic times. It increases taxes on small businesses and individuals, which is a terrible idea, particularly at a time when our economy is struggling and our job creators are struggling to be able to keep people on their payroll and possibly expand their payroll and hire people back and bring down the unemployment rate.

I want to talk about the way this bill came to pass—at least the cloture vote this morning at 1 a.m.—and I want to talk about the process. I recall when Senator Obama was running for President, he talked about wanting to change politics as usual in Washington, DC. But I have to tell you, the major-

ity and this administration have, in many ways, confirmed people's worst suspicions about Washington politics as usual. They have taken it to a new level—and not a higher level; it is a lower level.

As a matter of fact, the bartering for votes for cloture, the special sweetheart deals with drug industries, with Senators, in order to get the 60 votes last night, does nothing more than confirm the worst fears and cynicism the American people have about the way Washington works.

We know this bill is a direct result of many special deals with special interest groups and their lobbyists. We heard the President say when he campaigned that he wanted to have a transparent process; that this would take place in front of C-SPAN and at a roundtable so people could see who was making arguments on behalf of the drug companies and the insurance companies. But that rhetoric conflicts with the reality, where the drug companies and the insurance companies and others were negotiating behind closed doors for sweetheart deals that ultimately ended up getting 60 votes.

So it turned out it was the Obama administration that cynically said one thing during the campaign and then, when it came to actually passing legislation, did completely the opposite. This is tragic, in my view, Mr. President. The American people want to believe in their government. They want to believe their elected leaders are trying to do their best on behalf of the American people. But this process confirms their worst suspicions. No wonder public opinion of Congress is in the toilet.

Rather than listening to the American people, the creators of this bill started cutting deals with special interests first and cut those deals early. The White House struck a deal with the pharmaceutical industry, as you know, which produced in part, as the New York Times reported, about \$150 million in television advertising supporting this bill. This deal got 24 Democrats when we were debating the issue of drug reimportation to switch their votes from their previous position against drug reimportation earlier this month.

Notwithstanding all the rhetoric about insurance companies, basically this is a sweetheart deal with insurance companies because insurance companies will get \$476 billion of your tax dollars and my tax dollars to pay for the subsidies and the insurance provided in this bill.

The hospital industry cut a special deal that provided them an exemption from the payment advisory board. Then there were groups such as AARP that purport to serve seniors as a public interest but, as we know, primarily pocket money as a result of the sale of insurance policies—insurance policies

that are going to be necessary because of cuts in Medicare Advantage for 11 million seniors, just to name one example.

This bill was the result of backroom deals with specific Senators, persuading them to vote for cloture, which has caused some people on the blogs and the Internet to call it "Cash for Cloture." In order to get 60 votes for cloture, we know one of the first examples of that was the so-called "Louisiana purchase." Charles Krauthammer said it well:

Well, after watching Louisiana get \$100 million in what some have called "The Louisiana Purchase," she ought to ask for \$500 million at least. And that's because Obama said he would end business as usual in Washington. So it's a new kind of business as usual.

In other words, I guess the price has gone up. But as one business leader in Louisiana points out, notwithstanding the special sweetheart deal for the State of Louisiana directing \$300 million to the State, the Medicare expansion alone will result in the taxpayers and the people of Louisiana being a net loser.

We also know in order to get 60 votes, the majority leader had to cut a deal with a Senator from Nebraska—the senior Senator from Nebraska—in order to get the vote for cloture. It has been widely reported that the meeting with the senior Senator from Nebraska took place for 13 hours behind closed doors, after which they negotiated some language which, purportedly, no longer allowed the use of tax dollars to pay for abortions. But according to the Conference of Catholic Bishops and other pro-life groups, the language is completely ineffectual and it restores or actually produces taxpayer-paid-for abortions for the first time in three decades.

What else did the senior Senator from Nebraska get? Well, the State of Nebraska purportedly got a free ride from Washington's new unfunded Medicare mandates on the States. But, of course, we know every other State ends up paying for that sweetheart deal the senior Senator got for Nebraska. What do Nebraskans think about it? Well, ask the Governor—Governor Dave Heineman—who said yesterday he had nothing to do with that bill, and called the overall bill bad news for Nebraska and bad news for Americans. Governor Heineman said Nebraskans did not ask for a special deal, only a fair deal.

We also know that in order to get 60 votes, the majority leader had to cut a special deal for Vermont. One Senator from Vermont threatened to vote against the bill, but then, lo and behold, the managers' package included \$600 million benefiting only that one State. The Senator who threatened to vote no decided to vote yes after that special deal was concluded.

The New York Times lists several other sweetheart deals that produced

this monstrous piece of legislation. The intended beneficiaries, though, in many instances, were identified in a vague and sort of cryptic way, such as: Individuals exposed to environmental health hazards recognized as a public health emergency in a declaration issued by the Federal Government on June 17. Well, there is only one State that would qualify for that, notwithstanding this sort of vague description designed to hide the ball and obscure what was actually happening through another sweetheart deal as part of this bill.

Another item in the package would increase Medicare payments to doctors and hospitals in any States where at least 50 percent of the counties are "frontier counties," defined as those having a population density of less than six people per square mile.

Then we know there was another \$100 million sweetheart deal for an unnamed health care facility affiliated with an academic health center at a public research university in a State where there is only one public medical and dental school. The Associated Press reports that the State that qualifies for that special deal is the State of Connecticut, where the senior Senator currently is in a tough reelection fight.

When asked about these special deals in the managers' amendment, the response of Mr. Axelrod—the architect of the campaign strategy for this administration—to bring change to Washington—was pretty telling. He said: That is the way it has been; that is the way it will always be.

Well, maybe in Chicago, but not in my State, and not in the heartland and the vast expansion of this great country where the American people want us to come and represent our constituents and vote for what is right in terms of policy, not what kind of sweetheart deals we can eke out at the expense of the rest of the American people.

The very thing that is happening with this health care bill demonstrates why Washington takeovers are such a terrible idea because instead of health care decisions being made between patients and doctors, health care decisions are overcome through a political process where elected officials choose winners and losers.

Politics has become a dirty word outside the beltway, and certainly we can understand why. This process has only reconfirmed in the minds of many people that what we are doing here is not the people's business but protecting special interests and special sweetheart deals. Rather than making decisions about what is best for the American people, this deal has been driven by deals with special interest groups and lobbyists. Rather than listen to constituents, individual Senators have decided that their votes should be traded for tax dollars and other sweetheart benefits that go to their States. No

doubt about it, this bill takes the power from individual Americans to make their own health care decisions and transfers that to Washington, DC, and this new low level of politics as usual.

According to one recent poll that was reported today, Rasmussen, for one State I will not mention by name, found only 30 percent of the respondents to this poll favor this health care bill and 64 percent are opposed. The Senators from those States voted for the bill where only 30 percent of their constituents reportedly support the bill. That is not the only example.

You can only ask yourself why in the world would Senators vote for a bill when two-thirds of their constituents are opposed to it. Who must they be listening to? Are they listening to the people whom they represent and who sent them here to Washington to represent them or are they listening to the special interests or have they decided somehow that they have become miraculously smarter than their constituents and they know what is better for their constituents than what their constituents know themselves?

This debate is not over. There is still a chance to vote against this bill. As Senator MCCONNELL said last night, any single Senator on the other side of the aisle can stop this bill or every one who votes for it will own it.

I yield the floor.

The PRESIDING OFFICER (Mr. WARNER). The Senator from Nebraska.

Mr. JOHANNIS. Mr. President, let me start my comments today by complimenting the Senator from Texas. I thought he did an excellent job of shining the light on something that is now gathering a lot of attention because the managers' amendment is out and we can read the words and we can start to understand the special deals that were cut to get the votes to make this happen. I applaud the Senator for standing here so courageously.

My State, the great State of Nebraska, has been pulled into the debate. I want to start out today by saying here on this Senate floor that I am enormously proud of my State, probably like all Senators in reference to their State. I am enormously proud of the people of Nebraska. I have gotten to know them well. I was their Governor. On a more localized basis, I was also the mayor of Lincoln. I date my time in public service back to the time when I was Lancaster County commissioner and a city council member in Lincoln. These are good, decent, honorable people who are always looking to try to figure out the right way of doing things.

I stand here today to acknowledge that and to tell all Nebraskans how proud I am to be here today. But I rise today to share with my colleagues the reactions of Nebraskans to the special deal that got cut for Nebraska that

came to light over the weekend as the managers' amendment was released and analyzed.

Less than 24 hours after the announcement of the special carve-out for Nebraska, with virtually no warning, no preparation to speak of, 2,000 people gathered in Omaha, NE, Nebraskans who, in one voice, cried foul. Nebraskans are frustrated and angry that our beloved State has been thrust into the same pot with all of the other special deals that get cut here. In fact, they are outraged that a backroom deal for our State might have been what puts this bill across the finish line.

You see, I fundamentally believe that if this health care bill is so good, it should stand on its own merits. There should be no special deals, no carve-outs for anyone in this health care bill—not for States, not for insurance companies, and not for individual Senators.

I stand here today and I find it is enormously ironic that advocates for this bill, who worked overtime to vilify insurance companies, in the last hours of putting this bill together struck a special deal with two insurance companies in Omaha, NE, that they would be carved out of their responsibility in this bill to pay taxes. I find it painful to even acknowledge that happened.

I said at the beginning of this debate that changes of this magnitude, affecting one-sixth of our economy, must be fair and they must be believed to be fair by the people. The special deal for Nevada was wrong. I said that. In fact, one of the six reform principles I publicly outlined and took out to townhall meetings I stand by today. It simply said: No special deals.

The special deal for Nevada was wrong, as is the carve-out for Louisiana. And the same applies for the backroom deal that was struck for my State, the great State of Nebraska.

All of the special deals should be removed from this legislation. If this bill cannot pass without the carve-outs and the special deals, what further evidence could we possibly need to draw the conclusion that this is enormously bad policy? If you literally had to sit down in the last hours of negotiations and strike a special deal, do we need any other argument about how bad the policy of this bill is for my State and the citizens of Nebraska?

Our Governor said it well: Nebraskans don't want a special deal. You see, I went around the State for months doing townhalls and listening to Nebraskans. They do not want a special deal. No Nebraskan came up to me and said: MIKE, give me a special deal. You see, their request is simple: They want to be able to see the doctor of their choice and to keep the current plan they have. They want our job creators, our small businesses, to get our economy moving and create jobs in our

communities from large to small, free of the $\frac{3}{2}$ trillion in taxes and fees this bill will keep on our employers.

The managers' amendment does nothing to change the core problems with this bill. The nearly \$500 billion in Medicare cuts will be devastating to Nebraska. No special deal with an insurance company is going to make Nebraskans feel better about that. No special deal to make the State budget look better is going to make Nebraskans feel any better about the Medicare cuts and the impacts on our hospitals, our nursing homes, our home health care industry, and our hospice industry. Nationally, Governors—Republicans and Democrats—have stepped forward to say they cannot afford the unfunded mandates that come from Washington and drive their budgets into the red.

The special deal struck on abortion is enormously tragic and insufficient. It breaks my heart. This is a far cry from the 30 years of policy by this U.S. Government. You see, when this is done and over, what we will be reporting to our citizens is that taxpayer funds will fund abortions if this bill passes. You see, no watered-down accounting gimmick will convince the pro-life community in my State otherwise. In fact, they have publicly said they feel betrayed.

I will wrap up with this. This bad deal is not sealed. There is time for truly pro-life Senators to stand tall and say no. There is still time for principled Senators to reject the carve-outs and to cast aside the bad backroom deals. There is still time for Senators to listen to the people and reject reckless Federal policy.

Fair treatment is not too much to ask of Washington. I know in my State, that is what they are asking for. I will firmly stand behind any Senator who has the courage to stop this train wreck. I will be the first to lead the applause. I am confident that the standing ovation for that courageous Senator will extend all the way back to Nebraska and it will be deafening.

I yield the floor.

Mr. GRASSLEY. Mr. President, how much time remains?

The PRESIDING OFFICER. There is 2½ minutes.

Mr. GRASSLEY. I would think one of the things we would have seen from the majority at this point is a list of what the last two Senators were talking about, all the earmarks that are in this bill, because I asked for a parliamentary inquiry yesterday—I am not going to ask that again—but, as we said yesterday, rule XLIV was adopted as part of a major ethics and reform legislation, adopted in 2007. It was part of the Honest Leadership and Open Government Act. The Democratic leadership made it the first bill to be introduced when they took the majority in 2007, taking control of Congress for the first

time for a long period of time. This bill passed by unanimous consent.

When rule XLIV was passed, the theory behind it was that we ought to have total transparency on earmarks. It applies to floor amendments such as the pending Reid bill. It requires the sponsor of the amendment to provide a list of earmarks in that amendment.

Earmarks are provisions that provide limited tax benefits. Those words, "limited tax benefits," are words out of the rule. Another substitute language for limited tax benefits is "congressionally-directed spending items" or "earmarks," as they are generally referred to by the public at large.

Given what a priority the new rule passed in 2007 was given and the importance of it, one would expect that the majority leader would be making every effort to comply with it. One would think he would be wanting to set a good example in complying with the rule and disclosing these earmarks. In order to assure transparency of these very narrow provisions, such as what Senator JOHANNIS just referred to, to get the votes of specific Members of the majority party who probably would not have voted for this bill, you would think that ought to be made public. That is what rule XLIV is about. Of course, that burden under that rule is on the sponsor to provide the list.

Once again, I am going to ask the Democratic leadership to comply with the Honest Leadership and Open Government Act.

The PRESIDING OFFICER. The time for the minority has expired.

The Senator from Montana.

THE CALENDAR

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Senate proceed en bloc to the following bills: Calendar Nos. 235 through 242; that the bills be read a third time and passed en bloc, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to these matters be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Mr. GRASSLEY. I object. I don't know what this is all about. Has this been cleared with our side?

Mr. BAUCUS. These are post office bills.

Mr. GRASSLEY. I withdraw my objection.

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

The Senate proceeded to consider the bills.

1ST LIEUTENANT LOUIS ALLEN POST OFFICE

The bill (H.R. 2877) to designate the facility of the United States Postal Service located at 76 Brookside Avenue

in Chester, New York, as the "1st Lieutenant Louis Allen Post Office", was ordered to a third reading, read the third time, and passed.

COACH JODIE BAILEY POST OFFICE BUILDING

The bill (H.R. 3072) to designate the facility of the United States Postal Service located at 9810 Halls Ferry Road in St. Louis, Missouri, as the "Coach Jodie Bailey Post Office Building", was ordered to a third reading, read the third time, and passed.

ARMY SPECIALIST JEREMIAH PAUL MCCLEERY POST OFFICE BUILDING

The bill (H.R. 3319) to designate the facility of the United States Postal Service located at 440 South Gulling Street in Portola, California, as the "Army Specialist Jeremiah Paul McCleery Post Office Building", was ordered to a third reading, read the third time, and passed.

PATRICIA D. MCGINTY-JUHL POST OFFICE BUILDING

The bill (H.R. 3539) to designate the facility of the United States Postal Service located at 427 Harrison Avenue in Harrison, New Jersey, as the "Patricia D. McGinty-Juhl Post Office Building", was ordered to a third reading, read the third time, and passed.

CLYDE L. HILLHOUSE POST OFFICE BUILDING

The bill (H.R. 3667) to designate the facility of the United States Postal Service located at 16555 Springs Street in White Springs, Florida, as the "Clyde L. Hillhouse Post Office Building", was ordered to a third reading, read the third time, and passed.

W. HAZEN HILLYARD POST OFFICE BUILDING

The bill (H.R. 3767) to designate the facility of the United States Postal Service located at 170 North Main Street in Smithfield, Utah, as the "W. Hazen Hillyard Post Office Building", was ordered to a third reading, read the third time, and passed.

CORPORAL JOSEPH A. TOMCI POST OFFICE BUILDING

The bill (H.R. 3788) to designate the facility of the United States Postal Service located at 3900 Darrow Road in Stow, Ohio, as the "Corporal Joseph A. Tomci Post Office Building", was ordered to a third reading, read the third time, and passed.

JOHN S. WILDER POST OFFICE
BUILDING

The bill (H.R. 1817) to designate the facility of the United States Postal Service located at 116 North West Street in Somerville, Tennessee, as the "John S. Wilder Post Office Building", was ordered to a third reading, read the third time, and passed.

SERVICE MEMBERS HOME
OWNERSHIP TAX ACT OF 2009

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. I yield 20 minutes to the chairman of the HELP Committee, Senator HARKIN, and 18 minutes to the Senator from Colorado, Senator BENNET.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, I guess I can say we crossed the Rubicon last night at 1 o'clock. Reading some of the press reports, of course, most of the news didn't have it because it occurred at 1 a.m. Some of the different reports have been online this morning. It occurred to me that a lot of people are missing the overall importance of what happened last night. We can get into the fine tuning and the nitpicking and sort of the fear and the anger I hear from the other side. Every time I listen to speeches over there, with the exception of the last speaker, almost all the speeches I hear from the other side, it is fear, be afraid, be afraid. It is some built-up anger over there. I think what happened last night is, we crossed a demarcation line, the demarcation line of which on one side health care is a privilege. We have been on that side of the line for a long time. On the other side of that line, health care is a right. We stepped across that line last night. We are now in the process of saying health care is a right, an inalienable right of every American citizen.

Is that what so upsets my friends on the Republican side? I don't know. Something is upsetting them. Because this is a momentous change we are doing.

I keep hearing from Republicans they want us to deal in a bipartisan way. We tried all this year, both in the HELP Committee and in the Finance Committee. Senator BAUCUS bent over backward to accommodate. But at every turn, Republicans said no, no, no, no, no—all year long. How can you be bipartisan when the other side has nothing to offer? There is no bill on the Republican side. There is a bill. It has about nine cosponsors—Senator COBURN, Senator BURR, maybe seven others, but not every Republican is on that. I hear bits and pieces of this and that every time I hear these speeches. Most of it is attacking what we have done. I hear nothing positive from their side. It is very hard to deal with a party that is in total disarray as the

Republicans are. If they had a bill they were supporting and that was supported by all of them, such as the bill we have here which is supported by 60 Democrats, I think then you could find some reason for meeting and working things out. But since there is no one on that side who has a comprehensive proposal, it is hard to do that. We have had to kind of plow ahead as best we can. We have not done this alone. In our committee, we met for 13 days. We had 54 hours of markup. No amendment was denied. Republicans offered over 200 amendments. We adopted 161 of them. That is pretty good. Yet in the end, every Republican voted against it. So it is not as if we didn't try and we didn't hold out an olive branch to work with people to get a bill that was truly bipartisan. We did in our committees, both the Finance and HELP Committees. Now it has come down to fear and anger on the other side and some nitpicking.

My friend from Iowa—and he is truly my friend—was talking about some provisions put in the bill for special reasons and so forth. I admit fully and openly that I was part of that. Did I put something in the bill that was sort of particular to my State of Iowa? Yes, I did. But it doesn't just affect Iowa. There are several States in which we have hospitals that are not as big as the big hospitals with the volume. They are not so small that they are low-volume hospitals that get help. They are kind of in between. They call them tweener hospitals. We have eight of them in Iowa: at Grinnell, Keokuck, Spencer Municipal, in Carroll, St. Anthony Regional; Muscatine; Fort Madison; and Lake Regional Hospital at Spirit Lake. There are a number of these in the United States. I forget the total number; not a large number, they just fall in a place where they are too small for the big and too big for the small. As a result, they have been getting a bad deal from Medicare reimbursement. There is a fix in this bill that will allow them to get adequate reimbursement. I don't see anything wrong with that. It is fixing a specific problem that the bureaucracy can't seem to quite get fixed. That is in the bill. I make no bones about having put that in there. I think it is a good deal. It is something that is going to help a lot of hospitals, not only in Iowa but a few other States.

One of the things I wish to talk about today is something I have been on for many years, and that is the huge amount in this bill on prevention and wellness. It has not been written about a lot. People have been focused on the public option and the abortion issue and a few other items such as that. Perhaps one of the most profound parts of this bill and the one I believe will do more to bend the cost curve, as they say, than any other single thing is the provisions dealing with prevention and

wellness. In the past I have said many times that we don't have a health care system in America. We have a sick care system. When you think about it, if you get sick, you get care. But precious little is spent out there to keep one healthy in the first place. So people get sick. You go to the doctor, the hospital. We patch and fix and mend and try to make them well.

Your mother was right, you know: Prevention is worth a pound of cure. We have fallen far short of that in this country. There is a remarkable array of provisions in this bill that promote wellness, disease prevention, and public health. Together they will move us from a sick care society into a genuine wellness society, into a true health care system, not just sick care. What better way to reform our health care system than to restrain health care costs by helping Americans to prevent chronic diseases, stay healthy and out of the hospital in the first place. Right now, as we have heard so many times, we spend more than \$2 trillion each year on sick care. But 4 cents of every dollar is invested in prevention and public health. I submit this is a major reason why Americans spend twice as much per capita on health care as European countries, but we are twice as sick with chronic disease. We spend twice as much as Europe on health care, but we are twice as sick with chronic diseases.

The good news is that by ramping up the emphasis on wellness and prevention, we have tremendous opportunities to both improve the health of the American people and to restrain health care spending. That is the aim of this bill which makes significant new investments in prevention. For example, our bill would ensure that seniors have access to free annual wellness visits and personalized prevention plans under Medicare. We have never had that. For the first time seniors will have access to free annual wellness visits and personalized prevention plans under Medicare. That is a big deal. So many seniors today, if they get sick, go to the doctor and get more pills. Now they will be able to go in, have their annualized checkup, see what is wrong, and have a personalized prevention plan for each person under Medicare.

It will also encourage States to improve coverage and access to recommended preventative services and immunizations under Medicaid. At a minimum, States will provide Medicaid coverage for comprehensive tobacco cessation services for pregnant women. That is just the start. Right away, at a minimum, they have to do that. In addition, the bill requires insurance companies to cover recommended preventative services with no copayments or deductibles. This is critical because we know that all too often people forgo their yearly checkups or essential

screenings because either their insurance companies don't cover them or because they have high copays and deductibles.

Another critical element in the bill essential to a sustainable push for wellness is the creation of a prevention and public health trust fund. Typically prevention and public health initiatives are subject to unpredictable and unstable funding. This means that important interventions, things such as education about nutrition and assistance for smokers who want to quit, often go unfunded from one year to the next. They get funded a little bit one year or cut the next; funded a little bit the next year, cut the next. The prevention and public health fund in this bill will provide an expanded and sustained national investment in programs that promote physical activity, improve nutrition, and reduce tobacco use. We all appreciate that checkups and immunizations and other clinical services are important. But this bill also recognizes that where Americans live and work and go to school also has a profound impact on our health. That is why a number of provisions in the bill focus on creating healthier communities with better access to nutritious foods as well as safe places to engage in physical activity.

A 2007 study by the Trust for America's Health found major savings from community-based prevention programs designed to increase levels of physical activity, improve nutrition, and reduce smoking rates. This study concluded that a national investment of \$10 per person per year in these kinds of community-based programs could yield net savings of more than \$2.8 billion annually in health care costs in the first 1 and 2 years, more than \$16 billion savings within 5 years, and nearly \$18 billion savings annually within 10 to 20 years, starting at \$10 per person per year.

More generally, this bill aims to give Americans the tools and information they need to take charge of their own health. For example, it requires large chain restaurants to post basic nutrition information on the menu so consumers can make healthy choices. That is in this bill. It will start next year.

The bill also focuses on prevention and public health needs of a number of generally overlooked populations, including children, individuals with disabilities, Americans living in rural communities, and certain ethnic minorities. For many months I have made the case that it is not enough to talk about how to expand insurance coverage, how to pay the bills—those are important—but it makes no sense to figure out a better way to pay the bills for a system that is dysfunctional, ineffective, and broken.

We have to change the health care system itself, beginning with a sharp new emphasis on prevention and public

health. We also have to realize that wellness and prevention must be truly comprehensive. It is not only about what just goes on in the doctor's office; it also encompasses community-wide wellness programs, about which I just spoke, things such as building bike paths, walking trails, getting junk food out of our schools, out of the vending machines, making our school breakfasts and lunches more nutritious, increasing the amount of physical activity our children get, and so much more.

Some of this is going to be addressed in other bills. For example, next year, in the Agriculture Committee, we will be reauthorizing the child nutrition bill. That deals with school lunches and school breakfasts. We need a major effort there to make our lunches and our breakfasts more nutritious for our kids in school.

Next year, in the committee I chair, the HELP Committee, we are going to reauthorize the Elementary and Secondary Education Act, the so-called No Child Left Behind Act. There are a lot of things we are going to be doing on that. I see one of our committee members, the Senator from Colorado, Mr. BENNET, in the Chamber, a former superintendent of schools, who is going to play a key role in helping get that Elementary and Secondary Education Act through and refined and brought up to date where we will make some changes.

But there is one other part of that bill we have to focus on; that is, the amount of physical activity kids get in school. I talked many times both to Secretary Duncan and, before him, to Secretary Spellings about this idea of No Child Left Behind. If we are not going to leave kids behind in terms of their writing and their math and their English, how about not leaving them behind in terms of their health? Yet recess is gone. I saw a statistic this year that said 80 percent of elementary school kids in America today get less than 1 hour of physical exercise a week in school—80 percent get less than 1 hour a week.

Mr. President, I do not know about you, but I remember when I was in school, in elementary school, we had an hour a day for recess. We had 15 minutes in the morning, 15 minutes in the afternoon, and a half hour at lunch. So there was 1 hour every day, and we had to go out and do stuff. We couldn't sit around and play with Game Boys and things like that. So we got an hour a day of physical exercise. Well, we need to reinvigorate our schools to make sure they get that physical exercise.

So we have done a lot in this bill to move this paradigm toward a health care society rather than a sick care society. There is more to do, as I said, in both the Education bill next year and in the Agriculture Committee in terms of the child nutrition reauthorization.

But in this bill we have made a great start. We have laid a great foundation. I am just thrilled so many of the wellness and prevention initiatives I have championed for so many years are included in this bill.

As I look forward to going to conference, we look forward to working with the House to strengthen it even more and to put more emphasis on wellness and prevention.

Just about an hour ago or so, we had a press conference with the president-elect of the American Medical Association, Dr. Wilson. I am proud of the fact that the American Medical Association has now endorsed our bill. As I said at the time, I said the doctors of America have examined this bill, and they have made the right prescription: Pass it. Pass the health care reform bill.

But Dr. Wilson, in his statement, made particular note of the wellness and prevention programs we have in this bill. He did not say this, but I was thinking, when he was talking, that it made sense. Doctors want to keep people healthy. They do not want to see people go to the hospital. They would rather be working with their patients one on one. How can they structure a patient's profile so the patient stays healthy, does not get sick so often? That is what Dr. Wilson was talking about: letting doctors practice medicine in a way that focuses on a person's health and keeping them healthy.

As President Obama said in his speech to Congress early this year:

[It is time] to make the largest investment ever in preventive care, because that's one of the best ways to keep our people healthy and our costs under control.

That was the President of the United States in his State of the Union message. Well, President Obama has it right. It is one of the best ways to keep our people healthy and our costs under control, and that is a big part of this bill. I do not know—I have not listened to every speech made by the Republicans on the other side—but I hardly ever hear them talk about this, but it is a very important part of the bill.

So, Mr. President, we are changing the paradigm. We are going to extend quality, affordable health coverage to nearly every American. We are going to transform ourselves into a genuine wellness society, and we are going to give our citizens access to a 21st-century health care system, one that is focused on helping us to live healthy, active, and happy lives.

Mr. President, I yield the floor.

THE PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Mr. President, I would like to first thank the Senator from Iowa for his leadership over many years, especially on prevention and wellness, and to see so much of this bill devoted to that is a real testament to his efforts. So I thank the Senator for that.

Mr. President, a number of years ago, I left a rewarding job in business because I had a chance to lend a hand to my community during a very difficult time in Denver. The economy was slow and the city was facing a record budget deficit. Our great mayor, John Hickenlooper, asked me to come be his chief of staff. It was not a glamorous job, but it was rewarding because we got results—not by seeking out what divided the people of Denver, who were going through a very rough time, but by reaching out time and time again to what the mayor called “our alignment of self-interest.”

We fixed the city's budget, and then I had the chance of a lifetime to become the superintendent of public schools and serve our children and the people who work so hard every day to support them. I came away from that experience believing that much of the Republican and Democratic orthodoxies relating to public education are essentially useless to our children—and maybe worse—and that Washington as a whole has absolutely no clue about what is going on in America's classrooms.

So it is fair to say I did not come to Washington with a partisan ax to grind. As is probably obvious to everyone around here—for good or for ill—I am not a career politician. I did not come here to win political points so that someone else could lose. I am not interested in that. I am here as the father of three little girls with an abiding concern we are at risk of being the first generation of Americans to leave less opportunity to our kids and our grandkids than our parents and grandparents left us. That prospect is shameful.

We are not the only Americans who have been working weekends and late into the night recently. There are people in small towns and big cities all across America doing jobs much harder than ours, who are taking an extra shift before Christmas so they can afford that extra gift beneath the tree—Americans who are unemployed in this savage economy and still trying to make sure the kids know Santa remembered them.

These same people are reading their papers and watching their televisions wondering what in the world we are doing here in Washington. All they see are talking heads yelling at each other on cable news, needless partisanship paralyzing their government, and even people praying that Senators will not be able to make votes.

I am not naive about politics, but I expected more. I will vote for health care reform because it is a step in the right direction. But I will not go home and defend the actions of a Washington that is out of touch, a Washington that is more interested in scoring political points, more interested in the 278 health care lobbyists who used to work

for Members of Congress than it is in what our constituents have to say, a Washington that is more concerned with the millions being spent by big insurance companies than the thousands of dollars being lost by working families who are struggling to pay for coverage.

Columnists opposed to reform have criticized me for saying that I am willing to lose my seat to enact meaningful health care reform. Now I am being asked why I did not negotiate a special deal with leadership. In fact, there was a report this morning criticizing me because the National Republican Senatorial Committee was rejoicing that I did not ask for special favors. Only in Washington would someone be attacked for not negotiating a backroom deal. Just because others choose to engage in the same tired Washington rituals does not mean I have to.

So I have a message for the columnists, the political professionals, and those back home: I am not happy about the backroom deals. I am not happy that the public option was held hostage by people in our own party. I do not support rewarding delay with special deals. I will let others justify their vote and their tactics.

As for me, I am voting to provide coverage to 840,000 uninsured Coloradans, voting to extend Medicare for our seniors and provide free preventive care for everyone, voting to close the prescription drug loophole and provide tax cuts to small business, voting to make health care more affordable and eliminate exclusions based on pre-existing conditions, voting for health care reform that is fully paid for.

The people in my State and in our country deserve better than a politics that cares more about lobbyists and talk show hosts than the people we represent. I am committed to delivering on that despite what the political experts have to say. And, in the end, when the dust settles and the stories focus more on substance and process, I am confident Coloradans will see it the same way.

I also commit to the people of Colorado and the people of this Chamber that I will do everything I can to make sure this bill is fully paid for. That is why I submitted an amendment that will ensure that health care will help pay down the deficit by forcing Congress to make adjustments if reform does not meet the cost estimates we have projected.

I urge my colleagues and the leadership in the Senate to see to it that this amendment is included in the conference report. If not, I will fight to get it passed on its own. I believe so strongly in this because everyone here knows that keeping things the way they are is no longer acceptable.

When I first started in the Senate, 800,000 Coloradans were without health insurance. That number has grown by

40,000 in the months we have debated this bill. On average, 111 Coloradans have lost their health insurance every single day. This number will only get worse if we do nothing. Our State has spent \$600 million in the last year alone on uncompensated care.

Colorado's working families suffered double-digit health insurance cost increases year after year for the last decade. Many families have made terrible sacrifices—no longer investing in their children's futures, saving for a home, or carrying crushing credit card balances—all to pay for health care.

Small businesses pay 20 percent more for health insurance than large businesses do just because they are small.

I think back to the Coloradans who shared their stories with me during this debate.

I remember Bob and Deb Montoya of Pueblo. They were torn between providing health care for their small business employees and keeping their business afloat. Last year, their business paid out \$36,000 to cover two families and one employee. They could not afford to give their other 12 employees health care or they would be literally forced out of business. So they dropped coverage for the 12 employees to keep their doors open.

Hollis Berendt owns a small business in Greeley and told me about her daughter Abby who graduated from Colorado State University in 2004 and found a job in New York with a large company. Her daughter's company made her wait a year before she was eligible for health insurance, and during that time Abby was diagnosed with ovarian cancer. Hollis took out a second mortgage to pay for her daughter's bills and told me:

This experience brought to light, all too clearly, how close we all are to losing everything due to a health issue.

I have spoken here before about a young boy named Alex Lange. Alex's parents' insurance company refused to cover Alex because he was 4 months old and 17 pounds. They said he had a pre-existing condition, at 4 months, of obesity.

Then there was 2-year-old Aislin Bates, whose parents' insurance company denied her coverage because she was underweight. One child too big, the other too small. Today in America, you have to be just right to get insurance.

There was Peggy Robertson of Golden, CO, who was told she could not receive coverage unless she was sterilized, Mr. President. She came and bravely testified in Washington about the need for reform. There was Matthew Temme of Castle Rock, who could not receive coverage because his wife was pregnant, even though she had her own health insurance.

The sad thing is, there is nothing unusual about these stories. None of these people were trying to cheat or game the system. They were trying to

gain some peace of mind, some stability in their lives and, instead, they wasted weeks of their lives fighting against insurance company bureaucracy and mounting bills.

We have debated health care reform for over a year. Some have been working on these issues for decades. Killing health care reform under the disguise of starting over is not an option. We cannot wait until after the next election. We cannot wait until our economy recovers or until we have come home from Afghanistan to deal with our broken health care system.

Now standing so close to the finish line, it is completely understandable that some Americans doubt whether this bill will improve their situation. They understand we cannot live with the current system. But they are also deeply concerned about our capacity to make it worse.

The special interests are using tried-and-true tactics that have been employed over and over across the decades to prevent reform: phone calls to scare seniors, direct mail to scare those already covered, television ads to scare just about everyone else, and opponents of this reform in this body are trying every delay tactic permitted by the Senate rules.

Amidst all this, there is still a reason to hope. After almost a century of trying, the Senate is very close to finally passing a meaningful health care reform bill, a piece of legislation that while not perfect, represents a substantial step forward from business as usual. We have a bill that does three important things: It saves money, it saves lives, and it gives families a fighting chance in their relentless struggle with health insurance companies.

This bill will save money. It reduces the deficit by \$130 billion over the first 10 years, according to the nonpartisan Congressional Budget Office, and is projected to reduce the deficit by 10 times that—up to \$1.3 trillion—in the second decade. We will save $\frac{1}{2}$ trillion by improving the way we deliver services to our seniors. These savings will prevent Medicare from going broke in 7 years by extending the life of the Medicare trust fund.

This bill will save lives. It will extend health insurance coverage to 31 million Americans who don't have it today. Over 90 percent of Americans will have health insurance coverage, the highest percentage in the history of the United States. For Colorado, that means over 840,000 people who don't have insurance will now have access and another 300,000 people who have insurance in the unstable individual market will be able to get affordable coverage through the new health insurance exchange.

The Senate bill makes preventive services, such as breast cancer and colorectal cancer screening, available

without copayments. Now mammograms and colonoscopies, which can cost between \$150 and \$200, on average, will be free as well for seniors—half a million seniors in my home State alone. This means catching diseases earlier, promoting wellness, and saving millions of lives.

For our Nation's working families, this bill will also rein in the worst practices of private insurance companies. They will have to commit to covering patients instead of gouging them for excessive profits and overhead. Starting in 2011, if an insurance company doesn't give you value for your dollar, they will have to refund you back the difference. They will not be able to impose arbitrary lifetime limits on consumers and punish you just for getting sick or deny you insurance because of a preexisting condition. The newest Senate bill does more to contain costs, more to demand accountability and transparency from insurance companies, and more to give consumers a better choice.

For my home State, in particular, I am glad the bill addresses other critical areas. This reform does more for small business and small business workers than ever before. Small business tax credits will begin next year, giving eligible businesses a tax credit for 6 years to purchase health insurance for their employees. We have extended tax credits for small businesses, allowing more than 68,000 small businesses in Colorado to buy health insurance.

This bill makes a significant investment in Medicare payments to rural areas. When I first joined the Senate, my first piece of legislation called for a deficit-neutral reserve to address the differences in Medicare payments between urban and rural areas. This Senate bill recognizes the geographic differences between rural and urban areas and makes sure providers in rural Colorado that provide higher quality at lower cost receive higher Medicare payments.

This bill also delivers on its promise to seniors. It doesn't use a dime of the Medicare trust fund to pay for reform and does not cut guaranteed benefits. That is why, on the first day of the health care reform debate, I introduced an amendment that would make sure seniors will still see their guaranteed benefits, such as hospital stays and prescription drug coverage, no matter what changes we make in health reform. It was the most bipartisan piece of legislation we have had this year, with 100 Senators agreeing health reform would not take away guaranteed Medicare benefits for seniors. For Colorado, that means half a million Medicare beneficiaries will continue to have their guaranteed benefits protected and preventive services free of charge through health reform.

I am very pleased Majority Leader REID included a version of a piece of

legislation I wrote based on the work in Mesa County, home of Grand Junction, CO. Currently, one out of every five Medicare patients who is released from the hospital in this country winds up back in the hospital in the same month they were released but not in Mesa County. They have reduced the readmission rates at the hospital to about 2 percent, compared to the national average of 20 percent. That is 12 million patients who aren't receiving the care they need. In Mesa County, they have lowered readmissions by creating a transitional model that makes sure that when patients leave the hospital, they do so with a coach. That coach helps them go from the emergency room to their primary care physician, their mental health provider, making sure they get the care they need over a period of time, making sure they don't forget their prescriptions, and making sure they have the guidance they need to take responsibility for their own care. I am pleased the Senate bill compensates and reimburses hospitals and providers that set up models such as the one in Mesa County that actually saves money.

On another note, I wish to thank the Presiding Officer and my fellow freshmen. Together, we worked hard to introduce a package of amendments to further contain costs and make our system more efficient. As I traveled throughout Colorado on the August break, I heard from doctors and nurses who told me repeatedly all they wanted to do was work with patients, while all the government was doing was making them fill out one form after another. When I came back, I was determined to do something to help cut the red tape and bureaucracy for these people so they could spend more time with their patients. That is why, as part of the freshman package, I introduced an amendment to put an end to multiple forms, confusing codes, and unnecessary paperwork that burden providers. If health plans don't follow the rules, they will suffer financial penalties. Our health care workers deserve better, and this amendment gives them back time to spend with their patients.

Our freshman package rewards and emphasizes efficiency: one form to fill out, not 10; less red tape; fewer bureaucrats; a system that makes sense. Thanks to the leadership of the Presiding Officer, that package was endorsed by the Business Roundtable, the AFL-CIO, and the Consumers Union—proof that at least off this floor, there are still people from all different points of view who are willing to work together.

This bill also makes progress in the area of tort reform. It includes language I worked on with Senators BAUCUS, CARPER, and LINCOLN to create a State grant program for States to develop, implement, and evaluate alternatives to tort litigation for medical

malpractice claims. The purpose of these grants is to limit litigation while preserving access to courts for patients and promoting strategies to reduce medical errors.

I know many in this Chamber take issue with one particular part of this bill or another. I have my own issues with the bill. I am one of many who have expressed their strong preference for a public option. But I urge my colleagues to consider how much good this bill can do for the American people—those with skyrocketing health care costs, small businesses forced with the impossible choice of helping workers keep their coverage or even just maintaining their business. To have the nonpartisan experts at the Congressional Budget Office validate that in the second decade we will have cut health care costs by up to \$1.3 trillion and that we will reduce the rise in costs of Medicare from 8 percent in the next two decades to 6 percent in the next two decades, while covering 31 million insured Americans, is truly groundbreaking.

We know what more time elapsing without fixing this system means for Colorado's working families and small businesses. It means more double-digit premium increases, less time to fix Medicare before it goes bankrupt in 2017, and more names added to the rolls of the uninsured. It means another big win for the special interests, more people denied coverage for preexisting conditions, and more small business employers will have to make impossible decisions about covering their workers or keeping their doors open.

So let's reject business as usual. Let's look at the promise of this Senate bill as a whole. Let's put the pettiness, scare tactics, and obstruction aside. Reform is what is needed to control costs, give people more choice, and provide support for our small businesses. This package will reduce our deficit, and it does so by reforming the way we provide health care.

We have much to do. Even before we were in the worst recession since the Great Depression, during the last period of economic recovery, working families' incomes in this country actually declined, the first time in the history of the United States, the first time our economy grew and left the middle class behind. At the same time, in my State of Colorado and in all States across the country, the cost of health insurance rose by 97 percent and the cost of higher education in my State went up by 50 percent. Finally, because of the short-term politics practiced around here, we now have an annual deficit and long-term debt that is cheating our children and constraining our choices.

We still have a lot to do to live up to the legacy that our parents and grandparents left us. It has taken me less than a year to understand that Wash-

ington still doesn't get it. I know we can do better, and despite so much evidence to the contrary, I believe we will.

I believe we will because, in the end, the national creed that each generation of Americans has fought for and fulfilled—the idea expressed in our Constitution that our responsibility lies not just with ourselves but to our posterity—is so much more powerful than the trivial politics that animate so many of the charges and countercharges that ricochet around this building.

It is for this reason I urge my colleagues to come together and support this meaningful improvement in our health care system.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. I ask unanimous consent to yield myself 10 minutes.

The PRESIDING OFFICER. The Senator is recognized.

Ms. KLOBUCHAR. Mr. President, late last night, as my colleagues are aware, the Senate took the important step to move forward on health care reform. After all the work, the debate that has gone on for this entire year, we owe the American people a vote on this issue. We can't afford to ignore this situation anymore.

I know some of my colleagues on the other side of the aisle have been talking about a lack of debate. I think anyone who has turned on C-SPAN for the last few months will tell you there has been a lot of debate—not only that, a number of Republican amendments were actually included in the original bill, the HELP Committee bill. When it came out, I believe it was something like 130 amendments that were included that came from their side—and the Finance Committee as well.

I remember the first bipartisan meeting we had on health care reform was something called Ready to Launch that the Finance Committee put together. I remember Senator WHITEHOUSE and I were there. It was literally a year and a half ago. So many of the ideas that are now incorporated in this bill that Senator BENNET from Colorado just so eloquently went through are in this bill, so many of the bipartisan ideas to kick off cost reform, to start rewarding high-quality care, to start bringing down those costs in a way that gives us the high-quality care.

We all know that rising costs are not sustainable. If we don't act, these costs are going to continue to skyrocket.

So what was the vote about last night? The vote last night was to say we are not going to put our heads in the sand anymore. We are not going to keep letting these costs go up.

Ten years ago, the average family was paying \$6,000 a year for their health insurance. Now they are paying \$12,000 a year. Well, 10 years from now, if we don't do anything about this,

they are going to be paying \$24,000 to \$36,000 a year for their health insurance. Just look at these numbers. Look at where we are. In 1999, a single person was paying about \$2,100 for their health care. They were paying for a family, \$5,790 for their health care. Where are we now? Last year, in 2008, a single person was paying \$4,700 for their health care and then a family was paying \$12,680. Especially during this difficult economic time when wages haven't been going up, people have been losing their jobs, cutting back on their hours, and look what their health care costs have been. It has been a higher and higher percentage of their family budget, a higher and higher percentage.

At the same time, health care expenditures are going up and up and up. In 1995, we were spending something like \$12 billion and now it is way up to \$2.5 trillion. This is the kind of money we are talking about when we look at why we have to do something to bend the cost curve. When people at home hear this term "cost curve" and they don't know what it means—well, this is exactly what it is: The cost curve has been going up and up and up for health care in America.

So \$1 out of every \$6 spent in our economy is on health care. Over 20 percent of our economy, by 2018, we believe, will be spent on health care. American families can no longer afford it.

Who has been taking it the worst? Small businesses. They are paying 20 percent more than large businesses for their health care. In a recent survey, nearly three-quarters of small businesses that did not offer benefits cited high premiums as the reason.

These are little companies such as Granite Gear up in northern Minnesota and Two Harbors. I went up there and visited them. They are a thriving little company. They now have 15 employees. They are making backpacks for our Nation's soldiers because they make such high-quality backpacks. Do you know what the man who started that company told me? That if he had known how much his health care would cost with his family of four—he did not have kids when he started the business—he would not have started it today. He is paying \$24,000 in Two Harbors, MN, for a family of four.

This is what it really means when you look at the numbers. Inflation usually raises the cost of most goods and services between 2 and 3 percent a year. What have health care premiums been doing? Health care premiums have been going up close to 8 percent a year, and that is an increase Americans simply cannot afford.

What does this bill do? I was listening to some of the commentary and taking part in it myself over the weekend. There seems to have been a lot of talk about these delayed benefits. Why don't we talk about the benefits that

are taking place right when the President signs this bill, within the first year of this bill?

The first thing is, if your kid loses their coverage because something goes wrong—if they get diabetes or if they have some childhood disease—guess what. They are going to be able to get health care. There is no longer a ban on preexisting conditions immediately, and then in later years that applies for adults as well but immediately for kids.

Immediately, by 2011, within the first year of the bill, our seniors are going to be covered in that doughnut hole for their prescription drugs. So many of them for so long—I know my own mother would complain about this doughnut hole where they fall off a cliff and are not able to pay for their drugs because they do not have enough money. That will be covered.

A number of the small business tax credits take effect by 2011. These are real benefits for the people of this country—real benefits.

The thing I care most about in this bill which Senator BENNET discussed is this idea of getting our money's worth for our health care dollars. What does this bill do? This new bill—we have taken a lot of the good from the original bill and made things even better: \$132 billion off the deficit in the first 10 years and in the next 10 years, \$1.3 trillion off the deficit. That was the most important thing to people in my State when I went around. They said: We want to get rid of these preexisting conditions, we want to make things better so we have better health care, but we want to make sure we do something about the deficit, start doing something about costs.

As you know, Mr. President, Minnesota is a mecca for health care. We have one of the high-quality, cost-efficient, low-cost States in the country. In fact, when we look at some of the numbers, one of my favorite ones—and maybe this will be the last time I will say this before the end of the year—is Mayo Clinic. They did a study out of Dartmouth, and they looked at what Mayo did with chronically ill patients. What they found was this: If other hospitals in the country simply use the same high-quality care Mayo uses—bring the family in, talk to them about what the care should be for the patient—they talk to the patient and then figure out what is the best course. They work as a team, like a quarterback with a team working with that quarterback. They do not have 20 specialists falling all over each other; they work as a team. What this study showed was this kind of health care for that subset of chronically ill patients in the last 4 years of their lives, the quality ratings were sky high for the Mayo Clinic. The families felt good about how their loved ones were treated.

What Dartmouth found is if all the hospitals in the country followed the same protocol, we would save, for this subset alone, \$50 billion every 5 years in taxpayer money, giving patients that Mayo health care, giving them high-quality health care. It is counter-intuitive to people. If you go to a hotel and you pay the most, you are going to get the best room with the best view. That has not been the same in American health care. In fact, there is an inverse relationship.

I see my friend from Ohio. Ohio has the Cleveland Clinic, and there is Geisinger. Those places that offer high-quality care also tend to have some of the lowest costs.

Those are the incentives we are putting in this bill—incentives for accountable care organizations, incentives for that integrated care I talked about instead of people running around with x rays to 20 specialists, getting charged every single time, but then one specialist does not know what the other specialist is doing. They don't know what kind of drugs you are allergic to when you go in for surgery. This is because there is no communication. This bill promotes that integrated care where you put the patient in the driver's seat so they have their pick of a doctor. That is what we want—bundling of payment so you start rewarding outcomes instead of the number of tests and procedures.

My favorite example of this came out of the Geisinger Clinic in Pennsylvania, where they said: We are not that happy with how we are treating diabetes patients. So instead of having everyone wait to see an endocrinologist, a doctor, we are going to have some of the routine cases see nurses, and the nurses will report to the doctors, and the patients will be happier because they will be able to see a nurse more often. The most difficult cases will be treated by endocrinologists.

They did that for about a year and looked to see what the results were. Guess what. The patients were much happier because they were able to communicate one-on-one with the nurse. The doctors were able to handle the most difficult cases and monitor the other cases. They saved \$200 a month per patient with this kind of system. Higher quality care and better patient outcomes.

What does our system do when they see this kind of smart, cost-effective result for the doctors and for the system and for the taxpayers? They actually are told: You get punished for this under our system. You are going to get a lot less money if you do something like this. That is what I am talking about.

On hospital readmissions, we could save \$18 billion a year. If you go in the hospital and you are treated, you want to go home. You don't want to go back into the hospital because someone

made a mistake or they gave you an infection. Let's provide incentives—that is what this bill does—so that we reduce those hospital readmissions, make life better for the patient and at the same time reduce taxpayer money. That is what this bill is about.

Right now, fraud is \$60 billion. I don't think anyone would believe this. A senior who just depends on Medicare, right—we have to tell our seniors today that \$60 billion a year is wasted on Medicare fraud, going to con men, going to people who set up storefronts and they get fake checks and they are not even real. That is where the money is going right now—down the tube, siphoned off by fraudsters. What this bill does is give the tools to improve that situation so that will not happen anymore.

That is what we are doing with this bill. It is about reducing costs, it is about raising quality, and it is about saving Medicare so it does not go in the red by 2017, giving it 10 more years and beyond because of the delivery system changes.

I am proud to support this bill. We continue to work for reform. As you know, this is not just an end, this is a beginning. There will be more work to do in the future, but we cannot put our heads in the sand. We have to vote on this bill. We have to get this done.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, it has been said that a cynic knows the price of everything and the value of nothing. I spent, as we all have, as the Senator from Minnesota has, as the Presiding Officer has, the last 4 weeks listening to my colleagues come to the Senate floor to describe health reform legislation that bears no resemblance to what is actually before us. They take liberties with the cost of the bill. They seem to have no concept of the value of health care to a family who has it and to a family who does not have it. I guess they believe it is not important for us to get this done, it is not important for other Americans to have affordable health insurance.

My colleagues are not at risk of losing their coverage. They can afford the health care they and their families need. So what is it to them if another 14,000 people lose their insurance every day? Mr. President, 390 people every single day in my State lose their insurance. What is it to them if people with preexisting conditions cannot get coverage, if women are overcharged for insurance, if the self-employed cannot afford the outrageous premiums they are charged, if too often American small businesses pay more for health coverage than they earn in profits? What is it to them?

I have listened as Republican Senators have come to the Senate floor day after day to tell tales about health

care reform and try to manipulate public opinion by any means possible. I hear them mostly stalling: Slow down, not yet. They have done it since the Gang of 6 in the Finance Committee met in June. No, actually they had begun to stall even before that when the Finance Committee and the HELP Committee began their deliberations, informal deliberations.

What they forget or what they do not want to think about, perhaps, is that every day they stall, 390 people from Galion to Gallipolis, from Buckeye Lake to Avon Lake, from Ashtabula to Cincinnati, 390 people in my State lose their insurance every day. Every day, we see 14,000 Americans lose their insurance, and 1,000 Americans die every week because they do not have insurance. One thousand Americans die every week because they do not have insurance, and on the other side of the aisle they say: Slow down. What is the rush? Why do we have to move into this?

They forget or maybe they just do not want to hear that a woman with breast cancer is 40 percent more likely to die if she is uninsured than if she has insurance. Women with breast cancer are 40 percent more likely to die if uninsured than if they have insurance. Yet they continue to say: Slow down.

I wish my friends on the other side of the aisle would actually meet some of these people who do not have insurance. Let me put a human face on this, if I can. Let me share three letters from Ohioans. I have come to the floor since July day after day reading letters from people directly affected by this health insurance situation, if you will. In most cases, these are people who were happy with their health insurance a year ago, and something happened in their lives—they got laid off and lost their insurance; had a child with a pre-existing condition for whom they could not get insurance; maybe they got sick and the cost of their health care was so high that the insurance industry cut them off, simply eliminated their coverage. Let me read a couple of these.

Marie from Hancock County, OH:

My husband and I both have preexisting conditions and are stuck paying \$1,300 a month for health insurance. He has been out of work for 2 years and we are living off the money that we got when we sold our house. We are afraid to go without insurance. We are in a fix and in our late middle ages and find ourselves watching our retirement savings go down the drain. Please fight for us and others like us.

Think about that. Does anyone in this Chamber, does anyone who comes to work as a Senator or down the hall as a Congressman—can any of us really understand what this couple is all about, this couple from rural, smalltown Ohio paying \$1,300 a month? How are they paying for their insurance? They sold their house so they could pay for their health insurance. They are in their late middle ages. I

am guessing they are probably in their late fifties, early sixties. They are not eligible for Medicare.

So many people say to me through these letters and through my meetings and discussions and when I am traveling around my State: I am 63. I only have 2 years before Medicare because I trust Medicare. It is stable, predictable. It will be there for me, and it will help.

Instead, Republicans in this body, all 40 of whom even voted against the bill last night—40 said: Stop. Don't even move forward on this bill. Do any of those 40 really understand people such as Marie from Hancock County? Do any of them understand? Do any of them understand that 390 people are losing their insurance every day in just one State? Do any of them understand that 1,000 people a week are dying in this country because they do not have insurance? Do any of them understand, any of the Members of Congress, the House of Representatives or the Senators, the 40 Senators who said no and stall and stall, saying: Not yet; can't do this yet; have to slow it down. Do any of them understand that a woman with breast cancer is 40 percent more likely to die if she does not have insurance than if she does?

Charles from Cuyahoga County, the Cleveland area, writes me:

The hands-off-health-care people claim that many Americans are very satisfied with their own health insurance. I am one of those. I have Medicare. But I don't believe their implication that health care reform is not needed. I think if you were to really ask those lucky people who were somewhat satisfied with their plan—a great majority would say they support reform that would benefit everyone.

Charles understands. He is on Medicare. He understands the stability and predictability of the Medicare system.

I might add parenthetically that my Republican friends, all 40 of whom last night said: Stop, slow down, stop, slow down, all 40 of them understand that their party overwhelmingly opposed the creation of Medicare. When they had a chance, they tried to cut it and privatize it in the nineties. Then when President Bush was sworn in, with Republican leadership in the House and Senate, they moved forward on their giveaway to the drug companies and insurance companies in their attempts to privatize Medicare. Now they say they are all for Medicare.

Understand, Charles knows what this bill is going to do. It is going to strengthen Medicare. It is going to lengthen the lifespan of Medicare. It is going to give free physicals, once-a-year checkups, colonoscopies, and mammograms for people on Medicare, and it is going to close the doughnut hole so fewer people will have to pay so much out of pocket.

Last letter. Raymond from Delaware County:

My wife and I had to drop our coverage because it cost us \$30,000. The country needs re-

form that bars insurance companies from denying coverage or charging higher premiums on the basis of preexisting conditions. Health reform is the right solution for the people of Ohio.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. BROWN. I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming is recognized.

Mr. BARRASSO. Mr. President, I just heard my colleague, the Senator from Ohio, say: I wish some of my colleagues on the other side of the aisle would understand families who don't have insurance.

I practiced medicine for 25 years, taking care of families in the State of Wyoming. During that time, I took care of all patients, regardless of their ability to pay. I will tell you, I believe, as a physician who practiced medicine for 25 years—and as someone whom the Obama administration has decided to completely ignore, as he did the other Senator of this Chamber who is a physician—that I know specifically and personally about what happens to families who lose their insurance. My colleague and I know specifically what happens to families who are on Medicaid, a health care program which my colleague who is now leaving the Chamber after asking if anyone in this body understands people without insurance but not staying to hear the discussion for the next hour—making statements and then leaving—I understand those families. I understand the families on Medicare, I understand the families on Medicaid, I understand the families without insurance, I understand the families worried about losing their insurance, I understand about the families worried about disease.

My colleague from Ohio said: Do people understand women with breast cancer? Well, my wife is a—

Mr. BROWN. Will the Senator from Wyoming yield?

Mr. BARRASSO. Regular order, Mr. President.

Mr. BROWN. I just wished to let the Member know I am still in the Senate.

Mr. BARRASSO. My wife was a breast cancer survivor, and her breast cancer was discovered in her forties by a screening mammogram. It was that screening mammogram that saved her life because the cancer had already spread. It had already spread to a lymph node. She had three operations, two bouts of full chemotherapy, radiation—35 treatments and all—all—because of the screening mammogram that saved her life. Yet because of this bill that was brought to the Senate floor—with the government knowing better than the rest of America, knowing what health care ought to be given and shouldn't be given—all of a sudden what we see is the government knows best, people don't know—her life would have been lost because she is one of those 1,900.

So I understand, having practiced medicine, having lived that life as a physician—taken care of people without health insurance and on Medicaid and Medicare and those worrying about losing their insurance when they lose their job—the implications. Yet I took care of all of them, as did all my partners. We dealt with all these people, trying to help each and every one of them, regardless of their ability to pay. It is why we need health reform in this country that actually works on availability of care, affordability of care, access to care, and quality care. This bill that I voted against last night doesn't address the needs of the country. It fails time and time again.

The President made a number of promises—a number of promises—to the people of this country. He said people would see their insurance premiums drop by \$2,500. Instead, the budget officers say: Oh, no, it is going to go up \$2,100 for a family. Has the President not read the bill, not read the responses that have come from the Congressional Budget Office? Does he not see the difference there of \$4,600 per family?

The President said this wouldn't add a dime to the deficit. Well, it is going to add a lot of dimes to the deficit. This is going to add \$1 trillion to the deficit. He said: Oh no, will not at all. Yet they didn't do the doctor fix—the Medicare doctor fix. Now the Speaker of the House says: Oh, we will handle that in January or February for \$250 billion, since they are not going to pay for it here.

The President said: Taxes will not go up on anybody making under \$250,000 for a family. There are a dozen taxes in the bill that will be passed on to the American people. Now any teenager who goes to a tanning salon is going to get taxed 10 percent. I don't think any of those people are making over \$250,000 apiece.

The President said: People will not lose their coverage. Oh, they are going to lose their coverage. Many will lose the coverage they have, coverage they like, because they have cut 11 million people on Medicare Advantage—a program people like, a program my patients like. People whom I have taken care of like it because there is actually an advantage to the program. It is a program that deals specifically with preventive care. It is coordinated care. That is what happens with Medicare Advantage. The President doesn't like. They will lose their coverage.

Of course, the President said we wouldn't see any cuts to Medicare. Yet the bill says \$500 billion of cuts to Medicare for the seniors who depend upon Medicare.

The President said we would have an open, honest debate. He said C-SPAN would be there covering the debates. Those of us with the most experience—the two physicians, with 50 years in the

practice of medicine and taking care of families in this country—were completely excluded—completely excluded—even though we offered to go to the White House and read the bill with the President.

So what do we have? What is the verdict of the American people on the vote that was taken in the dark of night—at 1 a.m. in the morning—a Monday morning vote, taken at 1 a.m. so the American people, hopefully, according to the Democrats, would be asleep and not see what they were doing to the American people? The verdict is the American people are overwhelmingly opposed—opposed—to the bill the Senate last night voted 60 to 40 on cloture and decided to move ahead on.

The deals in the bill are absolutely astonishing: \$100 million for a hospital in a State we still can't identify and no one is claiming, a payoff to one State, a payoff to another State, and then the cuts in Medicare for our seniors who depend on Medicare, a program that is going to go broke in the year 2017—not to save Medicare. Instead of saving Medicare, to start a whole new government program.

I see my colleague from the State of Tennessee is standing, and he has worked closely with people on Medicare in his home State. He is familiar with that and with Medicaid and he knows how difficult it is for patients to get to see a doctor. With the cuts in Medicare, it is going to make it harder for those hospitals to stay alive and open in your community, and for patients to get the kind of care they need.

So I would ask my friend from Tennessee: Are there concerns you have about the cuts to Medicare and how they are going to impact on the care of people in your home State?

Mr. ALEXANDER. I thank the Senator from Wyoming and appreciate his leadership on this bill. It is of tremendous value to have within our body two practicing medical doctors to help us interpret the effect of this bill, which affects all 300 million Americans so dramatically.

We find, when we discuss this bill with our colleagues on the other side of the aisle, we sometimes become exasperated with one another because it seems like they are talking about one set of facts and we are talking about another set of facts. So what I would like to do is take a moment and talk about Medicare.

If anyone is watching our debate, you hear the Democrats talk about three things: We are saving Medicare, we are extending its length, and you hear Republicans say they are cutting Medicare. So who is right?

Well, let me tell you why we talk about Medicare cuts. Medicare, of course, is a government program which 40 million seniors depend on. We all pay into it, and then when we get to be

of a certain age we depend upon it for our medical care. For many Americans, it is very important. It was established with broad bipartisan support in the 1960s.

What are the proposals that have to do with Medicare? Well, basically half this health care bill is paid for by reductions in the growth of Federal spending for Medicare. Those are Medicare cuts. Who says they are? Well, the President of the United States, for one, says we will have no deficit from this bill. So the way we are going to do that, for this bill, which the Congressional Budget Office figures show us will cost \$2.5 trillion over 10 years when fully implemented, is basically paid for one-half by Medicare cuts and one-half by new taxes. Give the Democrats credit for that, that helps to avoid a large part of the deficit. The rest is done by sending a huge bill to States to help pay for another big government program called Medicaid, but I will leave that to the side for a moment.

The Medicare cuts which are reductions in the spending for Medicare, are \$466 billion over the first 10 years and over a fully implemented 10 years it is about \$1 trillion in Medicare cuts. That is money coming out of the Medicare Program and going somewhere. Where does it go? Well, it goes to start a new program.

What is wrong with that? Well, one thing wrong with it is the trustees of Medicare say that there is already more money coming out of Medicare than is being paid in, and by the year 2015 or 2017 it will be insolvent. That means going broke. These aren't Republican trustees or Democratic trustees, these are the men and women whose job it is to report to the Nation on the condition of this program that takes care of 40 million people and their medical care.

Already we see that the Medicare Program is under some stress. The doctors, for example, who serve Medicare are only paid about 83 or 84 percent as much as doctors who serve patients with private health care. As a result of that, we have to come along year after year and appropriate more money to reimburse doctors who serve Medicare patients. If we do not do that, they will not be serving Medicare patients, and Medicare will become similar to Medicaid, the program for low-income Americans, where about 50 percent of doctors will not take a new Medicaid patient. It is akin to telling somebody: I am going to give you a ticket to a bus line where the bus only runs about half the time.

So what the Democrats are saying to us is that by taking \$1 trillion out of Medicare over 10 years when fully implemented, and there is no dispute about that amount of money, and spending it to pay for this new program that is somehow good for Medicare and

for the seniors who depend upon it. I mean, they are suggesting we believe if you take \$135 billion from hospitals and \$120 billion from the 11 million seniors who participate in Medicare Advantage and \$15 billion from nursing homes and \$40 billion from home health agencies and \$7 billion from hospices, that somehow that is good for seniors.

Perhaps it could be, if all that money were put back into Medicare; if the money were taken from grandma and spent on grandma. But no, this money is taken out and spent on a new program. The Director of the Congressional Budget Office—not a Republican, not a Democrat, the nonpartisan Director said, for the 11 million on Medicare Advantage that one-half of their benefits will be diminished. That is what he said about these cuts.

Even when it is all said and done, we completely leave out the $\frac{1}{4}$ trillion that we need to appropriate to pay the physicians to serve Medicare patients. Because if we don't, their payments are going to be cut by 21 percent next year and fewer of them will see Medicare patients. We have already heard the Mayo Clinic, for example, is beginning to restrict some patients on Medicare because they lost \$840 million serving Medicare patients last year.

I have taken a few moments to talk about Medicare. That is just one thing wrong with this bill. But when you hear the other side say they are helping Medicare, and if you listen to what I said about how can you take \$1 trillion out of the Medicare Program—which is going broke—when it is fully implemented over 10 years and claim you are helping Medicare by starting a new program, I don't think that is possible. That is the source of the great concern on our side of the aisle about this bill on that one issue.

I see the assistant Republican leader, the whip. I have heard a number of people say, and I will just propound this question and then I will yield the floor, if I may, to the Senator from Arizona. But I have heard them say: Why are Republicans keeping everybody in here this week? We want to go home and see our families.

We all want to see our families. But there is a reason this bill was suddenly presented to us in the middle of the greatest snowstorm in the history of Washington in the month of December, and we were asked to start voting on it in the middle of the night on the same day, and to finish the work by Christmas. If I am not mistaken, and this is my question to the distinguished assistant Republican leader who has been here a number of years, who is in the leadership and whose job is to help manage the floor: Is it not entirely the prerogative of the majority leader of the Senate to schedule what comes up on the floor? Is that not his job? Isn't it true that if Senator REID wanted to say let's take this bill down, let's go

home, let's let the people hear about it, let's come back and vote on it after Christmas, after New Year, after Valentine's Day, could he not do that and isn't that peculiarly his power and not our power?

Mr. KYL. Mr. President, I would say to our colleague, as a general rule that is correct. The majority leader has two great powers that no one else in the Senate has. One is the right of first recognition by the Presiding Officer and the other is the power to set the schedule. That power is limited by Senate rules, and it can be altered by unanimous consent. I can go on and explain a little bit to folks who are wondering why we would be in this predicament of voting on Christmas Eve based upon the majority leader's decision. If I can just proceed, I will do that.

All of these rather odd times for debates, 1 o'clock in the morning, 7:20 a.m. in the morning, and so on, are as a result of the majority leader's decision to make sure that this bill is completed by Christmas. That is the precipitating cause for everything else that follows because once he says the bill has to be completed by Christmas, then he has to, in effect, count backwards on how long it takes to do the various things the Senate rules say we have to do.

If there are three cloture motions filed—which is what the majority leader did; he filed three cloture motions simultaneously—under Senate rules certain timeframes then attach.

You have to take the vote with 1 day intervening between the filing of the cloture motion and the vote. If cloture is invoked, then 30 hours for debate is permitted after which there can be additional action by the Senate. So when the majority leader takes all that into account, he finds that he has to vote at 1 a.m. in the morning, 7:20 a.m., and so on.

He could change that, of course. He could change that by saying we do not actually have to have the whole thing completed by Christmas. That is strictly an arbitrary date he set.

There have been some who said: Why don't we have a unanimous consent request to not put us through all of this and try to complete the debate a couple of days earlier?

Republicans have said: Now wait a minute. You are telling us on the one hand that the majority leader is saying we have to have this completed by Christmas, but since that is kind of tough on all of us, now you are saying let's move that up a couple of days.

Republicans are saying: We have had barely enough time to consider this bill as it is. We are not going to agree to move it up any more than that. We don't like voting on Christmas Eve any more than you do, but the answer to it is not making the time even shorter but, rather, taking our time and doing it right. As the Senator from Maine

has pointed out, let's go home for the Christmas recess, stop and listen to what our constituents are telling us they would like to have us do, and then come back and complete it. That could all be done by unanimous consent. My colleague is correct that once the majority leader made the decision that this has to be done by Christmas, then the time is pretty well set by the Senate rules, absent a unanimous consent by the body that would either extend the time or shorten that amount of time.

I would like to make another point, off that subject if I could, but if my colleague has another question in that regard I would be happy to try to respond to it.

Mr. ALEXANDER. No, I thank the Senator. I yield the floor.

Mr. KYL. I talked to the Senator from Wyoming. Of course, Arizona is a State that has a lot of Medicare patients. Our State is hurt as much as any by the cuts to Medicare and particularly the Medicare Advantage cuts. We do not have the benefit that was extended to residents of other States, primarily the State of Florida, by a special provision that was inserted into the bill. As a result, our constituents are going to suffer more than those of some other States.

But the more we read this bill—and one of the reasons Republicans have not been willing to truncate this debate is that the more we read it the more we find in it that is troublesome. We found yesterday that the Congressional Budget Office—actually the Congressional Budget Office brought to our attention the fact that they had made a little mistake. I think it was a quarter of 1 percent in one of their calculations. That quarter of 1 percent amounted to \$600 billion. So a small error by the Congressional Budget Office can make a huge difference to the people of America. That is \$600 billion.

We also saw there were special provisions in the bill for residents of one particular State, and that has gotten quite a bit of attention lately. There has also been a dental/vision clinic in a State that has benefited. I am still not sure we have figured out exactly what that State is, but I understand one of the Senators from Connecticut has taken credit for it. I don't know if that is true. It is hearsay. If that is incorrect, I can be corrected. But the more we see about it, the more we realize that support for it was garnered, not on the merits but on the basis of special favors done to certain Members.

My staff has indicated there is yet another one of these in the bill, and it has to do with so-called specialty hospitals or, as they are referred to in the legislation, physician self-referral hospitals, that have physician ownership.

Just a little bit of background on this. The Hospital Association that is primarily representative of the community hospitals has been pleading for

a long time that they are not adequately reimbursed, and we need to try to help them. I have been an advocate for that. I have tried to help them, for example, for reimbursement in the care provided to illegal immigrants, and we were successful in that.

But one area I departed from that is when they concluded the best way to help themselves was to hurt their competition. At that point I said no. Their competition is the physician-owned, self-referral hospitals. These are generally specialty hospitals in a community that provide very good care. While they do in one sense provide competition to the community hospitals, they are all in the same boat in terms of the kind of reimbursement that Congress provides. What I have said is you should not solve your problem by hurting your competition but having Congress solve the problems that affect you both. I have been willing to try to help on that.

In this legislation what they have done, they struck a deal with the Hospital Association to stop the competitors, the physician self-referred hospitals, from building any more hospitals. You have to be under construction by a certain date under the bill—it is February 10, 2010. You have to have a provider agreement in operation—that is the technical term—or else you cannot go any further with your new physician self-referred hospital. That is going to hurt a lot of communities. It turns out that some of the communities hurt were in a particular State, the State of Nebraska.

Again, I have an affinity for Nebraska because I was born there, and I know a lot of people there. The Senator from Nebraska, Mr. JOHANNIS, a little bit earlier today said he didn't think the special deals that were created for the State of Nebraska were appreciated by Nebraskans who stand more on principle and have the view that if something is bad for Nebraskans and it is bad for the folks in other States, therefore it ought to be solved for all of the States, not just for the State of Nebraska.

It turns out that is the case with this particular provision on page 332 of the Reid so-called managers' amendment, which would extend the date on which a hospital may have physician investment and a provider agreement in place for the purpose of being grandfathered. That date was extended until August 1, 2010.

It turns out that helps, at least according to staff, at least three hospitals in the State of Nebraska—one in Omaha, one in Kearney, and one in Bellevue. In fact, I will just quote briefly from an article that Robert Pear of the New York Times did on this.

The Senate health bill, would impose tough restrictions like the one passed by the House last month, would impose tough new

restrictions on referrals of Medicare patients by doctors to hospitals in which the doctors have financial interests. The package assembled by Mr. Reid would provide exemptions to a small number of such hospitals, including one in Nebraska.

He goes on to describe this and then quotes Molly Sandvig, executive director of Physician Hospitals of America, which represents doctor-owned hospitals, who said the change would benefit Bellevue Medical Center, scheduled to open next year in Bellevue, NE.

Under the proposal Ms. Sandvig said, "doctor-owners can continue to refer Medicare patients to the hospital" in eastern Nebraska.

"Senator Nelson has always been a friend to our industry," she said. "But doctor-owned hospitals in other states were not so fortunate. They would not meet the August 1 deadline."

I would like to help all the physician-owned hospitals. I agree that all of them should have the same kind of support that was gained by the Senator from Nebraska for three specific hospitals in Nebraska. I understand, by the way, that three or four hospitals in Arizona would also benefit from that. I think that is a great thing.

But instead of just benefiting the hospitals in a few States by moving the date back to where you catch the ones in the State of Nebraska, we ought to eliminate this requirement altogether because what you are going to do is prevent more competition from very high-quality hospitals in communities that can provide a real service to constituents in all of our States, not just one State.

It is just one more example, I say to my friend from Tennessee, that the more we read the bill and learn what is in it, the more we find that the 60 votes for it were obtained less by persuasion and on the merits of the bill than by special provisions that were inserted to assist folks in particular States.

As I said, I think if something is good for one State, it ought to be good for all States. If it is not good for one State, it ought not be a requirement on the other States as well.

Mr. BARRASSO. Mr. President, what you are hearing is what we are noticing as Republicans take a look at the bill. I saw the majority whip come onto the Senate floor a few minutes ago. Yesterday he was on the floor and said the Republicans have not offered amendments to this bill, so I brought four amendments yesterday. The chairman of the Finance Committee objected.

One had to do with letting people on Medicare keep their own doctors or choose who they want to go to see for a doctor. The purpose of this what was called "Medicare Patient Freedom to Contract" is it "allows Medicare patients the right to privately contract for medical services with the physician of their choice."

I ask my friend from Tennessee, who has just spoken about Medicare,

wouldn't he think that patients who have been promised that they can keep the health care they want should be able, or at least this Senate ought to be able to debate an amendment about allowing Medicare patients the right to privately contract for medical services with the physician of their choice? Wouldn't that seem fair?

Mr. ALEXANDER. Mr. President, I agree with the Senator from Wyoming. I think it is important for the American people to know, the 400-page amendment that was added to the underlying bill over the weekend is being presented to us in way that will not allow the bill to be amended. So something that affects one-sixth of the economy, which we have had a day and a half to read, which is part of an overall bill that will raise taxes, cut Medicare, and send big bills to States could be improved with amendments but cannot be amended under the current procedure.

Mr. BARRASSO. Another amendment—I see my colleague from South Dakota is here—is an amendment I offered on the floor of the Senate yesterday to protect individuals from skyrocketing insurance premiums. You may recall the President of the United States said premiums—families in Wyoming and other States, families across the country—health insurance premiums would go down \$2,500 per family. Yet what I read and studied, and as I look at this, it says to me it looks like premiums will go up instead of going down. Instead of going down \$2,500, they will go up \$2,100. I think for 90 percent of the families in this country, their insurance premiums will either stay the same or go up more because the bill is passed than if we did nothing.

I ask my friend from South Dakota—I know he has been bringing forth information; I know he put a chart together on it—would there not be some value in allowing the Senate to discuss an amendment because this amendment basically said let the State insurance commissioners—because every State has an insurance commissioner—let the State insurance commissioner take a look at what happens to insurance premiums in their State. If the insurance commissioner finds that the premiums have gone up faster than the Consumer Price Index, then in that State where those premiums have gone up faster than the Consumer Price Index, all of these laws and regulations and rules would no longer apply. The mandates, the rating rules, the benefit mandate, all of those included in the Reid bill would not apply.

Wouldn't that make sense, I ask my colleague from South Dakota? What is the Senator's understanding of this and should not we be allowed to at least discuss and debate that as a Senate when we have been promised as citizens of this country that premiums would go down?

(Mrs. HAGAN assumed the Chair.)

Mr. THUNE. Madam President, the Senator from Wyoming is correct. Of course, we would like to offer amendments. I know the Senator from Wyoming has deep experience in this field, being a practicing physician, someone who brings great knowledge and background to the debate and obviously has great insight about how this 2,100-page bill could be improved upon. What we have here is the 2,100 pages that we started with, and this represents one-sixth of our entire economy. We are talking about reordering one-sixth of the entire economy. Saturday we received an amendment, a 400-page amendment which nobody up until Saturday had seen. In fact, many of the Democrats hadn't seen it either, including members of the Democratic leadership. There was a discussion on the floor last week between Senator MCCAIN and Senator DURBIN in which Senator MCCAIN said: They are writing this amendment behind closed doors. We don't have any idea what is in it. The Senator from Illinois, the No. 2 person in the Democratic leadership, said: I am in the dark just like you are. You had a handful of people who were adding 400 pages of content to the 2,100 pages we already have.

In addition, there is another amendment that adds another 300. We are talking about 2,700 pages that will reorder and restructure literally one-sixth of the entire American economy. Right now what we are being told is that we are not going to be allowed to offer amendments to that humongous piece of legislation. When you get this much legislation coming at you and receiving this on Saturday, not having the opportunity to read it for the first time, is why we have been saying we need to push this back and not try to jam it through before the Christmas holiday. You find all kinds of things in these bills. Sometimes people take credit for those being there. Sometimes they don't. We have had a debate about some of the provisions that benefit specifically Nebraska. You have this Medicaid provision that requires the taxpayers of the other 49 States to subsidize and pay the Medicaid matching share for the State of Nebraska which will cost millions and millions of dollars. The Senator from Arizona mentioned this late add, a \$100 million item for construction of a university hospital which, again, is being reported as being inserted by the Senator from Connecticut. You have all these sorts of deals that get made to try and get that elusive sixtieth vote that are now coming to light. The American people have a right to know it. Frankly, Members of the Senate who have to vote on this have a right to know what is in these volumes of pages, 2,700 pages, that will spend \$2.5 trillion. The original 2,100-page bill spent \$1.2 billion per page, \$6.8 million per word. It creates

70 new government programs. This is a massive overhaul of health care delivery.

What it ought to be about is driving down the cost of health care for people. In fact, we have heard a lot of discussion from the other side about how this drives down the cost of health care. This bends the cost curve down. They can say that, but the experts we rely on, the referees or the umpires, say otherwise. In fact, what the CBO has said is that the cost curve would be bent up by this bill. The blue line on this chart represents the increasing health care costs year over year if we do nothing. The blue line represents what we would be looking at if we continue on the current course which everybody here acknowledges is unacceptable. We all want to see the cost curve go down and see overall health care costs go down. But the ironic thing is, according to the CBO, the red line represents what happens if the bill proposed by the Democratic majority actually becomes law. The cost curve is bent up. We will actually spend more on health care than we are spending today, even the year-by-year twice the rate of inflation increases in health care premiums today.

The Senator from Wyoming is absolutely right to be offering amendments to address the issue of premiums. This bill does not do anything to reduce premiums for most Americans. About 10 percent of Americans, because of the subsidies in the bill, would get their premium costs reduced, but 90 percent—we are told by the CBO—would see their premiums stay the same or go up. When I say stay the same, it means go up at the current rate of twice the rate of inflation. Worst-case scenario, if you are buying your insurance in the individual marketplace, you will see your insurance premiums go up above and beyond this by 10 to 13 percent. Health care costs for 90 percent of Americans, the best they can hope for, is the status quo which is year-over-year increases that are twice the rate of inflation. If you are one of the unlucky who buys their insurance in the individual marketplace, your premiums go up by another 10 to 13 percent. This ought to be about driving down health care costs and getting premiums under control.

The overall cost of health care in this country represents about one-sixth of our entire economy. If this bill passes, according to the Congressional Budget Office, according to the Actuary of CMS, health care spending will no longer be one-sixth of the economy; it will be more than one-fifth. Because if this bill passes, health care spending will go up to about 21 percent of our gross domestic product.

Tell me, what does this bill do then to get costs under control? If we are driving up the cost of health care for individuals in the form of higher pre-

miums, if we are driving up the overall cost of health care as a percentage of our economy, why would we be jamming this thing through before the Christmas holiday, these 2,700 pages, spending \$2.5 trillion of taxpayer money, raising taxes on small businesses, which obviously have weighed in on this, and the National Federation of Independent Business, which represents a lot of small businesses around the country, has said, if enacted, this bill would cost us 1.6 million jobs because of all the new taxes it imposes—you are raising taxes, when fully implemented, by about \$1 trillion, cutting Medicare by about \$1 trillion. After all that, what do you have? You have the same or worse insurance premiums for 90 percent of Americans. I argue that is a bad deal for the American people.

Coming back to the special deals, this is not the way to legislate. To carve out deals, to go and try and find or buy or however you want to characterize it that sixtieth vote is essentially what we are talking about. These are special goodies packed into this bill essentially because the majority decided that rather than trying to include Republicans and pass it with Republican votes, they had to pass it with all Democrats which meant that every one of the Democrats had tremendous leverage. Clearly, they decided to use it. There are lots of carve-outs, lots of special deals in this that cost the American taxpayers hundreds of millions of dollars in additional spending simply because they wanted to get this done by an artificial deadline and wanted to do it with all Democratic votes.

I say to my colleagues, this process itself, when the American people find out about particularly this latest deal, smells. I don't think they are going to like it. I don't think they are going to like the end product when they find out it will raise insurance premiums.

Mr. BARRASSO. I try to stay in close touch with the people of Wyoming. I go home every weekend. We have not been able to do that the last couple of weekends so I have had telephone townhall meetings. I know the Senator from Tennessee has done the same. There is a way people can push a button to indicate whether they are in favor or against. Ninety-three percent of the people of Wyoming are opposed to the bill the Democrats are trying to jam through in the middle of the night. I know the Senator from Tennessee has recently had telephone townhall meetings with his constituents because he was not able to be home personally with them. Maybe the Senator wants to share with us some of the experiences he has had and some of the messages he has heard from the fine folks of Tennessee.

Mr. ALEXANDER. Madam President, the telephone townhalls are interesting. This is the 21st consecutive day

and the third weekend we have been debating this bill. One would think we could probably do a better job of it, if we were going back home every weekend to hear what people thought about what we were doing. But maybe the strategy has been to keep us here talking to each other, bring the bill up in a snowstorm, pass it in the middle of the night and go home for Christmas, and the people won't find out what we are doing until it is too late. One way to find out is tele-townhalls. I was skeptical before I did one but it is a pretty interesting way to stay in touch with people from Tennessee. You get on the telephone and an automated system calls thousands of people and says: The Senator from Wyoming or Illinois or North Carolina or Tennessee wants to talk with you about health care. People can either stay on the phone when they get the call or they can hang up. What normally happens is a person stays on the call, this time a surprisingly large number of people stayed on the call, because of their strong interest in this issue.

The other night I did the phone call between 7:30 and 8:30. I called to about 18 west Tennessee counties, including Shelby, which is Memphis, and as reported to me by the service, about 30,000 people were on the telephone sometime during that hour, with a maximum number of 3,016 on the call at any one time. Someone might pick up the phone and say: Senator BARRASSO is on the phone. They might tune in for 15 or 20 minutes and then hang up. Maybe they have to cook dinner or the ball game comes on. Maybe they get tired of talking to you, but they are on for 15 or 20 minutes. During that time, I was able to take a number of questions. After it was over, 563 messages from constituents were sent to my Web site.

It was interesting to me. People who know my history, know that to be elected Governor 30 years ago, I walked across the State of Tennessee. Instead of going to a Republican meeting or a rotary club, I would visit with random people during my walk. It took me 6 months and I would see 1,000 people a day. These random phone calls kind of reminded me of that. It was as if the people were randomly selected. They were not on any Republican list or Democratic list or list of doctors or patients. They were just in the phonebook. They talked and acted like they were normal citizens who I had interrupted after dinner, probably because it was 6:30 to 7:30 in that part of Tennessee. I was able to ask those citizens three questions. I am not about to say this is a Gallup poll of Tennessee, because I know that surveys like that have to be done in a scientific way, but after being here for 21 straight days, not able to go home because we have been debating this bill, these opinions are straws in the wind.

The first question was: Do you believe the Senate should rush to pass this health care bill before Christmas? In this case, 943 people, 83 percent, said no, and 108 said yes; that is 9 percent.

Second question: Do you support the health care bill moving through the Senate? On this one, 1,496 said no, or 75 percent. 352 said I don't know, which is 18 percent, and 154 said yes, that is 8 percent.

No. 3: Do you agree that Congress doesn't do comprehensive legislation well and ought to go step by step to bring health care costs under control? On this question, 1,285 said yes, that is 80 percent, 14 percent said I don't know and 7 percent disagreed.

I have often heard our friends on the other side say: Where is the Republican bill? My response has been, day after day, if you are looking forward to seeing the Republican leader role a wheelbarrow in here with a 2,700-page Republican comprehensive bill, you will be waiting forever. We have a different approach. Our approach is to set a clear goal—reducing cost. The bill we are voting on increases costs. Our goal is to find five or six steps to go in the direction to reducing costs.

Without going into detail, although the Senators from South Dakota or Wyoming may want to, we focus on five or six steps that would clearly reduce health care costs. By that, I mean your premium, the cost of your government. And once we do those five or six steps, we could go on. We could do that without taxes, without mandates, without running up the debt, without a big bill with lots of surprises. Just to take one example—and then I will yield to my friends from Wyoming and South Dakota—one of those examples is the small business health care plan. The current bill, the Democratic bill, has in it a credit for small businesses, but we would argue that by the time small business men and women get through paying the mandates and the taxes the bill also imposes, it is not going to be much help to them.

What we have is a bill that would allow small businesses to pool their resources. In other words, if you are a small business man or woman and you have 60 employees and 2 get cancer, suddenly the costs of those 2 employees prohibit you from providing insurance to the other employees. But if you could pool your resources with small businesses all around the country, then the pool would be large enough that you could offer insurance.

That proposal has been made by Senator ENZI. It has been through the HELP Committee. The Congressional Budget Office said it did not add to the deficit. In fact, it reduces the deficit, and it would permit 750,000 more employees of small businesses to be insured and their premiums would be lower than they otherwise would be. That is a single step to moving toward

reducing health care costs, but if we took that step and the other steps we have proposed, that would be a good way to start. We could do that together, and we would not have this partisan bill with so many questions and so many concerns.

So I wonder if my friends from South Dakota and Wyoming—I know they have thought a good deal about this step-by-step approach toward actually solving the real problem of health care costs.

Mr. THUNE. If the Senator will yield on that suggestion of small business health plans, doesn't that enjoy wide support among small businesses in this country?

Mr. ALEXANDER. It clearly does. It enjoys widespread support everywhere, except the Senate. When Senator ENZI brought it up, it was rejected by our friends on the other side.

Mr. THUNE. If I might continue, the one thing that strikes me about this proposal that, as I said before, now is, in totality, 2,700 pages, is that it does not enjoy any support from any small business organization that I know of. Maybe there are some out there I cannot speak to. But I do know the organizations that represent small businesses that we are all well acquainted with—National Federation of Independent Business, the Chamber of Commerce, the National Association of Manufacturers, the National Association of Wholesalers and Distributors, builders and contractors, electric contractors, franchise associations—I can go right down the list—all say this does nothing to lower their costs. In fact, it increases the cost of doing business, increases the cost of doing health care.

What they have argued repeatedly is one of the suggestions the Senator from Tennessee mentioned, that small business health plans would drive their health care costs down, which is why they have been such strong advocates for this over the years.

I guess the other question I would ask of my colleague from Tennessee is, would an approach, a suggestion like small business health plans require tax increases that would hit small businesses?

Incidentally, the latest version with the managers' amendment, which we just received Saturday, increases the tax increases in the bill that were previously \$493 billion and are now \$518 billion. As the Senator mentioned, with the tax credit businesses get, they up that a little bit but not enough to help most small businesses in light of the \$518 billion in tax increases in the first 10 years, and when it is fully implemented it will be about \$1 trillion. But the payroll tax that is going to hit a lot of small businesses was increased dramatically in the managers' amendment. The individual mandate was almost doubled in the managers' amendment. So the taxes in the bill go up with this proposal.

I guess my question is, with all these tax increases that are going to have a crushing impact on small businesses, does a suggestion such as the one made by the Senator from Tennessee for small business health plans require tax increases or Medicare cuts, which is what is going to be necessary to finance this 2,700-page behemoth?

Mr. ALEXANDER. I thank the Senator from South Dakota. The answer is no. The difficulty with a big, comprehensive plan is it sounds good but has lots of unintended consequences. If our real concern right now is reducing costs in health care, then the idea of a small business health care plan that has no new taxes and no new mandates but creates opportunities for small businesses to pool their resources and offer more insurance at a lower cost to their employees would seem a logical place to start.

Mr. THUNE. I appreciate the Senator for his work on that issue. It is a view I share, a proposal I have been a big advocate of going back to my days in the House of Representatives and one which, as the Senator from Tennessee noted, has tremendous support among small businesses across the country. About the only place it does not have majority support is here in the U.S. Congress because maybe it makes too much sense.

But it seems to me there are suggestions and solutions out there which do not require \$½ trillion of tax increases on small businesses, which every small business organization has come out and said: It is going to drive up our cost of doing business, and at the end of the day, it is going to raise our health care costs—and does not require these steep Medicare cuts that the Senator from Wyoming has alluded to over and over again and the impacts those will have on the delivery of health care to seniors across this country but, rather, it would bend the cost curve down without tax increases and Medicare cuts.

Another example of that, I would argue, would be allowing for interstate competition, allowing people to buy their insurance across State lines, which is a suggestion we have made over and over on our side of the aisle. According to the Congressional Budget Office, both small business health plans and buying insurance across State lines actually would reduce health care costs and would do it without raising taxes or cutting Medicare, which, to me, would make a lot of sense, especially when you have an economy in recession, 10-percent unemployment, a \$1.5 trillion deficit last year and another \$1.5 trillion deficit this coming year, and when you are talking about a \$2.5 trillion cost in the growth of government here in Washington, DC, to implement these 2,700 pages.

Some suggestions along the lines of the one mentioned by the Senator from Tennessee and some of these others

would make a lot of sense, and I think they would enjoy tremendous support among small businesses, which create the jobs in this country, as well as among the American public.

So I thank the Senator from Tennessee for pointing out one of the many things Republicans are for and which we have tried to get in the debate.

I know the Senator from Wyoming has advocated for many of these same types of initiatives and solutions. As he mentioned earlier, he was prepared to offer an amendment to address the issue of premiums, but it looks as if we are going to be prevented from doing that.

Mr. BARRASSO. Our friends at the University of Minnesota said that if people were allowed to shop across State lines, shop around for insurance that is better for them and their family and their personal situation, we would have 12 million more Americans insured today than we have now, without a single page of legislation. That is all we need to do: allow people to shop across State lines. But when we talk about and look at this bill, which has mandates, there is going to be a mandate for people to buy insurance.

One of the amendments I tried to offer yesterday that I thought made a lot of sense for young people was that for individuals under the age of 30 or for those making less than \$30,000 a year, they would be exempted from the mandate, the individual mandate that they have to buy insurance.

I was involved in a discussion on a college campus in a debate on this topic, and in talking to the students, they were astonished to learn—because they were not focused on this; they were focused on their studies and working—they were astonished that they are all going to have to buy, as a matter of law, if this passes, health insurance immediately, and if they do not, they are going to have to start paying a tax or a fine, depending on how you describe it.

So in my amendment, I said, for those up to the age of 30 and making under \$30,000 a year, let's exempt them from the mandate. That amendment was rejected.

Then I said, well, if they are going to do this and force these people to buy insurance, and if they do not buy insurance, they have to pay these excessive fines or taxes—or however you want to define it—I said, how about that the penalties these people would have to pay, if they choose not to buy insurance—because it is going to be a lot cheaper to not buy insurance and to just pay the tax—what if that money could go into a personal account so that person can then use the money to then buy insurance? So it would be kind of like a savings account, so the money would be there for them to buy insurance. So individual mandate penalties would accrue not to the govern-

ment but in a personal account, so they could purchase health insurance within a 3-year period. The money would accumulate. That amendment was rejected as well.

So we have lots of ideas, good ideas, to help people with affordable care, available care, and yet one after another they have been rejected in a step-by-step process to try to find ways to solve the health care crisis we now faces the country. All 100 Members of the Senate know we need to find ways to make health care more affordable and to work on high-quality care.

It has been fascinating to see the dean of the Johns Hopkins Medical Center and the dean of Harvard and those who have looked at this bill closely say that the people who are supporting this are living in collective denial, that this bill is doomed to fail, that it will raise the cost of care, not lower the cost of care, and will do nothing to improve quality.

Mr. THUNE. If the Senator from Wyoming would yield on that point, that is why I think day after day after day—and I have said—there is a pattern emerging here in the Senate where the majority comes down and establishes the need for health care reform, which we all acknowledge, and illustrates examples of those who have fallen through the cracks, which we all know examples exist—all of us have dealt with those in our individual States—and then proceeds to attack Republicans for not having their own ideas, which we have just mentioned there are lots of good Republican ideas which do not raise taxes, which do not cut Medicare, and actually do something to reduce premiums. But that seems to be the strategy employed and the pattern that emerges in the rhetoric day after day down here from the other side.

The one thing I do not hear is them coming down here and talking about what this 2,700-page bill is going to do to reduce health care costs, because if we all submit to the experts on this—which, as I said earlier, the Congressional Budget Office is sort of the referee. They do not have a political agenda, or at least they are not supposed to. The Actuary at the Centers for Medicare and Medicaid Services does not have a political agenda, or at least they are not supposed to. They are sort of considered to be an umpire on this. The Joint Committee on Taxation, which looks at the distributional impacts of tax policy, is a referee and is not supposed to have a political agenda in all this. They all come to the same conclusions with regard to premium increases in this bill.

So if the overall objective is to reduce the cost of health care, and if, in fact, your legislation, according to all the referees, all the umpires, all the experts, not only increases premiums for most Americans but increases the overall cost of health care, which is what

they all conclude, it is pretty hard to come down and defend this product. That is why I think day after day they try to create distractions and counter-attacks as opposed to actually coming down and talking about the substance of the bill because the substance of the bill does not accomplish the stated objective, which is to reduce the overall cost of health care and get premiums under control for families and small businesses in this country.

It is also hard, I would argue, because of the \$518 billion of tax increases that are in here and the unified opposition of the entire small business community, which creates 70 percent of the jobs in this country, to talk about how this can be anything but detrimental to job creation. This is going to cost us jobs. I think every business organization has made that abundantly clear. And all the analysis of this legislation that has been done comes to the same conclusion.

Mr. BARRASSO. When you take a look at what the Centers for Medicare and Medicaid Services has done, which is the group that oversees Medicare, they have said that 10 years from now, if this goes through, you are still going to have 24 million uninsured, you are going to have 18 million more on Medicaid, the program the Senator from Tennessee appropriately referred to as having a bus ticket for a bus that is not going to come, because that is what has happened. Half the doctors in the country do not take care of patients on Medicaid because the reimbursement is so low that they cannot afford to continue to care for those people. Five million people will lose the insurance they get through work, and health care costs will go up. The cost curve will go up instead of going down. But the whole purpose of this was to help drive the cost down.

Then, additionally, they said that 20 percent of providers—20 percent of the providers—of health care in this country—and that includes physicians, nurse practitioners, medical clinics, hospitals—20 percent of the providers in this country, under this plan, 10 years from now, will be unprofitable, unable to keep their doors open.

So we have heard about sweetheart deals. We have heard about taxes going up. We have heard about Medicare cuts. And what we have seen is one promise after another made by the President that has been unfulfilled and actually reversed by the bill we see ahead of us.

So I ask my friend from Tennessee, wouldn't he agree that in the next 2 days, the best thing for the country would be to have this bill not pass the Senate and instead go back in a step-by-step way and regain the trust of the American people?

Mr. ALEXANDER. I certainly do agree with that.

I think most Americans, when presented with a problem, would not try

to change it all at once but would say: Let's identify the goal which is reducing costs and go step by step.

Madam President, I ask unanimous consent to have printed in the RECORD a column by David Brooks in the New York Times on December 18.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the New York Times, Dec. 18, 2009]

THE HARDEST CALL

The first reason to support the Senate health care bill is that it would provide insurance to 30 million more Americans.

The second reason to support the bill is that its authors took the deficit issue seriously. Compared with, say, the prescription drug benefit from a few years ago, this bill is a model of fiscal rectitude. It spends a lot of money to cover the uninsured, but to help pay for it, it also includes serious Medicare cuts and whopping tax increases—the tax on high-cost insurance plans alone will raise \$1.1 trillion in the second decade.

The bill is not really deficit-neutral. It's politically inconceivable that Congress will really make all the spending cuts that are there on paper. But the bill won't explode the deficit, and that's an accomplishment.

The third reason to support the bill is that the authors have thrown in a million little ideas in an effort to reduce health care inflation. The fact is, nobody knows how to reduce cost growth within the current system. The authors of this bill are willing to try anything. You might even call this a Burkean approach. They are not fundamentally disrupting the status quo, but they are experimenting with dozens of gradual programs that might bend the cost curve.

If you've ever heard about it, it's in there—improved insurance exchanges, payment innovations, an independent commission to cap Medicare payment rates, an innovation center, comparative effectiveness research. There's at least a pilot program for every promising idea.

The fourth reason to support the bill is that if this fails, it will take a long time to get back to health reform. Clinton failed. Obama will have failed. No one will touch this. Meanwhile, health costs will continue their inexorable march upward, strangling the nation.

The first reason to oppose this bill is that it does not fundamentally reform health care. The current system is rotten to the bone with opaque pricing and insane incentives. Consumers are insulated from the costs of their decisions and providers are punished for efficiency. Burkean gradualism is fine if you've got a cold. But if you've got cancer, you want surgery, not nasal spray.

If this bill passes, you'll have 500 experts in Washington trying to hold down costs and 300 million Americans with the same old incentives to get more and more care. The Congressional Budget Office and most of the experts I talk to (including many who support the bill) do not believe it will seriously bend the cost curve.

The second reason to oppose this bill is that, according to the chief actuary for Medicare, it will cause national health care spending to increase faster. Health care spending is already zooming past 17 percent of G.D.P. to 22 percent and beyond. If these pressures mount even faster, health care will squeeze out everything else, especially on the state level. We'll shovel more money into insurance companies and you can kiss

goodbye programs like expanded preschool that would have a bigger social impact.

Third, if passed, the bill sets up a politically unsustainable situation. Over its first several years, the demand for health care will rise sharply. The supply will not. Providers will have the same perverse incentives. As a result, prices will skyrocket while efficiencies will not. There will be a bipartisan rush to gut reform.

This country has reduced health inflation in short bursts, but it has not sustained cost control over the long term because the deep flaws in the system produce horrific political pressures that gut restraint.

Fourth, you can't centrally regulate 17 percent of the U.S. economy without a raft of unintended consequences.

Fifth, it will slow innovation. Government regulators don't do well with disruptive new technologies.

Sixth, if this passes, we will never get back to cost control. The basic political deal was, we get to have dessert (expanding coverage) but we have to eat our spinach (cost control), too. If we eat dessert now, we'll never come back to the spinach.

So what's my verdict? I have to confess, I flip-flop week to week and day to day. It's a guess. Does this put us on a path toward the real reform, or does it head us down a valley in which real reform will be less likely?

If I were a senator forced to vote today, I'd vote no. If you pass a health care bill without systemic incentives reform, you set up a political vortex in which the few good parts of the bill will get stripped out and the expensive and wasteful parts will be entrenched.

Defenders say we can't do real reform because the politics won't allow it. The truth is the reverse. Unless you get the fundamental incentives right, the politics will be terrible forever and ever.

Mr. ALEXANDER. Most of us—we are pretty split up here: 60 there, 40 here. They are for it, and we are against it, this bill anyway.

The PRESIDING OFFICER. The minority time has expired.

Mr. ALEXANDER. I thank the Presiding Officer and I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Madam President, we heard our Republican friends say it is very hard to defend our bill. Maybe it is hard for them, but it is not hard for the American Medical Association, the AMA, which has endorsed our bill. It is not hard for the American Heart Association, which has endorsed our bill. It is not hard for the American Cancer Society Action Network, which has endorsed our bill. The American Hospital Association has endorsed our bill. Families USA, the Business Roundtable, the Small Business Majority—we hear colleagues say small business opposes our bill. The Small Business Majority Organization supports it. And how about the AARP, which represents our seniors, millions of seniors. Those are a few. They not only defend our bill, they support our bill.

This is indeed an important moment in our Nation's history as we approach a final vote on major health care reform legislation. I think whenever you are trying to change something, you

have to take a look at how things are at the moment. So why is it we voted to change our current system? There are certain numbers that I think explain it. The first number is 14,000. We know that every single day 14,000 of our neighbors lose their health insurance through no fault of their own. They either lose their job, they can't afford to keep up the health insurance or they have a condition and the insurance company walks away from them or they are priced out of the market. Fourteen thousand a day. That is cruel, and we need to change it.

Sixty-two percent of bankruptcies are linked to health care crises. We are the only nation in the world where people go broke because they get sick.

If we do nothing, 45 percent of an average family's income will go for premiums in 2016. I ask everyone to think about it, paying 45 percent of your income for premiums. It is not sustainable. What about food? What about clothing? What about shelter? Can't do it.

We are 29th in the world in infant mortality. We come in behind Cuba. We come in behind Singapore. We come in behind South Korea. We are 29th in the world on infant mortality because people don't have good insurance or they don't have any insurance.

Fifty-two percent of women—fifty-two percent of women—don't seek the health care they need. They either put it off or they never get it because they may not be insured or they are afraid of the copays. They are afraid of what it would cost. They may have limits on their policies. We need to change that.

The United States spends twice as much on health care as most other industrialized nations. So what is the message here? We spend a huge amount. We are not doing very well in outcomes. By the way, I think we are 24th in life expectancy in the world—24th. We must do better.

I wish to share with my colleagues some of the letters and e-mails that have been sent to me from Californians that personalize the statistics I spoke about.

Mr. William Robinson wrote:

I am about to be laid off from the job I have had for 19 years. My biggest fear is not being employed, but being able to find and get affordable health care. I am 60 years old. I have a preexisting condition that will for certain make it impossible for me to buy health insurance.

Mr. and Mrs. Gilbert De La Cruz wrote:

We are at the point of losing our home because we have spent our savings on medical and prescription drugs. I am 67, retired, and my wife is 62. Because of the Medicare gap in prescription drug coverage, we have had to pay \$600 a month on prescription drugs. It's a huge portion of our monthly income. We will be selling our home shortly and perhaps moving in with one of our children because there doesn't seem to be any option.

Well, I want to say to Mr. De La Cruz: Help is on the way. If we get the

60 votes we are forced to get—not 51, a majority, but 60 votes because of a Republican filibuster—if we get those 60 votes each time, there is hope for you because we are going to fix that entire problem.

Mr. Ronald Kim says:

I am in the construction industry and my work is very slow.

He says he is in the design industry.

I am in danger of becoming financially ill and I am looking for ways to stay healthy, and one way may be to eliminate my medical insurance. It is a significant part of my budget. This may, heaven forbid, lead me to financial ruin if I get injured or sick. This is my situation.

I want to say to Mr. Kim: Help is on the way.

Ms. Madeleine Foot wrote—these are all Californians, my constituents:

I recently turned 25 and I lost my health coverage under my parents. I attempted to get coverage under a Blue Cross plan created for young people my age, but because I had taken medications, I was denied. I applied again for another plan, was offered a plan with a \$3,000 deductible, and it was \$300 a month on top of that. As a young person working in a restaurant, repaying student loans and trying to make it on my own, this is a huge financial burden. I cannot afford an insurance that charges me so much and won't be any benefit for me until I have shelled out a huge portion of my income.

To Madeleine Foot I say: Help is on the way, if we can break the Republican filibuster.

Mr. John Higdon wrote:

As a self-employed person, I had a pacemaker implanted. The cost was borne entirely by me at prices much higher than any insurance company would have had to pay. That was a wakeup call to get health insurance. I am told by every health insurance company I have contacted that no one will offer me health insurance at any price with a "preexisting heart condition."

I wish to say to Mr. Higdon: Help is on the way.

Dr. Robert Meagher, a pediatrician with Kaiser Permanente for over 30 years, do you know what he wrote and told me? That he has to fake—he is pressured to fake a diagnosis because when a parent comes in with a young child with asthma, they beg him not to write down asthma but write down bronchitis, because if he writes down asthma, that child will have a preexisting condition and when she turns 21 she won't be able to get insurance. Imagine, in America, a physician being pressured to lie on a form because of a health care system that is so cruel.

So, Dr. Meagher, we are going to change things here if we can break this filibuster.

Mr. Douglas Ingoldsby wrote:

I own a small business. I employ 11 people. I have been in business in California since 1972.

He says:

I used to provide health care for all my employees and all the members of their families, and if I want to remain profitable enough to stay in business now, I can't do it anymore.

He can only cover the employees, not their families. He feels terrible about it, and he says he may have to cut off his employees if prices keep going up.

I want to say to this fine small business owner: Douglas, help is on the way.

Mrs. Linda Schumacher wrote—and this is the one I will close with in this series of stories:

I am a Republican.

Let me repeat what she writes:

I am a Republican, and my husband and I are small business owners. The Senators and Congressmen of both parties who are against President Obama's plan have their own insurance, and it is my understanding that it does not cost what we pay. They do not understand what a huge expense this is. Please listen to the middle class who are in our position or who no longer have insurance. It keeps me up at night worrying. This time the Republicans have it wrong, and they need to know. Please push the health plan. The insurance companies only care about the bottom line, not people.

I wish to say to Mrs. Schumacher: Thank you for putting aside party politics, because this isn't about Republicans and it isn't about Democrats and it isn't about Independents. It is about all of us together.

What happens now? We are hearing the polls, and the polls show Americans don't want us to act. I understand why. There has been so much misinformation. Senator DURBIN, our assistant majority leader, and I were talking about the misinformation that is on this floor from the other side day in and day out, and I believe much of it, if I might say, is purposeful. If you listened to my Republican colleagues over the past few days and weeks, they have trashed this bill and they have trashed the process. Over the weekend the Republican leader said health reform is a legislative train wreck of historic proportions. That is a direct quote.

Earlier this month Senator COBURN used more inflammatory language when he said to seniors—I am quoting Senator COBURN: I have a message for you. You are going to die soon.

If you want to know what fearmongering is, that is the best example I can give you.

I decided to go back and look at the past CONGRESSIONAL RECORDS. I thought: Have Republicans spoken like this over the years every time we have tried to do some health care, every time we have tried to make life better for people, such as Social Security? I will let you be the judge.

In 1935, on the floor of the House of Representatives during the debate on Social Security, Republican Congressman Jenkins of Ohio said—a Social Security bill, remember, which hadn't passed:

This is compulsion of the rankest kind. Do not be misled by the title. The title says "Old-Age Benefits." Shame on you for putting such a misleading and unfair title on

such a nefarious bill. Old age benefits? Think of it. Oh, what a travesty! . . . Mr. Chairman, what is the hurry? Nobody is going to get a dime out of this until 1942 . . . what is the hurry about crowding an unconstitutional proposition like this through the House today?

If you listen to some of my colleagues, you will hear the same thing. What is the rush? As a matter of fact, they had four or five amendments to send it back to committee. What is the rush?

The rush is that 14,000 people are losing their health care every day. The rush is that 62 percent of bankruptcies are linked to a health care crisis, and in 2016 our people will be paying almost half of their income for premiums. Yes. We have to do this, and we started it 7 months ago, and 100 years ago Teddy Roosevelt, a Republican President, put it in his platform. What is the rush? What is the rush?

I wish to tell my colleagues about another Republican Congressman, J. William Ditter of Pennsylvania. This is what he said during the debate on Social Security:

. . . security for the individual, whether worker or aged, will be a mockery and a sham.

This is what he said about Social Security.

And it will allot to our people the role of puppets in a socialistic State.

That is what he said back then. I tell you, if you ask Republicans who are getting Social Security, Democrats who are getting Social Security, Independents who are getting Social Security, they will all tell you the same thing: Keep your hands off it. It works. It is good. It is fair. It is insurance.

It is what we did way back then.

In 1965, when Medicare passed, health care for those 65 and up, Republican Senator Carl Curtis said:

It is socialism. It moves the country in a direction which is not good for anyone.

Years later, we know Newt Gingrich when he was Speaker of the House said he wanted to see Medicare "wither on the vine," his words.

In 1995, while seeking the Republican nomination for President, Senator Bob Dole said:

I was there in 1965 fighting the fight, voting against Medicare, because we knew it wouldn't work in 1965.

So when you hear our Republican friends say, Oh, my goodness, they are making a lot of savings in Medicare; this is bad for the seniors, please, please, which party has stood for protecting our seniors? It is not a matter of being partisan; it is just the fact.

The echoes of the past fill this Chamber.

I am convinced now in 2009 that hope and reason and determination and good policy will triumph over fear and obstruction and the status quo.

Let's look at the immediate and near-term changes for the better that

people are going to have, because our colleagues say: Oh, we are raising revenues but there are no benefits right away.

Let's talk about what the benefits are. There will be a \$5 billion high-risk pool immediately for people with pre-existing conditions who cannot find insurance. There will be reinsurance for retirees, so if you are retired and you are getting your health care benefit and something happens to your company, there will be reinsurance so you can still get your benefits. We close that doughnut hole for the Medicare recipients who fall into it and suddenly they cannot afford their prescription drugs. There will be billions of tax credits—billions—up to 50 percent tax credits for small businesses. That is why we have the support of so many small businesses. For new policies, no discrimination against children with preexisting conditions, and children can stay on their family's policy until they are 26 years of age.

What else are the immediate and near-term changes for the better? For new policies, no lifetime limits, no more rescissions. They cannot walk away from you when you get sick. They are required to cover essential preventive health benefits such as mammograms. It prohibits discrimination by employers based on salary of their employees. An employer cannot say: If you earn over \$250,000, you get these great benefits, but if you earn under \$50,000, you get a worse array.

By 2011, standards for insurance overhead costs go into place. If your insurance company spends too much on overhead and too much on executive pay, let me tell you what happens. They have to rebate to you, the policyholder. We also see increased funding for community health care centers. This is going to make a huge difference. There will be a national Web site to shop for affordable insurance. There will be a long-term care program that is voluntary into which you can buy. Insurance companies with unreasonable premium increases can be barred from the exchanges that will be set up in 2014. So they will be making sure they do not increase your premiums beyond a reasonable amount.

This bill will benefit the insured in one way—I do not think people understand this—by 2014; 62 percent of families will no longer face unsustainable premium costs. If you are a family of four and make less than \$88,000 a year, you will never have to pay more than 9.8 percent of your income on health insurance premiums. This is an amazing thing most people do not focus on. I just explained that the nonpartisan studies show—and this is important—that they will be paying, the average family, 45 percent of their income for health care. In 2014, people in this country will not have to pay more than 9.8 percent of their income on health

insurance; otherwise, they will get tax credits. That is very important.

This bill is going to benefit our seniors. That is why it is endorsed by the AARP. We eliminate the prescription drug coverage gap. That is the doughnut hole. We extend the life of the Medicare trust fund by 9 years. We reduce waste and fraud in Medicare. We provide for free yearly wellness visits for seniors. This bill saves Medicare. This bill makes our seniors stronger. They will have more benefits, and they can never lose their guaranteed benefits.

Small businesses will be able to reduce their costs, again, by getting immediate tax credits. In 2014, they will be able to access the exchange, as will self-employed people. They will have the power of big business behind them as they go into those exchanges.

I want to talk about public interest provisions. I wanted a public option, let me be clear, because I felt it would keep the insurance companies honest. But let me tell you what we have in here that are definitely public interest provisions. We expand Medicaid. That is a public plan to cover an additional 14 million people, and that starts in 2014. That is 1.5 million Californians. In my State, the Federal Government will pay the full fare for those added people for 3 years, and after that, far more than we get paid now. HHS will set the initial rules for the State exchanges. So those getting into the exchanges have to be fair. The OPB plan—that is the plan that will be part of the exchange—will be set up by the government, the Office of Personnel Management.

Again, community health centers. A basic plan can be created by the States, which I think is very important. I thank MARIA CANTWELL for working so hard on that issue.

If people tell you we do not have anything to do with public options, they are really not right. You have to look carefully at this bill.

I want to talk about the deficit. We reduce the deficit between 2010 and 2019 by \$132 billion, and between 2020 and 2029, there is up to a \$1.3 trillion deficit reduction, according to the Congressional Budget Office. That is a nonpartisan office. This bill reduces the deficit. I am going to say it one more time. This bill reduces the deficit. And the reason is, we invest in prevention, and that pays off. We finally will be able to say to the insurance companies: Stop your gouging. And that pays off. We do have competition now because we will have that special plan run by OPB, the State option MARIA CANTWELL put in there. This is why we see the reduction, including taking the fraud and the waste out of Medicare. We do not need fraud and waste.

Here is how I want to close. Health care coverage for all Americans has been such an elusive goal for nearly a

century. If you look at Republican Presidents, Democratic Presidents, Republican Congresses, and Democratic Congresses, we have tried it over and over again, and the status quo has always prevailed.

Our beloved friend, Senator Ted Kennedy, whom we miss so much, particularly during a time such as this, fought for health care right here on the floor from the moment he became a Senator in 1962 to the moment he died. In an op-ed in the Washington Post this past Friday, Ted Kennedy's wife Vicki wrote:

Ted often said that we can't let the perfect be the enemy of the good.

I want to say to Vicki, she is exactly right. Each of us could write this bill our way. Believe me, if I wrote a bill, to me it would be perfect. But to my friend in the chair, she would say: I can make it better. And all of us could. This is the legislative process. This is a good bill.

Vicki goes on to say:

The bill before the Senate, while imperfect, would achieve many of the goals Ted fought for during the 40 years he championed access to quality, affordable health care for all Americans.

He is not here to urge us not to let this chance slip through our fingers.

And she says:

So I humbly ask his colleagues to finish the work of his life, the work of generations, to allow the vote to go forward and to pass health-care reform now. As Ted always said, when it's finally done, the people will wonder what took so long.

I thank Vicki, not only for writing that wonderful editorial but for actually being in the Chamber when we took that first vote to break down this filibuster.

I say to my colleagues, I am so proud that today we are moving closer to fulfilling the promise of health care for all Americans, including the 40 million Californians I am so privileged to represent. I thank my colleagues for all the work they put into this bill. I spent a lot of time on it myself, and this moment is very poignant. I hope we pass it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KERRY. Madam President, let me begin by commending the Senator from California for an outstanding presentation regarding this legislation. I was listening to her in my office before I came over to the Chamber. I listened to her over here. She laid out in a very careful, deliberate, and thoughtful way the realities about this legislation before us. I thank her for a terrific presentation.

I wish to pick up a little bit where she has left off. But let me inquire so I understand where we are. How much time is remaining on the majority side?

The PRESIDING OFFICER. The majority side has 34½ minutes remaining.

Mr. KERRY. I thank the Chair.

Let me begin by saying I also listened to our colleagues on the other side of the aisle, particularly the Senator from South Dakota, just a little while ago. I was really struck by the chart they put up showing Medicare going up and up and up, and then they talk to Americans, basically scaring them, trying to say: If you pass this bill, it is not going to do anything to reduce the crisis in Medicare down the road.

The reality is, that is all they present, is the scary picture of a future which they are not even describing accurately. They have had a year and a half—a year and a half—that we have been working on this legislation, since it was announced in the Finance Committee, on which I serve, and we held a day-long—I think a 2-day long conference over at the Library of Congress and within the committee where we began the work, laying the groundwork and foundation for a new Presidency and for the work that has gone on this year. Many of their Members took part in that. So there is no secret here as to where we are.

This is a debate that has gone on in the United States of America since Harry Truman was President of the United States and before. We all know that President Teddy Roosevelt, a Republican, put before the country the notion that every American should be able to have their sickness dealt with.

Nobody has ever contemplated that you ought to go bankrupt in order to have health care. But, as we know, we have more bankruptcies in America—health care bankruptcies—every year than any other nation on the planet. I think we are the only nation that really knows health care bankruptcy. The stories we have heard—countless stories.

Earlier this morning—I guess to get my times correct—when we were here at 1 in the morning, we heard the majority leader talk about those very poignant, moving situations of individuals in Nevada. We heard the Senator from California. There are stories from every Senator, from every State. Yet it is only this dividing line, right here down the center of this Chamber—it is only the Senators on this side of that dividing line who seem to be prepared to try to address this issue. The fact is, the managers' amendment, which is now the pending business before the Senate, brings us even closer to being able to address many of the major concerns we have.

Senator after Senator has come to the floor and described the way in which this bill does not do everything we want it to do. I have been a passionate supporter, as was Ted Kennedy and a lot of our colleagues, of a public component of this plan. Why? Because I believe that is the best way to create the kind of competitive pressure that

will restrain a group of insurance companies that have shown no predilection to restraining themselves over these past years.

If you are for the status quo, then you will vote no, the way our colleagues have voted. But the American people are not satisfied with the status quo. People in America understand that health care costs are breaking the backs of families. They are breaking the backs of businesses. They are a huge albatross around the neck of American competitiveness.

Many of our companies have a harder time competing because there is a health care premium tax, if you will, for the uneven distribution of being sick in America. Obviously, if you are sick in America, you get care at some point in time. It may well be that point in time is when you are on your deathbed or when you are so sick that you finally go into the hospital, into an emergency room, and the emergency room becomes your first contact with the medical system or it becomes your primary care facility. We have almost 50 million Americans for whom that is true—50 million Americans who don't have health care. So they do not get an early screening, they do not get an early determination of what may be wrong with them. They do not get what somebody who has a health care plan gets, which may be a mammogram or a Pap smear or a PSA test for prostate cancer, or any number of evaluations, perhaps early detection of diabetes.

We spend almost \$100 billion in the United States for unnecessary dialysis and/or amputations that take place because people weren't able to go to a doctor earlier and learn that they had a type of diabetes that might have been able to be treated in a far less expensive and dramatic and personally costly way.

The word "history" gets thrown around in the Senate probably more than it ought to. We often refer to something as being historic, where sometimes it is a reach. There is no question that we are on the threshold of an unbelievably historic moment in the Senate. This is history we are living here now.

When I think of what we tried to do in 1993 and 1994, when President Clinton was in office and we tried to pass health care—we got beaten back by false advertisements—Harry and Louise—scare tactics, and I might add a plan that didn't quite pull the pieces together as effectively as we have. We have learned a lot of lessons since then. We have had many fits and starts, with children's health care, portability, and trying to deal with certain gender discrimination or other discrimination within the systems. We have gotten little pieces done. But all the time, the basics of the system have been without the reform necessary to bring down costs and make health care more accessible to more Americans.

So I have no doubt we are reaching a moment of historic importance here. This is a moment where we are going to finally provide access to almost all Americans. Thirty-one million Americans are going to gain health care coverage through this legislation when we pass it, and that will bring us up to 94 percent.

To give an example, in Massachusetts, where we passed health care reform a couple of years ago, we mandated that everybody be covered and we created a penalty for companies that don't offer the insurance, but we have a pool that helps provide coverage to people who can't afford it. We now have 97.6 percent of all our citizens covered in the State of Massachusetts. The fact is the premiums in the individual market, which is where it is most expensive for Americans to go out and buy health insurance, went down by 40 percent. The premiums went down by 40 percent in Massachusetts for a quality of care that people love. The premiums in the rest of the country went up 14 percent. That is a 54-percent spread in the cost of premiums between those who got health care reform and those who did not.

That is precisely what we are going to be able to provide Americans—beginning to provide Americans with this. One of the reasons we can't provide it as effectively as in Massachusetts is because there are certain things we do in Massachusetts that the other side, or some folks, have prevented us from being able to do here.

Let me sort of lay it out here. There are a couple of things that bother me about this. We keep hearing from our colleagues—and I heard this from the Senator from South Dakota—that we are not going to be able to save money in the legislation we are going to pass. In fact, nothing could be farther from the truth. All of us know, as a matter of common sense, that many of the measures in this legislation are going to reduce the cost of health care, and one of the reasons is that the CBO analysis is generally limited to the Federal budget. It doesn't attempt to account for savings in the health care system that come from policies that are implemented through reforms.

For example: The CBO found only \$19 billion in government savings from transitioning toward post-acute bundled payments in Medicare. But recent research in the *New England Journal of Medicine* suggests that bundled payments—bundled payment, for somebody listening who doesn't understand, is when you take all the payments that come to a hospital or to the providers who provide the care, and the payments are all put together for the various services that you get and they have to decide how to provide you those services in a cost-effective way based on the whole universe of money that has been put on the table. It is dif-

ferent from what we do today, where we don't bundle it and say: Take care of this patient, and all of your various parts have to fit into a whole. Today, we pay each of the separate parts without relationship to what their connection is to the total care of a patient. It is unbelievably wasteful, ineffective, sometimes redundant, it is noncommunicative, and that is one of the reasons why in America we don't get the same outcomes for less money that people get in Europe or in some other countries.

But we have learned from the *New England Journal of Medicine*, which is a highly respected medical journal, that the bundled payments for chronic diseases and for elective surgeries could reduce health care spending by as much as 5.4 percent from 2010 to 2019. Yet we don't credit for that savings. They do not talk about it. But common sense tells us, because we have seen it where they have done these bundled payments, that you are going to reduce the costs.

In addition, even if such savings only applied to half of the spending in the health care sector, the result would be more than \$900 billion of savings over the next 10 years. If bundled payments get expanded beyond the post-acute care, and even half of the potential savings from bundled payments were realized in the Medicare Program during the upcoming decade, these savings would translate to an additional .2 percent of savings per year or reduction in program expenditures, and that would be more than \$190 billion between 2010 and 2019.

I have talked about \$1 trillion—\$1 trillion—of savings that does not even get formally presented to the American people as part of this process because of bureaucratic technical rules about what the budget applies to. Everybody on the other side of this aisle knows, as a matter of common sense, if you look at the experience, the way it has already been proven in the marketplace, and if you apply your thinking to this, we are going to reduce the cost of health care.

Similarly, large reductions in Federal health care expenditures are plausible from the combination of other delivery system reforms. A lot of Americans aren't aware of this, but here is what we have. Accountable care organizations. We don't have that today. Suddenly, we are going to have an accountability in the care organizations delivering service. That is going to provide savings.

We have incentives to reduce hospital-acquired infections. One of the biggest single fears people have today in America when they go to the hospital is that they are actually going to get an infection in the hospital, and the chances of coming up with a staph infection or some other kind of infection are very real and very high. There

are actually different practices between different hospital operations. I happen to know this on a personal basis because my wife recently had an operation in one hospital system and they had a certain procedure to try to deal with the MRSA infection, and a certain washing and disinfection process you went through, and I know other hospitals where they do not do the same thing.

In addition, we are going to have health information technology reform adoption. There is going to be administrative simplification that would standardize and streamline insurance paperwork. I mean, if you go to the ATM machine and pull out some money, it is about a penny or half a penny per transaction. If you go to the hospital, where they do not have technology managing the records and people are doing it, it is about \$20 to \$25 per transaction to pull the records. In the age of computerization and information technology, it doesn't make sense, and all of us know that. But we also know that because we are putting money on the table and incentives in place to help do that, we are going to be able to get additional savings; all of the savings that are on top of the \$1 trillion of savings I have already talked about, and none of which gets measured when our colleagues come to the floor to say what a terrible bill this is.

CBO has also grossly underestimated savings in the past. I am not picking on CBO. They have had an incredibly hard job, and they have done an incredible job. They have been completely overworked on any number of efforts, where we have been asking for models and analyses. But it is automatic in a process that you are going to lose some things.

According to the Generic Pharmaceutical Association:

In 1984, it was predicted that the Hatch-Waxman Act would save our country \$1 billion in the first decade. Now, generic medicines save more than that every three days.

Every 3 days we do what was predicted to happen in savings every 10 years. In the mid 1990s, the Congressional Budget Office released an analysis showing that in 1994—the tenth anniversary of the Hatch-Waxman Act—annual savings of generics had reached approximately \$8 billion to \$10 billion. The new data released showed that by 1999—15 years after Hatch-Waxman became law—generics were generating \$49 billion in annual savings. In the last decade alone, generics have saved consumers, businesses, State and Federal governments \$734 billion.

I haven't even talked about the wellness provisions or the prevention provisions that are in here. When we start getting all of America more tuned in to the things we can do to prevent diseases by taking actions in our lives, our lifestyles, in our diet, and

any other number of things, we can bring the cost of health care down in America.

We keep hearing about the secrecy and how this legislation has been hidden from folks for a long period of time. Again, that is not true. There is nothing in this legislation that we haven't been working on or talking about or wrestling with in committee, out of committee, in hearings, in the public debate for over a year now. If the minority had taken a little less time to have press conferences and spending their time doing news conferences denouncing what they hadn't analyzed, they would have a better sense they might have been able to read the managers' amendment on the Internet for over a month—excuse me, the managers' amendment was on the Internet on Saturday, and many of us looked at it, because many of us have worked on provisions and we wanted to make sure they were in there. It wasn't hard to read it to see what was and wasn't included in it. In addition, the underlying bill has been posted on the Web for over 1 month.

But the fact is the minority has made a fundamental political calculation here. They do not want to work with us. In all the time we were in the Finance Committee trying to mark it up, we never had people come to us—as I often have here in the 25 years I have been here when you are legislating seriously—and say, hey, if you include this or if you work this a little or if you tweak this, I think I could support this bill. There is just a fundamental political divide, a fundamental philosophical divide. We are looking at a party whose opposition to health care for Americans is not new. My colleague from California talked about it a few minutes ago. In 1935, they tried to kill Social Security and succeeded in preventing health care from being included in the bill at that time. They argued in 1935 the same thing they argue now.

Madam President, may I ask how much time we have?

The PRESIDING OFFICER. The Senator has consumed 20 minutes.

Mr. KERRY. How much time do I have?

The PRESIDING OFFICER. The majority has 15 minutes remaining.

Mr. KERRY. And is that predesignated? Is the 15 minutes remaining predesignated, Madam President?

The PRESIDING OFFICER. Not by order.

Mr. KERRY. Madam President, in fairness, I was not aware; I thought I had the full amount of time, but I do not. I want the Senator from Connecticut to be able to share his thoughts also. Let me just say, and I will wrap it up here, that the insurance industry, which they sought to protect, survived the passage of the Social Se-

curity Act. In 1965, we passed Medicare. Medicaid came afterward. They opposed it. They opposed Medicare, one of the most important programs in the United States of America, that lifted countless numbers of seniors out of poverty. They said no. The insurance industry survived Medicare and Medicaid. They are doing very well.

According to CBO, the gross cost of the managers' amendment is, over the next 10 years, \$871 billion—less than the \$1 trillion we started with in our committee. But it buys a lot. I will talk at some time, perhaps tomorrow or afterward, about what this bill provides in addition. But I think it is critical for people to follow the truth, to look for the facts, and to measure the reality of the positive ways in which this legislation will provide additional help to seniors, will reduce premiums for many Americans, will help people afford coverage who do not have it today, will spread risks throughout the system more effectively, will improve care and delivery within the hospitals, will prevent people from being denied insurance if they have a preexisting condition, will prevent them from being kicked off insurance they paid for and thought they had when they get sick and they suddenly get that letter that says: Sorry, you are not covered anymore, and families go bankrupt—that is over. That alone is an enormous step forward for this country.

CBO has underestimated savings before.

According to the Generic Pharmaceutical Association . . . “In 1984, it was predicted that the Hatch-Waxman Act would save our country \$1 billion in the first decade. Now, generic medicines save more than that every three days.”

In the mid 1990s, the Congressional Budget Office released an analysis showing that in 1994, the 10th anniversary of the enactment of Hatch-Waxman, annual savings from generics had reached approximately \$8 billion to \$10 billion.

The new data released showed that by 1999—15 years after Hatch-Waxman became law—generics were generating \$49 billion in annual savings.

In the last decade alone, generics have saved consumers, businesses, and State and Federal Governments \$734 billion.

According to a December 14 report by the President's Council of Economic Advisors: CBO's analysis is generally limited to the Federal budget, and does not attempt to account for savings in the health care system more broadly from policies implemented through reform. For example, the CBO found only \$19 billion in Federal Government savings from transitioning toward post-acute bundled payments in Medicare. However, recent research published in the *New England Journal of Medicine*

suggests that bundled payments for chronic diseases and elective surgeries could reduce health care spending by as much as 5.4 percent from 2010 to 2019. Even if such savings applied to only half of spending in the health care sector, the result would be more than \$900 billion of savings over the decade. If bundled payments were expanded beyond post-acute care and even half of the potential savings from bundled payments were realized in the Medicare program during the upcoming decade, these savings would translate to an additional 0.2 percent per year reduction in program expenditures, or more than \$190 billion between 2010 and 2019.

Similarly large reductions in Federal health care expenditures are plausible from the combination of other delivery system reforms, including: Accountable care organizations, incentives to reduce hospital-acquired infections, health information technology adoption, and administrative simplification that would standardize and streamline insurance paperwork. This will help cut down on the \$23–\$31 billion time cost to medical practices of interacting with health plans and their administrators.

Another potentially significant cost saver within the Senate bill is the Independent Medicare Advisory Board—IMAB. The IMAB would recommend changes to the Medicare program that would both improve the quality of care and also reduce the growth rate of program spending. The CBO score of the Senate bill estimates that the IMAB would reduce Medicare spending by \$23 billion from 2015 to 2019, with the savings likely to continue in the subsequent decade. The IMAB has the potential to increase the savings from many of the delivery system reforms described above, which may not be fully captured by the CBO estimates for the reasons previously mentioned.

Taken together, the combination of Medicare- and Medicaid-related provisions in the Senate's Patient Protection and Affordable Care Act are estimated to reduce the annual growth rate of Federal spending on both programs by 1.0 percentage point in the upcoming decade and by an even greater amount in the subsequent decade. These savings would increase national savings and improve the long-run performance of the U.S. economy.

The PRESIDING OFFICER. The Senator from Connecticut is recognized.

Mr. LIEBERMAN. Madam President, I rise to declare and explain my support for the Patient Protection and Affordable Care Act. First, I commend Senator REID and all those who worked so long and hard, including my friend and colleague from Connecticut, Senator DODD, for all they have achieved in this legislation. The truth is, no piece of legislation, as significant and

complicated as this is, could possibly be totally satisfying to every one of us. In the end, each one of us has to ask ourselves: Do the positives in this legislation substantially outweigh the negatives? Are the things we like in the bill greater than the things that worry us? For me, the answer to both these questions is yes, because this bill makes real progress on the three important goals I have had, and I think most people have had, for health care reform.

First, most of us have wanted to stop the continuous increases in the cost of health care that burden every individual, family, business, our Government, and our economy. Second, we have wanted to regulate insurance companies to provide better protections for consumers and patients. Third, we have wanted to find a way to make it easier for millions of Americans who cannot afford health insurance today to be able to buy it tomorrow. I believe this bill makes real progress in achieving each of these three goals. Most importantly, it does so in a fiscally responsible way.

The Patient Protection and Affordable Care Act not only does not add to our national debt, through new health care delivery reforms it will help reduce the debt by \$130 billion over the first 10 years, according to the independent Congressional Budget Office. That figure could multiply many times over during the second 10 years, thanks, in part, to the managers' amendment that incorporated stronger cost-containment proposals that several of us, across party lines, made to Senator REID.

In addition, it is very significant that, according to the Actuary at the Center for Medicare & Medicaid Services, this bill will extend the solvency of the Medicare trust fund for an additional 9 years. This act will also take substantial steps toward creating a health care delivery system that pays for the quality of the care patients receive rather than the quantity of care. I am proud to have worked with Members of both sides of the aisle to include amendments that would do that.

For instance, Senator COLLINS and I introduced an amendment, parts of which were included in the managers' package, that will enhance transparency for consumers so they can make more informed decisions in choosing their health care providers and insurers. In fact, our amendment will create Physician Compare, a new Web site where physician quality measures that exist now but are not known by the rest of us will be posted for everyone to see and to use in the choice of physicians. This will also create incentives, we believe, for doctors to provide high-quality, more efficient care.

I also cosponsored an amendment introduced by Senator WARNER and some other freshman Senators that will con-

tain costs even more. This amendment creates prevention programs to help us understand how to effectively manage chronic diseases such as diabetes, and it requires prescription drug plans under Medicare Part D to offer medication therapy management services to beneficiaries so they can better adhere to their prescription treatments. All that is progress on the first goal that I and most others had, which is to reduce the cost of health care without compromising—in fact, improving—its quality.

The second goal. If this bill passes, insurance companies, as Senator KERRY said, will not only not be able to deny coverage if an individual has a preexisting condition, they will not be allowed to rescind coverage if you become sick, which is the outrageous reality today. Thanks to changes made by the managers' amendment, insurance companies will also be required to spend more of the premiums they collect on medical expenses for patients rather than on administrative costs and profits. That is real progress on the second goal I mentioned.

As for the third goal, the fact is attested to by the CMS Actuary and CBO, 31 million more Americans will be able to have health insurance as a result of this legislation. We say that so often I think we forget the power of it—31 million people who do not have health insurance today will have it after this bill passes. That is a giant step forward for our society. It is not only the right thing to do, but it will also eliminate the so-called hidden tax that each of us who has health insurance today pays in higher premiums when someone who has no health insurance gets sick and goes to the hospital to be treated. That is real progress on the third fundamental goal of health care reform that I mentioned.

Is there anything in the bill that worries me? Of course, there is. I would say, most of all, I worry that we, and future Congresses, will not have the discipline to keep many of the promises we have made in this bill to control costs by transforming the way health care is delivered because some of these reforms are controversial and they are going to be opposed by some health care providers and health care beneficiaries. Without the kind of discipline I have just mentioned, this bill will add to our national debt or increase taxes. Neither of those results is acceptable. If we stick to the contents of the bill, this bill will cut health care costs and it will reduce our national debt.

In my opinion, our exploding national debt is the biggest domestic threat to our country's future. That is why I have said this bill must reduce that debt, not increase it. Accumulated debt is currently over \$12 trillion, with our budget office estimating an additional \$9 trillion added in the next 10

years. That is unprecedented in our history. We are running up to the time when we can see a moment possible that we never thought would be possible, when our capacity as a nation to borrow will be imperiled, when we will have to raise interest rates so high it will constrict our economy and send us back into a recession, worse than the one we are coming out of now.

We cannot bring the fiscal books of our Government back into balance by only making the health care system more cost efficient, but we will never control our national debt without doing so. Medicare is in a particularly perilous condition today. Without reform, the Medicare trust fund will be broke in 8 years—broke. With tens of millions of baby boomers reaching the age of eligibility, we simply must protect Medicare so it remains a viable program for both current and future generations.

This leads me to my firm opposition to the creation of a new government-run insurance program and to lowering the age of eligibility for Medicare to 55 years. That opposition was rooted in my very serious concerns about our long-term national debt and the fragile fiscal condition of Medicare. For any new government-run insurance program, including the Medicare extension-expansion idea, the moment premiums do not cover costs the Federal Government—that is Federal taxpayers, the American people—would have to pay the difference. That could easily put our Federal Government and the taxpayers on the hook for billions and billions of dollars in future liabilities and further jeopardize the solvency of Medicare.

Because of the insurance market reforms in this bill and other measures—the creation of a new system of tax credits and subsidies for people making up to 400 percent of poverty—the creation of a new government-run health care, the so-called public option or the expansion of Medicare to people under 65 is not necessary. Neither proposal would extend coverage to one person who will not be benefited by the new provisions of this bill, neither the public option nor the expansion of Medicare. Yet both proposals would, in my opinion, lead to higher premiums for the 180 million people who have insurance today and are struggling to afford the health insurance they have now because of cost shifting.

According to studies by the CBO, a new government-run insurance program, a public option, would actually likely charge higher premiums than competing private plans on the exchange, and expanding Medicare to cover people 55 years or older would lead to additional cost shifting.

I know the removal of the public option from the bill in the Senate disappointed and angered many Members of the Senate and the House, while I

know it pleased and reassured others. I wish to say to those who were not happy about the removal of the public option from this bill that I believe President Obama never said a public option was essential to the reform goals he set out to achieve and that most of us have. When the President spoke earlier this year to the Joint Session of Congress, he said a public option is "an additional step we can take." An additional step, he said, but not an essential one. Then, he added, "The public option is only a means to that end." He concluded that we should remain "open to other ideas that accomplish our ultimate goal."

I am confident this bill accomplishes the goal the President and most of us set out to achieve without the creation of a brand-new government-run insurance company or the further weakening of Medicare. This bill, as it appears it will emerge from the Senate, is delicately balanced. I understand the normal inclination in a conference committee with our colleagues in the House is to split the difference. But splitting the difference on this bill runs a real risk of breaking the fragile 60-vote Senate consensus we have now and preventing us from adopting health care reform in this Congress.

That would be a very sad ending. Rather than splitting our differences, I hope the conferees will adopt our agreements so we can enact health care reform this year. The rules of the Senate require 60 votes to end debate on a conference report.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. LIEBERMAN. I ask unanimous consent for an additional moment, maybe 2 moments, to complete my remarks.

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

Mr. LIEBERMAN. Each Member of the Senate will have to decide once again when this bill emerges from the conference whether he or she wants to be one of the 60 votes necessary to take up and pass the conference report. In this case my own sense of the Senate is the same as that expressed in the last few days by Senators CONRAD, NELSON, and others. If significant changes are made to the Senate bill in conference, it will be difficult to hold the 60 votes we now have. I have two priorities that will matter a lot to me. The first is to continue and maintain the health care reforms that will improve the cost-effectiveness of our health care system and help reduce the national debt. Second, I hope there will be no attempt to reinsert a so-called public option in any form in the conference report. That would mean I will not be able to support the report.

I want to support it. I believe I am not alone in that opinion among the 60 who supported the bill last night. Our exploding national debt is the biggest

threat to our Nation's future. That means we must begin to make politically difficult decisions to reduce our debt. That means saying no to some groups and some ideas, including some we would otherwise support, because we simply cannot afford them.

A final hope about the conference report. Perhaps some will say it is naive. I hope the conferees will find a way to produce a report that can be supported by some Republican Members of the Senate and House. It is a sad commentary on this moment in our political history that so major a reform will be adopted with no bipartisan support. Hopefully the conference will find a way, difficult as I know it might be, to conclude this long legislative journey with a bill that is not only worth supporting, as I believe the Senate bill now surely is, but also engages the support of Members of both parties.

I yield the floor.

Mr. ENZI. I ask unanimous consent that our time be extended in the same amount as their time was extended.

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

Mr. ENZI. I yield myself 15 minutes.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, the majority has voted to cut off further amendments to this bill. Senator REID has used a procedural tool that prevents Republicans from offering amendments. Several of my Democratic colleagues have come to the floor to argue that Republicans don't have any ideas on how to improve the bill. Nothing could be further from the truth. Republicans have filed over 200 separate amendments. Yet the majority is refusing to allow us to vote on any. On a bill that will affect the health care of every American and one sixth of the Nation's economy, the majority has not allowed us to have more than 10 votes to try to improve the bill.

This bill needs to be fixed. We know this bill currently will cut Medicare, raise taxes, and increase insurance premiums. If we had the chance to offer amendments, I believe we could make changes to fix the problems. I filed nine amendments, but I have not been allowed to offer any. I believe any reform should reflect the following core principles: reducing health care costs so that all Americans get the quality, affordable care they need, ending discrimination based on preexisting conditions, ensuring everyone has access to at least catastrophic care, preserving the right of patients to choose the doctors and health insurance plans that meet their needs, eliminating junk lawsuits and reforming our medical liability system, reducing health care costs for all Americans, improving patient safety, encouraging incentives for healthy behaviors by allowing insurers to charge low premiums to people who eat healthy, exercise regularly,

and abstain from tobacco use, protecting Medicare for seniors by ensuring that any savings found in Medicare, a program that is going broke, are used to strengthen that program, not to create new entitlements, and helping all Americans afford health care coverage by fixing the flawed Tax Code so that all Americans can get tax benefits for purchasing health insurance.

Unfortunately, the bill fails to do these things. I know most Members agree on those principles for reform. The hard part is making the principles come to life by translating them into bill language. I did that a few years ago when I introduced 10 steps to transform health care. Once the bill was introduced, I went on a tour of Wyoming in March of 2008 and hosted town meetings to talk about health care to my constituents. Some of the ideas I included in my 10 steps plan I also filed as amendments to the Reid bill. We need to end discrimination based on preexisting conditions. No one that has at least catastrophic coverage should be denied coverage for a preexisting condition. Everyone should have catastrophic coverage, but no one should be forced to buy anything. If someone does not at least have catastrophic coverage, then they should have to pay more if they want coverage in the future.

Everyone should get the choices for health care that Senators get. Senators get to choose between competing private plans. So should all Americans. Senators get the same choices as any other Federal employee. No more, no less. The janitor in the building, the mailman, the forest ranger, we all get the same choices. All choices are from private insurance. The Federal Government does not have its own plan. Like other employers, the Federal Government does pay part of our health care, but not all of it. Our choices allow us to pick a plan with a higher premium at a lower deductible or a plan with a lower premium and a higher deductible. Everyone should have these same choices, but they would have to work for a company willing to make a contribution to be personally willing to make that contribution and pay the remaining premium and deductible.

No matter how the health care reform bill comes out, there will not be free insurance. Everyone will pay something. The amount we pay should have a relationship to the choices we make. Insurance costs will only come down if we are encouraged to make the best choices.

Speaking of choices, there is no reason shopping for health insurance should be any more complicated than purchasing an airline ticket. Everyone should be able to fire up their computer and look up health insurance options as they look up airline flights. Each State should set up a Web site or an exchange where consumers can find

the listing of all the health insurance plans sold in their State. The public should be able to pick their health insurance using the information on the Web site. Each health plan would list what is covered, the premium, the deductible, and the copay, not what Washington says they have to put on there. Every insurance company should be allowed to list their plan on any exchange, and the State could certify whether the plans meet the minimum requirements and whether subsidies could be used for those plans. There could also be ratings for how well the company provides for its insured customers, but people could buy from any company, having been warned.

Everyone could use the transparencies of the exchange to find the insurance that best suits them. Transparency would also bring the costs down. Another thing that will bring down cost is changing the system from one that provides sick care to one that provides health care. One way to do this is to focus more on preventing preventable diseases. We know that incentives to encourage changes in behavior can result in lower costs for patients and employers. We know this because 70 percent of all health care costs are driven by behaviors. If you provide incentives to change those behaviors, you have a potential decrease in cost of 70 percent of all of the health care costs for an organization.

Companies such as Safeway have designed plans that focus on personal responsibility and provide targeted incentives that lead to behavior changes that can reduce the risk of developing four of the most costly chronic conditions. Safeway's model, focused on four chronic conditions, can be attributed to 75 percent of all health care costs: Cardiovascular disease, which is 80 percent preventable; cancer, some types are 60 percent preventable; type 2 diabetes, which is 80 percent preventable; and obesity. As a result, Safeway has seen their health care costs remain flat over the past 4 years, while other employers experience annual cost increases as high as 6.3 percent. This is a huge accomplishment for Safeway and its employees, and the employee satisfaction is fantastic. Senator HARKIN and I had an amendment that would do that. It was inserted into the HELP Committee bill and then pulled out without talking to us before it was printed in September. Never heard of that being done to Senators before.

Health care reform legislation should include the necessary provisions to ensure that companies can continue to provide successful prevention programs that lead to better health and lower costs but also allow those programs to be replicated across public and private health programs. We should encourage these programs and allow people to reap the benefits of better health outcomes and lower health costs. Addi-

tionally, people who smoke should have to pay more. People who don't smoke should pay less. People should be encouraged to quit smoking, start exercising, and eat healthy. To put it simply, allow folks who follow healthy practices to pay less for their health insurance.

People should be able to buy insurance across State lines. Companies should be able to sell insurance anywhere in the United States. Policies should be listed on the State exchanges with a disclaimer stating the policy is an out-of-State policy. The exchanges would also say whether the policy meets minimum credible standards according to Washington and the State. Insurance commissioners in both the insurance company's State and consumer's State, each get their usual amount for the sale—originators, because they can be consulted, and purchaser State, as they have to handle complaints.

We need to help small businesses. I have been working on health care reform for some time. Small business owners are seeing their insurance premiums go up and up every year. They need real help. What they don't need is for the Federal Government to make their insurance even more expensive. CBO says the Reid bill will drive up insurance costs for small businesses. I have proposed a bill that CBO scored as saving small businesses money by lowering their health insurance premiums by up to 6 percent.

Small business health plans allow businesses to join together through their trade association across State lines even nationwide so they can form big enough purchasing pools to effectively negotiate with the insurance companies and providers. Ohio has enough people they were able to do this within their State. It is effective. It brought down the cost of health care. They were able to save 23 percent just on administrative costs. They were sure if I could get my bill through, they would save even more by going across State borders. That is one that has been in the lab. It has been proven to work. Not in the bill.

Small Business Health Plans, which was S. 1955, drafted by myself and Senator NELSON of Nebraska, former Governor and insurance commissioner, was voted out of the committee in March 2006. On May 2006, cloture on the bill was not allowed in the Senate by a vote of 55 to 43. I know how tough health care reform is to pass. I had a majority of the votes but not enough to begin debate. At the same time, Senator SNOWE was poised to do a single amendment that would have solved the objection for 80 percent of those who voted against it. Without cloture, that amendment could not be offered. The Snowe amendment would have solved the question of what health plan mandates would be required. The desire for

mandate clarification was the objection that had the disease groups working against the bill. The insurance companies worked against the bill and successfully defeated other versions called associated health plans for over a decade. I was able to neutralize much of the insurance lobby.

By creating Small Business Health Plans, we can put small business owners in the driver's seat instead of the Federal Government or insurance companies. Through their associations, small business owners will have the kind of clout in the marketplace needed to negotiate high-value and high-quality health insurance for their members on a regional or even national basis.

Additionally, throughout the health care debate, we have heard Democrats say we need a public option in order to keep insurers honest and to have more choices for Americans. However, the only place where we don't currently have competition is for the millions of Americans who are currently trapped in the Medicaid Program. Democrats believe it is OK to lock 54 million poor American people into Medicaid and have them languish in a system that is broken and they are unwilling fix. Their solution is to keep adding more Americans to this broken system. A 2007 Wall Street Journal article stated that Medicaid beneficiaries have poorer health than their peers with private insurance. A study published in the Journal of the American College of Cardiology found that Medicaid patients were almost 50 percent more likely to die after coronary artery bypass surgery than patients with private coverage. Merritt Hawkins found that in 15 major metropolitan areas and in seven particular cities, including Washington, DC, Medicaid acceptance was below 50 percent.

A 2002 MedPAC report stated that 40 percent of physicians—let me repeat that: 40 percent of physicians—will not treat Medicaid patients because of their concerns about reimbursement and the time and added cost of completing the billing paperwork. Even the Office of the Actuary at the Centers for Medicare and Medicaid Services has stated that providers will accept more patients with private insurance than government-run health care due to the more attractive private physician payment rates. If you cannot see a doctor, you do not have insurance, no matter what the special name.

As we increase dramatically the number of people eligible, we should find a way to offer them regular insurance so they do not have the stigma of being on Medicaid. They should be able to choose between the usual Medicaid and a private policy with a subsidy.

Unfortunately, the Reid bill expands Medicaid, and the reason is because it is cheap. According to the Congressional Budget Office, it costs 20 percent

more to cover a person in the exchange, funded by Federal dollars, than through Medicaid, which is shared between Federal and State governments.

One of my amendments would change all of this. Senators and their staffs all have the ability to choose between competing private plans, and I believe we should give that same kind of choice to low-income Americans. Instead of trapping people in a broken Medicaid Program, my amendment would provide individuals who would otherwise be enrolled in Medicaid through the expansion in this bill the right to choose to be covered by Medicaid or a qualified private health plan offered through their State exchange. Every American should be able to choose to enroll in private insurance, and my amendment would provide real choice access to a network of physicians and fix this problem. It would also assure them they would have coverage for an entire year, not just while their income fluctuates.

On the topic of expanding government programs, I would also like to mention that if you save money in Medicare, it should only be used to help Medicare because it is already going broke. The current bill takes money from Medicare and uses it for other government programs. This bill takes \$466 billion from Medicare and uses it to start new entitlements that have nothing to do with Medicare. Yet they start a new commission to figure out where to make additional Medicare cuts in order to keep the system going—doesn't that seem counterproductive—after limiting where the cuts can come from because of hidden deals to get support for the bill.

Whatever we do has to reduce costs for all individuals and be deficit neutral. It has to truly be paid for. Why does it have to be paid for? Because America is going broke. We have maxed out the credit cards, and now we are driving down the value of our money. We have to use honest cost, not gimmicks such as the doc fix delay or collecting revenues before the benefits kick in and showing years of revenue for a shorter time benefit.

What ways can the government pay for anything? Unfortunately, they can cut benefits, cut payments to doctors and other providers, increase taxes, or cut waste, fraud, and abuse—which government seldom does and even more seldom does effectively—or, more honestly, allow a checkoff for donations to other people's insurance—perhaps even a tax-free donation—so people who want a bigger role in seeing that everybody has insurance could directly participate. People who argue that it is imperative we extend health benefits to everyone should put their money where their mouth is. People should have an opportunity on their income taxes to make an instantly deductible gift to the health care of others. If the

deductible size of the gift is a refund, then they would not have to include a check.

On the subject of taxes, taxes have to be fair to everyone. Right now, big companies can write off the health care they provide their employees, so those employees are getting health care with zero income tax. Individuals who buy insurance pay income tax on all the money they use to buy insurance. That is not fair.

I have covered just a few of the ideas I have. I have several more ideas I have been talking about time and time again, none of which show up in the bill. These meet the promises that were made. The bill does not meet the promises that were made.

Health care is too complicated and encompassing to be done by a single bill. I have never worked on a bill that affects 100 percent of America. Adequately done, rather than assigning details to agencies, a comprehensive bill has to contain details. Assigning the tough parts to the Secretary of Health and Human Services makes it easier to legislate, but you don't know what the final outcome will be. Done in smaller incremental steps, the bill would be more understandable. More importantly, with the huge, more comprehensive bill, the more people who each don't like a particular part will defeat the whole bill over a few parts.

We need to start over. We need to pursue a step by step, bipartisan, approach. We need to match up a Republican idea with a Democrat idea. We need to leave out a Republican idea and leave out a Democrat idea. Pursuing this type of strategy, what I call the 80-percent rule, would likely mean broad support from both sides. This would mean that the rigid ideologies of both sides would oppose such a bill, but I am confident that majority of the American people would support a bill like this.

We need health care reform, but it has to be done the right way. The best way to reform our health care system is to do it step by step. We need to start by focusing on the issues where we already have broad, bipartisan agreement.

I know how to pass bipartisan legislation. Since I came to the Senate 13 years ago, I have worked with both Democrats and Republicans to reform our Nation's health care system. Over my years in the Senate, there have been several times when I have worked across the aisle to get health care bills signed into law.

When I joined the Senate, the Health, Education, Labor, and Pensions Committee was one of the more contentious committees. I believe that people can agree on 80 percent of the issues 80 percent of the time and, if they leave the other 20 percent out, they can get a lot done. With that in mind, Senator Kennedy and I worked to make it one of

the most productive and bipartisan committees, with a substantial number of bipartisan bills signed into law each year.

Whether it is the reauthorization of the National Institutes of Health or the renewal of the Ryan White and PEPFAR programs for people with HIV/AIDS here and abroad, I am committed to working across the aisle on issues of importance. Working together, we got patient safety, mental health parity, and genetic non-discrimination legislation over the finish line. These proposals had been pending for years. We were also able to have a strong bipartisan bill to overhaul the drug safety functions at the FDA. By working together, instead of against each other, we can achieve passage of many more pieces of critical legislation.

Everyone agrees we need real changes that will allow every American to purchase high-quality, affordable health insurance. Not a single one of my Senate colleagues on either side of the aisle supports the status quo. The argument that Republicans support the status quo is simply false. We understand that the current system fails too many Americans. We want to support reforms that will provide real insurance options to all Americans and help lower the cost of that insurance.

But I have said from the start of this year, and frankly throughout my 13 years in the Senate, true reform should be developed on a bipartisan basis, so that the legislation will incorporate the best ideas from both sides and will have the broad support of the America. That should be a prerequisite for any proposal that will affect the nearly 20 percent of our Nation's economy and the health care of every American.

We have only had 10 votes on Republican amendments. It is not because Republicans agree the status quo is acceptable or because we think the health care system works fantastically; quite the opposite. Republican Members have filed 223 amendments to this bill. Unfortunately the majority leader has blocked us from offering our amendments.

This bill is too important to get wrong. We need the opportunity to improve this bill, and I would urge my colleagues in the Democrat leadership to allow us the opportunity to do so.

Madam President, I ask unanimous consent that an editorial by David Broder, "One Is the Loneliest Number for President Obama," be printed in the RECORD. It mentions some of the editorials and key points of editorials that I put in my speech last night.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

ONE IS THE LONELIEST NUMBER FOR
PRESIDENT OBAMA
(By David Broder)

In the last year or so of George W. Bush's second term, commentators used to talk a

lot about the conspicuous scarcity of other Republicans willing to stand up and defend him. I never thought we'd see Barack Obama face the same problem before his first year was over.

But as Obama's approval scores (50 percent in the latest Washington Post-ABC News poll) sink, it is getting harder and harder to find a full-throated supporter of the president.

You need go no further from here than the op-ed page of Thursday's Washington Post to see what I mean. Time was, and not all that long ago, when the Post was thought of as the "liberal paper" in Washington, a reliable advocate for the kind of policies pursued by Democratic presidents.

Well, in the lead article on the op-ed page, a well-known member of the president's party said that Obama's prize piece of domestic legislation, the health care reform bill, has been so compromised that as it stands, "this bill would do more harm than good to the future of America."

"If I were a senator," wrote Howard Dean, former governor of Vermont and the chairman of the Democratic National Committee during Obama's run for the White House, "I would not vote for the current health-care bill."

Dean, who had been signaling his apostasy for some time, was far from alone in clobbering Obama, just as the president and Senate leaders were struggling to line up the 60 votes needed to pass the ever-changing legislation.

Across the Post's prized real estate, conservative columnist George F. Will gloated that the more Obama argued for the bill, the less the public supported it. And from across the aisle, Matthew Dowd, a former Democrat who served as chief strategist for the younger President Bush, offered congressional Democrats the free advice that they would be better off themselves if the Republicans managed to block Obama's bill.

It was left to my friend, E.J. Dionne, Jr., one of Obama's most passionate journalistic advocates, to tell the Democrats that they ought to mind their manners—and their words. The increasing flak between moderate and liberal Democrats "is a recipe for political catastrophe," Dionne warned, his tone suggesting that he thinks the Democrats are too far gone to heed him.

But this wasn't the worst I saw that day. The worst came in a news report of the year-end news conference by House Speaker Nancy Pelosi. Asked how she would deal with next year's looming tests of congressional Democratic support for Obama's decision to send 30,000 more U.S. troops into the Afghanistan struggle, she said, "the president's going to have to make his case" himself. Reminding reporters that she had told lawmakers in June, when funding was approved for 17,000 additional troops, that it would be the last time she would ever lobby her members to back such a step, she made it absolutely clear she felt no obligation of party loyalty to support Obama on the most important national security decision he has made.

The liberal legislator from San Francisco could not have been plainer if she had added, "You're on your own, buster."

With this as an example from the No. 1 Democrat on Capitol Hill, one has to wonder why liberal Democrats are so furious about senators such as Joe Lieberman and Ben Nelson negotiating their own deals with the White House on the health care bill.

I think Obama deserves more help than he is getting from his fellow Democrats in Con-

gress, given the boost he provided them in the last election, the difficulty of the problems he inherited, and the stiff-arm he has received from the Republicans.

But the reality is that, the closer the midterm election comes, when they will be on the ballot and he will not, the more members of Congress—and not just Pelosi—will judge what is best for themselves and the less they'll be swayed by Obama.

He may feel lonely now, but he ain't seen nothing yet.

Mr. ENZI. Madam President, I also ask unanimous consent that an editorial by George Will from the Washington Post titled "The Indispensable Dispenser Opens Up" be printed in the RECORD. It shows how Medicare is left up in the air after the Reid bill.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

THE INDISPENSABLE DISPENSER OPENS UP

(By George Will)

Ryan Bingham has a unique way of describing his life.

"Last year," he says, "I spent 322 days on the road, which means that I had to spend 43 miserable days at home." Home is an Omaha rental unit less furnished than a hotel room. He likes it that way.

Today he is where he feels at home, in an airport—glass walls and glistening steel, synthetic sincerity and antiseptic hospitality. Today he is showing Natalie, a ferocious young colleague, how an expert road warrior deals with lines at security screening:

Avoid, he says, getting behind travelers with infants ("I've never seen a stroller collapse in less than 20 minutes"). Or behind elderly people ("Their bodies are littered with hidden metal and they never seem to appreciate how little time they have left on earth"). Do get behind Asians: "They're light packers, treasure efficiency, and have a thing for slip-on shoes."

Natalie: "That's racist."

Bingham: "I stereotype. It's faster."

Played with seemingly effortless perfection by the preternaturally smooth George Clooney, Bingham is the cool porcelain heart of the movie "Up in the Air." It is a romantic comedy, although Bingham begins immune to romance. And the comedy is about pain—about administering it somewhat humanely to people who are losing their jobs.

Bingham is a "termination engineer." He fires people for companies that want to outsource the awkward, and occasionally dangerous, unpleasantness of downsizing. His pitter-patter for the fired—"Anybody who ever built an empire, or changed the world, sat where you are now"—rarely consoles. But with his surgeon's detachment, he is more humane than Natalie, who says this:

"This is the first step of a process that will end with you in a new job that fulfills you. I'd appreciate it if you didn't spread the news just yet. Panic doesn't help anybody."

A confident young cost-cutter from Cornell, her brainstorm is to fire people by videoconferencing. She tells one desolated man:

"Perhaps you're underestimating the positive effect your career transition may have on your children. Tests have shown that children under moderate trauma have a tendency to apply themselves academically as a method of coping."

Bingham considers his low emotional metabolism an achievement, and in motiva-

tional speeches he urges his audiences to cultivate it: "Your relationships are the heaviest components of your life. The slower we move, the faster we die. We are not swans. We're sharks."

The movie begins and ends with everyday people talking to the camera, making remarkably sensitive statements about the trauma of being declared dispensable. Some, however, recall that the consequences included being reminded that things they retained, such as their human connections, are truly indispensable.

The opening soundtrack is a weird version of Woody Guthrie's "This Land Is Your Land." This hymn to Depression-era radicalism is catnip for people eager to tickle a political manifesto from any movie that has a contemporary social setting.

But although "Up in the Air" might look like a meditation on the Great Recession, it is based on a novel published in 2001, during the mildest recession since the Depression, and written before that.

You must remember: In 2006, the last full year before this downturn, when the economy grew 2.7 percent and the unemployment rate was just 4.6 percent, 3.3 million people lost their jobs to the normal churning of a dynamic economy. This "creative destruction" has human costs, but no longer is optional.

America has an aging population, and has chosen to have a welfare state that siphons increasing amounts of wealth from the economy to give to the elderly. Having willed this end, America must will the means to it—sometimes severe economic efficiency to generate revenues to finance the entitlement culture. So "Up in the Air" is sobering entertainment for a nation contemplating a giant addition to the entitlement menu.

"Up in the Air" is two mature themes subtly braided and nuanced for grown-ups. One is the sometimes shattering sense of failure, desperation and worthlessness that overwhelms middle-aged people who lose their livelihoods. The other is that such shocks can be reminders that there is more to life than livelihoods.

But not for Bingham. He is, in his fashion, content. In E.M. Forster's novel "Howards End," Margaret famously exhorted, "Only connect!" Bingham would rather not.

Mr. ENZI. Madam President, I yield the floor and reserve the remainder of our time.

The PRESIDING OFFICER (Mrs. SHAHEEN). The Senator from South Carolina.

Mr. DEMINT. Madam President, we have heard a lot about the unsustainable mountain of government debt, bureaucracy, and spending the Democratic majority intends to create in rushing their health care proposal through this Chamber. We have also heard a lot about how much of this they inherited. We need to remember that this Congress—both Houses of Congress—has been controlled by the Democratic Party for 3 years now. The President does not write legislation or spend money; the Congress does. The only thing the Democratic majority has inherited is its own irresponsible spending.

Saturday's release of the final Democratic bill only increases America's concern with this Congress, its shadow negotiations, and our growing debt.

Early this morning, all 60 Democrats voted to force all the taxpayers of this country to pay for bailouts and special favors for several States. Rather than actually taking the time to put forth real health care reform proposals that would increase Americans' ability to buy and own health care plans they could really afford, this plan forces over 15 million Americans onto yet another bankrupt entitlement program, Medicaid.

While Medicaid is a State and Federal shared program, the Democratic majority saw fit for the Federal Government to pay 100 percent of the Medicaid Program in the State of Nebraska under this legislation at the expense of taxpayers in the other 49 States, who will now be forced not only to deal with the loss of their freedoms under this huge government takeover but to pay for special favors in other States.

This State bailout is not the only downside of the majority's health care proposal; there is a laundry list we could go through. Just a few include that the working American taxpayers and their employers will be taxed \$500 billion over the next 10 years, and the Congressional Budget Office has confirmed that nothing in this bill decreases the premiums for Main Street Americans.

Seniors will see their Medicare benefits changed as a result of the \$500 billion in Medicare cuts included in this bill, not to mention that this bill turns a blind eye to the physician payment system that is woefully underfunded and vitally necessary to maintain the Medicare Program and physician access for seniors. It does not matter how good the insurance is we give our seniors if they cannot find a doctor who will see them.

Another alarming part of this bill is it will, for the first time in decades, force every American taxpayer to pay for abortion services.

Frankly, after reading this bill, it seems the only Americans who are not going to be affected by the bill are Members of Congress, pharmaceutical companies, and insurance companies.

Madam President, for all the mind-boggling numbers and devastating facts we have heard about the majority's government takeover of health care, this debate is about much more than health care. It is about how we find ourselves in a situation where we are debating the best way to give the government control over another big part of our lives and our economy.

In the children's story of "Hansel and Gretel," the children drop a trail of breadcrumbs as they walk through the forest so they will be able to find their way out of the woods. But when the birds eat the breadcrumbs, the children find they are lost in the dark and frightening woods.

Well, lost in the woods is exactly where we find ourselves as a country

right now. We know we are in trouble, but there is no clearly marked path to get us back to where we were, and it is plenty frightening.

In the past year alone, this Federal Government has taken over two of our largest automakers, our largest insurance companies, the largest mortgage company, and hundreds of banks. It has bailed out Wall Street and attempted to stimulate the economy by taking \$1 trillion out of the private sector and spending it on wasteful government programs. It has thrown taxpayer money at people to encourage them to buy new cars and houses. And it is looking at imposing massive new job-killing taxes on businesses in the name of reducing global warming—all in the middle of a snowstorm.

One of the problems we have now in this country is, instead of asking if we should solve it, we are asking, how should we solve it? It is now considered a sign of admirable restraint to occasionally ask here in this Senate and in this Congress, how much should we spend? And somehow we started thinking that anything less than \$1 trillion is a good deal. There is not a pothole in America that most Members of the Congress do not believe should be filled with an earmark from the Federal Government. There is not a bridge to nowhere, a flat tire, a skinned knee—there is nothing off limits for this Congress today.

This matters not just because of our unsustainable debt and the huge amount of money we waste; it matters because every time we give a job to the government, we take away some control people have over their own lives, and we take away a little bit more of their freedom. In return for letting government try its hand at solving a problem, we as citizens cede our ability to try for ourselves to find a better way.

It is awkward to admit it, but my colleagues in Congress have led this country into the woods, despite our oath of office. We swore to protect and defend the Constitution of the United States and to bear true and faithful allegiance to it. The Constitution prescribes a very limited role for the Federal Government. There is not a word in our oath or in the Constitution about most of what we do. As we have wandered off the path of liberty, there are few crumbs left of the Constitution in the Halls of Congress to lead us out of the woods.

There is not a word in the Constitution about the government deciding what medical test private health insurers should pay for, nothing about the government deciding how much executives on Wall Street should earn or what kind of lightbulbs or cars we should buy. There is nothing about the thousands of parochial earmarks that fund local bridges to nowhere, golf courses, bike paths, sewer plants, and

teapot museums. There is nothing about these or many other things in the Constitution because they have nothing to do with the proper role of the Federal Government in a free society. But these are exactly the kinds of things our government spends its time and money on, and we do not even question anymore why that is.

Instead, it has gotten to the point where if we oppose the government doing anything, we are accused of being opposed to getting it done. That is patently absurd. If you really want to get something done and get it done right, the government is absolutely the last place we should turn.

The tea parties, townhalls, and rallies affirm that the American people are rethinking the appropriate role of the government in a free society. Hopefully, their discontent will be demonstrated in the 2010 elections. Only the American people can hold our elected Federal representatives accountable for fulfilling their oath of office. In the health care debate, this means deciding exactly what role the government should play to help people in the private sector find solutions, instead of creating a monstrous new bureaucracy that puts the government in charge of every decision.

But this debate is about much more than health care. It is a battle for the heart and soul of America. It is a struggle between freedom and socialism, between free markets and a centrally planned economy, and between "we the people" and an entrenched class of elite politicians.

The current debate over health care reform is a symptom of a bigger problem in Washington. But it can be the catalyst for a wider debate about the proper role of government in our lives. The same debate can lead us to a moment when Americans finally take a stand to return government to its proper place—and we can all start finding our way out of the woods.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Madam President, I am going to be joined by a number of my colleagues, so I ask unanimous consent that we be able to have a colloquy during the remainder of our time.

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

Mr. BURR. Madam President, I think many Members have to ask: Why are we here? We are here because at 1 a.m. this morning, there was a cloture vote on the consideration of the Reid managers' amendment. I think it is important that we discuss what that means. It means there are going to be no more amendments, no opportunity for any Senator from any State to propose a change to the bill. At some point, we will have an up-or-down vote on exactly what Senator REID has presented to us.

But here is what we do know. We are going to steal \$466 billion from Medicare. We are going to take that \$466 billion away from hospitals, from hospice, from nursing homes, from home care, and, yes, a popular target up here—the insurance product many Americans have chosen, 20 percent of the seniors, Medicare Advantage. We are going to eliminate that option. So this is one case where if you like your health care, you are going to lose it.

The bill that we are considering and that will be voted on later this week raises \$519 billion in new taxes and fees—\$519 billion in new taxes. I might add for my colleagues, we are taxing tanning salons at 10 percent. What in the hell does that have to do with health care? Well, the reason it is in there is because we dropped taxing Botox. Hollywood saw this was not advantageous to have Botox taxed, so when they dropped that, they had to find something else: poor tanning salons, small businesses in every community across this country. We are going to actually tax the majority of Americans the President said he would never tax: those under \$200,000, the ones who can't afford to go to the beach every weekend; the ones who don't have a beach house. They are going to pay a 10-percent tax when they go to get a little bit of a tan. Well, when they do that, how far off are we from fining parents because we don't put a high enough SPF on our children, or are we going to start charging when we go to the beach because we get exposure to the Sun? That is what happens when the government becomes a more dominant role in health care.

I might add: No doctor fix, something many of us have highlighted. In the bill, there was a 1-year fix. Doctors are going to be faced with a 21-percent cut in their reimbursements after this next 2 months. There was a 1-year fix to it. It didn't do away with the problem. It didn't fix the whole problem. But now there is no 1-year fix. We have said in 60 days doctors will be on their own.

Yes, there were some special deals—the cornhusker kickback, the windfall for Nebraska. I have to admit that I was proud of my colleague, Senator JOHANNIS, who came to the floor and said: Let me assure you, the people in Nebraska have never asked for something different than everybody else. They are willing to pay their share of the way there. They haven't asked for it to be free for them and cost everybody else.

Yes, it will cost my constituents in North Carolina, and it will cost the constituents in Nevada—well, it won't in Nevada. I think maybe there is even a deal that affects them to some degree.

Is it fair? No, it is not fair. The fact that it wasn't fair was called: "That is compromise."

That is not compromise. We are here under an obligation to make this fair

to all of the American people. But in this case, it is not.

Yes, there are 31 million Americans who there are going to have health insurance, 15 million of whom are delegated into Medicaid, the most dysfunctional delivery system that exists in the American health care system.

Yes, there is, for many States, an unfunded mandate to those States because after 5 years, for most States, except for those who got these special deals, the States are going to be responsible for some portion, an average of 10 percent of the cost of Medicaid.

Let me tell you what my Governor, Governor Bev Perdue of North Carolina, said earlier:

The absolute dealbreaker for me as governor is a Federal plan that shifts costs to the States.

Well, we are shifting costs to the States, and she is nowhere to be found now. But the people in North Carolina, the taxpayers of North Carolina are going to continue to be charged for this expansion of Medicaid when that is the most inefficient place for us to have put these 15 million Americans who were promised health care.

While we do all this, according to the Chief Actuary of the Centers for Medicare and Medicaid Services, CMS, 20 percent of our hospitals and nursing homes are going to go bankrupt. They are going to go out of business because as the Chief Actuary said:

They would be unprofitable within the next 10 years as a result of these cuts.

Hospitals, nursing homes, at a time that our senior population is getting ready to explode as the baby boomers hit it, we are cutting \$466 billion from Medicare, and we are starving the infrastructure of hospitals and nursing homes and hospice and home care.

What is going to happen to the providers? The Chief Actuary, again, said if we pass this plan, the result is providers will be unwilling to see Medicare and Medicaid patients.

Today, 40 percent of providers don't see Medicaid patients. Does that mean it is going to be 50 percent or 60 percent or 70 percent? We are ballooning a system that today is having a hard time finding providers. To most of us that doesn't make sense, but that is what the Senate is going to do.

I might also add that the attempt was to expand coverage; and, yes, sure, in numbers, we are expanding coverage. But, if passed, the Congressional Budget Office says 8 million to 9 million individuals who currently have employer-based health care will lose that health care. Eight million to nine million who currently have their health care will lose their health care with the passage of this bill. The net-net is not real pretty, and when you look at the \$2.3 trillion that health care costs, you have to ask yourself, where is the beef? Where is the value in this?

As hospitals close, as nursing homes close, as providers don't see Medicare

and Medicaid, ask yourself, have we really done something good? Chances are, you will find out if we do nothing, if we do nothing, we will actually save money in the health care system.

The last fact: The Chief Actuary of Medicare said: If you pass this bill, the cost of health care will be \$¼ trillion more than if we did nothing.

The President talked about bending the cost curve down. We are bending that cost curve up in this bill. We are bankrupting hospitals and nursing homes. We are chasing providers from seeing Medicare and Medicaid patients.

There are not too many things we can point to that are great about this bill. That is every reason we should start over.

I know my colleagues are here to join in and to offer some perspectives, and I would ask them to chime in.

Mr. ENSIGN. Madam President, let me just summarize a few problems I see in the bill, and maybe even offer a few suggestions about what I think we can do in a bipartisan fashion—kind of this step-by-step approach many of us have been talking about—instead of this massive government takeover of our health care system.

This is a—I have lost track—I think somewhere around a 2,700-page bill with incredibly complex legal language. In the 400-page amendment offered the other day, when I was sitting there listening to the reading of it, I can't tell my colleagues how many times I was listening to this and I thought: When the regulations are written to that particular small part of the amendment, it could be incredibly complex with all kinds of unintended consequences. I thought about the burdens on small business and the record keeping that small businesses are going to have in this bill.

I think what is going to also happen with small business, there is going to be a great incentive—if you are a small business owner, the complexities are so much and you can get yourself in so much trouble, you know what, I am just going to pay the fine. I will write a check to each one of my employees, but I am getting out of the health care business. I am going to let them go out and find their own health care, whether through the government exchanges or whatever it is, but I am getting out. That is one of those unintended consequences that a lot of people haven't focused on.

We talked a lot about this \$500 billion-plus cut in Medicare. My colleague from North Carolina mentioned that. Some of the biggest places—I had two grandmothers who were in hospice. Hospice care is the most compassionate care we have today, and we are going to cut hospice care. That actually puts dignity back into dying. That is just unconscionable. The Congressional Budget Office says these cuts actually will be cuts in service because you

can't just take money out of the system unless you make them more efficient. These cuts don't make the system more efficient, they just take money out of the system, whether it is out of hospice or nursing homes or the home care, but also out of Medicare cuts.

We know there is \$120 billion in cuts to Medicare Advantage. The Congressional Budget Office said by 2016, 64 percent of the extra benefits, whether those are prescription drugs or dental coverage or vision coverage, the seniors covered under Medicare Advantage are going to be cut 64 percent because of this legislation.

We also know there is around \$500 billion in new taxes, and this is a complete violation of the President's promise during the campaign when he said not one dime in new taxes will be raised on those individuals making less than \$200,000 or families making less than \$250,000. Yet in this bill, of the \$500 billion, 84 percent is paid by those people the President said wouldn't have their taxes raised by one dime.

We also know, because the Senator from North Carolina talked about it, this massive Medicaid expansion—I think it was the Democratic Governor from Tennessee who said it was the mother of all unfunded mandates. Well, we have to look at this one way. If the sweetheart deal that was made by the Senator from Nebraska—and, by the way, I agree with you. Senator JOHANNIS, who came to the floor, it takes a lot of courage to say it isn't about just helping my State; it is about thinking about the whole country as well. He isn't asking for something—which most Senators do around here, ask for something just special for the State that the rest of the States have to pay for—but he stood up with courage, and I think he deserves a lot of credit for that.

But if all the other States now come back and say: We want the Federal Government to pay for our States and Medicaid, this bill is going to do one thing. It is either going to be a massive unfunded mandate on our States or this bill is going to massively balloon the Federal debt.

Mr. COBURN. Madam President, I have a question for both the Senator from North Carolina and the Senator from Nevada. Can the State of Nevada or the State of North Carolina or the State of Nebraska or the State of Oklahoma be healthy if our country doesn't flourish? So no matter what we do for our own States, if, in fact, we are not thinking about the country as a whole, the best right thing for the country as a whole, none of our States can flourish.

Mr. ENSIGN. I think the Senator from Oklahoma has made a wonderful point. Right now, my State is suffering terribly, not because of anything individually, such as we didn't get our fair

share of something; my State is suffering because the whole economy is in the doldrums and because we are such a tourist economy, construction oriented, the housing industry, all of those things, and because the general economy went down, my State is suffering.

So the Senator is exactly right. We should be looking at what is best for the entire country. As John F. Kennedy said: A rising tide raises all boats. Well, if the whole country is doing better, whether it is on health care or whatever it is, instead of looking for something individual for our States, you are exactly right. I think our individual States will do better if the whole country does well.

Mr. COBURN. Madam President, I ask unanimous consent to have printed in the RECORD an article that appeared today. It is a quotation from the founder from the Daily Kos Web site. I will give it to the clerk in a moment. I wish to read a quote from it:

I don't think this is a reform bill. I mean, I think it is very clear this is not insurance or health care reform. What it is is allowing more people, 30 million people, to buy into an existing broken system. It is very important to keep in mind that health insurance is not the same as health care. If you go up to Massachusetts, they have a mandate as well. Last year, in Massachusetts, 21 percent of the people who are insured could not get health care because they could not afford it.

That is somebody who is very well respected on the majority side, and it is something we have been saying, and they are saying the same thing. The fact is, what we are going to do is put 15 million people into Medicaid that we know has worse outcomes, we know is an unfunded mandate on the States, and we know 40 percent of the doctors refuse to see them. So you are not going to get to choose the doctor you want to see. You are going to have State mandates in terms of what is available to you and what is not. So we have violated two of the key promises with which to reform health care.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

MOULITSAS: WE'LL GET KILLED IN 2010

Markos Moulitsas, founder of the Daily Kos and an influential leader of the Web-based political left, said Sunday that Democrats are facing huge defeats in the 2010 elections because the Obama administration has alienated the Democratic Party's liberal political base with its escalating involvement in Afghanistan, and its failure to push for universal healthcare.

Speaking on NBC's "Meet the Press," Moulitsas offered a bleak scenario for House and Senate races next year.

Excerpts:

Mr. GREGORY: Markos Moulitsas, I want to start with you. You heard David Axelrod say this in keeping with the president's principles; it is in keeping, the compromise on health care, with the way the president campaigned on this. And this is the bill, essentially, the reform that Americans deserve. What do you say?

Mr. MARKOS MOULITSAS: Yeah, I don't think this is a reform bill. I mean, I think it's very clear, this is not insurance or healthcare reform. What it is, it's allowing more people, 30 million people, to buy into the existing broken system. It's very important to keep in mind that healthcare insurance is not the same as health care. Insurance, not the same as care, if you go up to Massachusetts, they have a mandate as well, and last year 21 percent of people in Massachusetts could not get health care because they could not afford it. Even though they had insurance, the premiums—not the premiums, the deductibles, copays and out-of-pocket expenses were too high. So really, this isn't reform. It's expanding the system, it's almost rewarding the existing system. Now, what is important about this is that it actually puts the federal government, plus America on the place to say health care is a right, it's not a privilege to just those who are—who can afford it or who are lucky enough to have a good job that has good benefits. But as far as reform goes, I think this is a long battle that we have ahead of us.

Mr. MOULITSAS: Well, you can't talk about health care and Afghanistan being distractions. They're the reasons that Obama won the White House and Democrats won control of Congress, including big, massive support from independents. Independents know what they were voting for when they voted for Obama and the Democrats. I think the problem with Obama's numbers and, and Congress' numbers is that people voted for a Congress and a president that was going to take on entrenched interests. Now, Republicans had jumped off the Obama bandwagon from day one. They were never on board. Independents have sort of been unhappy because I think independents really want results, and we haven't seen a lot of results. We've seen a log of bickering, and most of it has been internally within the Democratic Party, and I think that's why they're turning off. And a lot of Democrats are becoming disenchanted.

Mr. GREGORY: . . . What does the president need to address to keep his own party in line? Should there be personnel changes in the White House? What do you think the left is going to demand?

Mr. MOULITSAS: Well, 2006 is going to be a base year. It's going to be a base election.

MR. GREGORY: 2010, you mean.

Mr. COBURN. Madam President, I wish to also quote from what I think is a brilliant letter by a Dr. Robert Geist from St. Paul, MN, that was written as a letter to the editor in the Wall Street Journal today. The title of his letter to the editor is, "The First Cost Controller Will Be Your Own Doctor." It is something I have been talking about since we started this. The last thing we want to do in health care in America is to make it where the doctor is not a 100-percent advocate for the patient's best interest.

He quotes very directly the transfer. He said a previous article written:

. . . doesn't emphasize a potential stealth cost-control aspect proposed in the bill. It will start pilot programs that would transfer the gatekeeper role to doctors at the bedside, a role currently held by "payers" (HMOs and government-agency insurers, including Medicare and Medicaid).

The transfer will be via capitation fee payments, making clinics "responsible" for the cost of care of "insured lives" for one year.

. . . The illusion of many pundits and policy makers is that mini provider gatekeepers can control costs after the very powerful payer gatekeepers—

That is, Medicare, Medicaid, and the large insurance companies—

have failed for decades. The problem for patients is the dilemma of all managed-care gatekeepers: cost, quality, access; pick any two. It is not pleasant to think that one's gatekeeper doctor will have to decide whether to order surgery for your painful [worn out] hip or only to increase the dose of—

Anti-inflammatories because they are worried about costs.

That is the key point. We are going to now separate physicians in this country for doing what is best for the patient to meet the demands of the government.

Mr. ENSIGN. If the Senator will yield.

Mr. COBURN. I will be happy to yield.

Mr. ENSIGN. As a practicing physician, isn't this what the Senator saw in his practice with HMOs?

Mr. COBURN. That is exactly why I am not a member of any HMOs.

Mr. ENSIGN. Because we have kind of an insurance center system today, to a large degree, and now we are going to make that worse. Instead of going more toward a patient center, we are going to go from an insurance center to a government center to where these government bureaucrats now start being in control of eventually what kind of care you are going to get, what is paid for, and all that. We need to put the doctor and the patient back at the center of our health care system.

Mr. COBURN. Let me finish this for a minute, if I might. Here is the summarizing paragraph:

The economic reality is that no rationing of care supply will ever control costs, when the problem is demand inflation driven by popular insurance tax subsidies too sacred to repeal. Consider that when federal fiscal "necessity" overwhelms empty slogans,—

Our empty slogans—

scores of new bureaucracies created in [this bill] would be able to implement Draconian rationing in collusion with subservient insurance and "provider" corporations. The high costs, as well as the rationing powers included in the more than 2,000 pages of the ObamaCare Senate legislation are very real.

Which is the point I have been making all along. I am going to spend 30 minutes tomorrow talking about the rationing aspects of what we are about to do as we pass this bill.

Mr. BURR. If I can comment to my good friend, who started on a quest with me several years ago to try to put together a health care reform bill, I might say it was the first one introduced in the Congress in May of this year on comprehensive health care reform—not that it is better than anybody else's, but I can honestly say today it was true reform. I think that is what Dr. COBURN is trying to say.

In this bill, it lacks reform. What do I mean by that? Their reform is to set

up an advisory panel that if we exceed the costs we have designated for health care, they are going to cut the scope of coverage or the reimbursement. So either the array of coverage for a senior or for an American is "skinnied down" or we cut the reimbursement to the doctor or the hospital, and they call that reform.

What Dr. COBURN and I found out, as many other Members have, is if you look at the successful companies across this country that have held down their health care costs through doing real reform—paying for prevention and wellness in work, changing the lifestyles of the employees—we saw companies that, for 4 years, had a 45-percent increase in their health care. Where is any of that in this bill? Out of 2,700-plus pages, there is no attempt to do that. There is no attempt to try to affect the lifestyles through supporting chronic disease management, prevention, and wellness, but we set up a lot of independent advisory boards.

As a matter of fact, they were so scared that in the managers' amendment, it is no longer called the Medicare independent advisory board. It is called the independent advisory board. So the word "Medicare" was dropped, not to signify that they are going to cut Medicare, but that is exactly what CBO and CMS have said. These will kick in. The question is, Are they sustainable or will Congress legislatively override their authority to cut the spending?

Mr. ENSIGN. If my friend will yield, there is one part—actually one of the best parts in this bill—but there are so many other bad parts of this bill and the Senator from North Carolina mentioned them, and we have talked about a lot of them. The one place they actually have improved our health care system is the part that allows people to have larger discounts for healthier behaviors. Safeway was the model for this. They have done the most work on this in the last 4 years. Today, they can discount up to 20 percent of their health care premiums for people who engage in healthier behaviors—for not smoking, for being the proper body weight compared to their height, doing things such as that. If they are a non-smoker, they get a lower premium, and if they even quit smoking, Safeway pays for the cessation products. To be fair, that is in the bill. Senator CARPER and I got that in the Finance Committee. We were able to get that amendment drafted.

The problem is, that is a tiny part of this bill. That should be a major focus of the bill. We should be able to buy insurance across State lines. Many of us have supported that—small business health plans, where small businesses can join together and take advantage of purchasing power. We all, on this side, almost everybody on this side of the aisle agrees with medical liability

reform. The Congressional Budget Office said that would save \$100 billion.

The bottom line is, what we have been focused on—and I appreciate the efforts Senator BURR and Senator COBURN made in their bill last year—is trying to address the No. 1 problem we have in health care in the United States, which is costs. This bill does not address costs.

As a matter of fact, you said it in your opening remarks. Total health care costs actually, according to President Obama's CMS, go up \$234 billion if nothing is done. If nothing is done, we actually save money on total health care spending. But with this bill, it actually goes up by \$234 billion.

Mr. COBURN. What we also know from the Congressional Budget Office is that between 9 and 10 million people who today have insurance through their employer will actually lose it. They are going to lose their insurance. That may be good or bad for them. But if you look at the incentives, the subsidy for people who do not get insurance through their employer, if you make \$42,000 a year, today with your health insurance through your employer you get a benefit of about \$5,749 from the tax system. But under this bill, you will be eligible for \$12,500 worth of subsidy.

What do you think an employer is going to do? They are going to look at their employees and they are going to say: I have to pay this penalty if I don't offer this, but it is a significantly smaller amount than what I am paying today. Therefore, I am going to make a decision to no longer offer health insurance, give my employees a small raise because the government is going to come in with \$12,500 worth of subsidies to put them in a "private" plan inside the parameters of what is in the exchange. How many people do you think it is going to shift?

What we are going to get is adverse selection. So the individual—let's say I am working and I am making \$42,000 a year and my employer decides to do that and let's say I am 35 years old and I know available to me is \$12,500. Even though my earnings may go up, I am still 2½ times better off.

I also know I will have to pay \$3,000 or \$4,000 of my own money to get that benefit. I will not cover myself because I know I can cover my little incidentals. If I get sick, they have to cover me in the exchange.

So we are going to see adverse selection in the insurance market, people who are between 40 and 64 who are sick are going to pay far more for their health insurance and people who are sick who are younger than 40 are going to pay far more for their health insurance and everybody who is healthy under 40 is going to say: This is an economic bonanza for me. I am not going to buy insurance.

Mr. ENSIGN. I see our friend from South Carolina has joined us. He has

spoken eloquently about some of the sweetheart deals that have been made in this plan to “buy” votes. Could the Senator from South Carolina address those?

Mr. GRAHAM. I don't know if you could call it a sweetheart deal more than it is just repugnant. The campaign in 2008 was about change we could believe in. I do believe one of the reasons President Obama won is because he convinced young people in this country that if he got to be President, this country was going to change for the better; we were going to do things differently, and that resonated with people.

Quite frankly, when we were in charge, as Republicans, we let people down. We let things get out of control on our watch. Some of our people wound up going to jail. The Iraq war was not popular. So you had this new, young, exciting, articulate figure come along and promise a new way of doing business. That is what hurts so much about this bill. The special deals the Senator just mentioned remind us all why Congress is in such low standing.

The 60th vote—how did they get it? Did they negotiate the 60th vote on C-SPAN in a transparent manner promised in the campaign that we would have negotiations on C-SPAN so that you, the American people, could watch what was being given and what was being taken and there will be no more backroom deals?

Here is what happened. They took one Senator who was the key guy and they put him in a room. We had no access to that room and no Democrat did either. After it is all said and done, here is what resulted from those negotiations that were not on C-SPAN.

Nebraska is going to be the only State in the Union, ladies and gentlemen, that new Medicaid enrollees will be covered by the Federal Government. Every other State in the Union, when you sign up a new person on Medicaid, because you are expanding the number of people eligible for Medicaid, your State is going to have to make a matching contribution.

In my State of South Carolina, with 12 percent unemployment, there is going to be one-half million more people eligible for Medicaid under this bill than exists today. It will cost my State of South Carolina \$1 billion. But if you live in Nebraska, it doesn't cost you a damn dime because that is what it took to get a vote.

If that is change we can believe in, count me out. If that is OK with the American people, I can tell you our best days are behind us. The insurance companies in Nebraska got a deal that no other insurance company in the Nation got. Physician-owned hospitals in Nebraska got a deal that nobody else got. Louisiana got \$300 million to help with their Medicaid problems that nobody else got.

If you want your country to be run in a more businesslike fashion, then you need to speak up. You have a chance between now and sometime in January, when this goes back to the House, to let your voice be heard.

To my good friend from Nevada, the special deals in this bill are not special. They are the same old crap we have been putting up with for decades up here and that people thought was going to come to an end. It is going to hurt your children's ability to have half of what you have because they cannot make it because you are about to pass on a bill to them they cannot pay.

What I hope will happen, I say to my good friend, the Senator from Nevada, is that the people will take their government back. If you think this deal from Nebraska is unacceptable, speak up and speak out and let the House Members know you want it changed.

Mr. BURR. I thank our colleague from South Carolina. I know we are about to run out of time, but I wanted to go back to the Chief Actuary at Medicare because I think the way they analyzed the bill is absolutely essential for the American people to understand what is in it.

The Chief Actuary, the President's Actuary, said:

The Reid bill funds \$930 billion in new spending by relying on Medicare payment cuts which are unlikely to be sustainable on a permanent basis.

It gets to what Dr. COBURN said. By design, maybe this could work, but there is not a will because there is not reform. We have spent a lot of money, and at the end of the day, it looks as if the only thing we have done is tried to address waste, fraud, and abuse. For \$2.3 trillion, it seems as if you could bring more bacon to the table. It seems as if there would be a little more meat.

It seems as if there would be some substance there we could look at and say: Look at the improvements our health care system makes.

I know Dr. COBURN has said many times: If we do this wrong, what we do is we chase innovation out of this country, out of our system, the breakthroughs that go from maintenance to cure, the research on a bench that finds us new ways to address diabetes where amputation and blindness are not in somebody's future. If we go backward, if we chase that innovation out, we lock ourselves into not only the most costly health care but health care that achieves the least amount of quality for future generations.

Mr. ENSIGN. I wish to ask Senator COBURN to address, in the last couple of minutes here—because he has spoken so eloquently about debt and the Congressional Budget Office saying this helps the deficit by some \$100 billion—how the taxes go into effect right away and that the spending doesn't go into effect, and how that kind of smoke and

mirrors happens all the time around here; how they try to hide various expenses, and what this is going to do to our debt.

Mr. COBURN. Well, the disappointing thing—and I have worked on this for 5 years, since I have been here—is we are not honest with the American people about how we account for things, and this bill is another example of that. Let me give you the quantifications.

If you read the CBO report on this bill, they talk about it is highly unlikely we will ever actually make the Medicare cuts, because they have never seen it done, and every time we have said it in the past, we haven't done it, like the sustainable growth rate formula in the Balanced Budget Act of 1997. So if you match up revenues and expenses, what you see is a \$1 trillion tax increase, a \$1 trillion cut in Medicare, and an increasing cost to the economy.

But because there is not the sustainable growth rate—the doctor fix in the bill—that is \$247 billion not accounted for, and that is if you keep physician wages frozen over the next 10 years. That is \$247 billion, probably closer to \$300 billion. So that is \$300 billion. The fact is we know the taxes that are going to be collected, people are going to pull down the cost, which is one of their hopes, and they are going to pay for it out of their pocket.

So we are going to see that insurance plans not reach the Cadillac level, and we are counting on revenues from that in terms of billions and billions and billions of dollars. But what they will do is change the deductibles—and that is a hidden tax. Because if your deductible goes up to keep your insurance from going too high, your tax goes up in actual expenditures. So your ability to invest and create additional jobs—in other words, it cascades. The honest accounting for this is that there is no way this saves any money. It will cost money.

The final point I will make is they won't put forward the cuts in Medicare that they are claiming in this bill. Because they know if they truly do put forth the cuts, and patients feel it, they won't be back here. So it won't happen.

I will go back to what Senator BURR started this out with. If you are going to start tomorrow and fix health care, what would you do? You would attack costs. Why are things so costly? One is because there is no transparency in markets. There is no real connectedness to your pocket. No. 3, there is no incentive for prevention of chronic disease or the management of it. In other words, we don't pay people to have less expensive outcomes. We won't incentivize better care in that way. We won't incentivize prevention.

We have done a lot of this on Medicare—and I will talk about it tomorrow—but they have three different

agencies within this bill that are going to ration care. They are going to make the decisions for you, and not just on Medicare and Medicaid. Everybody needs to understand that. It doesn't just apply to Medicare and Medicaid, it applies to your choice of your private insurance. The government is going to ration your care.

We know that is true because they wouldn't allow an amendment to prohibit rationing. They all voted against the amendments in committees when we offered amendments to limit rationing. So we know the intention is to ration care. If that is how we are going to control costs, then Bernie Sanders is right—go to a single-payer, government-run system. Bernie Sanders' system is far better than this one—far better than this one—if that is what we are going to do. If we are going to ration care, let everybody know it upfront. Let's be absolutely honest about it.

If you are 75 years of age and need a hip replacement but the quality of your life is not all that great, we are going to say you can't have it. That is what we are going to do, because that is exactly what they do in England. They have the National Institute of Comparative Effectiveness which makes an evaluation of what your worth is. And no matter what your history, no matter what your family situation, no matter your income, you can't have it.

Canada is getting around that, because they have said you get the right to buy what you want. Their Supreme Court ruled on that 2½ years ago. So we are seeing a two-tiered system developing in Canada, which ultimately will happen in this country—worse than what we have today.

Mr. ENSIGN. If the Senator will yield, though, if America does this with our health care system, where will the Canadians come for their health care when they need it? When they get it rationed up there, they usually come to the United States.

Mr. COBURN. They will go to Thailand or India.

Mr. ENSIGN. But where will Americans go?

Mr. COBURN. I thank the Senator for holding this colloquy, and I will make one final point before I stop.

I don't doubt the motivation of our colleagues on the other side of the aisle. They want us to fix this problem—the problem in health care. But the problem is cost. If you don't fix cost, and you expand the same broken system, you haven't fixed anything. You have added to the cost.

Mr. BURR. I thank the good doctor, and I thank the Presiding Officer, and I yield the floor.

The PRESIDING OFFICER (Mr. MERKLEY). The Senator from New Jersey is recognized.

Mr. MENENDEZ. Mr. President, I rise to speak to the great debate we are

having on historic health care reform, and I am reminded of the words of a great Republican, President Abraham Lincoln. He said:

We cannot escape history. The fiery trial through which we pass will light us down in honor or dishonor of the latest generation. The occasion is piled high with difficulty and we must rise with the occasion.

That is what Abraham Lincoln said. It is time to rise to the occasion because our friends on the other side of the aisle have chosen to sit on their hands and do nothing. They have no plan. They have chosen to delay and obfuscate.

If you look back in history, during the great debates on Social Security in 1935 and Medicare in 1965, our friends across the aisle were on the wrong side of history. But in the end, there was a minority that chose to stand up for historic social legislation and vote their conscience. They were not driven by the far rightwing of their party or by radio talk show hosts who demand ideological purity and see any attempt to support health care reform as an abandonment of principle.

Each of us is rarely called to act on such significant legislation, and when we are, it is our solemn duty to put aside our ideology—turn off Rush Limbaugh—and leave politics in the cloakroom. Our vote on this groundbreaking legislation—comparable to Social Security and Medicare—will be one of the most significant votes in American history. It should not be driven by the hope of failure that the other side prays for, rather by the will to succeed for the American people. This Congress will be remembered for this vote for generations to come, and our friends across the aisle will once again be on the wrong side of history.

We have heard the same tired arguments over and over. We heard those arguments in 1935 against Social Security. We heard them again in 1965 against Medicare—the same arguments we hear today. History has a way of repeating itself. If past is prologue, historic health care reform legislation will be signed into law despite the naysayers, the fearmongers, the panders to those who see any attempt at compromise as defeat.

To our friends on the other side, this is no longer about legislating, it is simply about obstructing. It is no longer about doing what is right for the American people but about stopping us from doing anything. It is not about finding common ground but drawing lines in the sand.

My friends on the other side have set up an army of straw men, as they did on Social Security and Medicare, manipulating the facts to create the illusion of refuting the false claims they created in an attempt to score political points.

They stand up the socialist straw man, call the bill a government take-

over of health care, and make Americans fear it. Well, we say: Let's make sure the Bernie Madoffs of the world, and people like him, are not selling health insurance.

They wave the flag, stand up the un-American straw man, saying the bill is against old-fashioned American values and denounce it. We say: Don't you dare question our patriotism. Do not dare question our commitment to doing what is right for the American people.

They stand up the death panel straw man, claiming the legislation would kill grandma, and denounce it as inhumane. We say: Stop the outrageous misinformation and tell the truth to the American people.

They stand up the taxing straw man, and say health care reform will increase taxes. We say: We are making health care entities, such as insurance companies, pay their fair share.

They set up the spending straw man, and say the bill will indebt the next generation, despite Congressional Budget Office estimates to the contrary. We say: You can't pick and choose when to believe the Congressional Budget Office and stand by their numbers only when it is convenient to your cause.

For instance, my friend Senator GREGG, the ranking member on the Budget Committee, touts CBO numbers even on his specific bill, when they benefit his arguments, for example, on malpractice provisions. But now my friends on the other side conveniently dismiss the Congressional Budget Office numbers showing our health care plan reduces the deficit. So you can't have it both ways.

They bring along their partisan straw man, accusing us of drafting a bill or having votes in the middle of the night. We say: How quickly you forget the 4 months that we waited for Republicans in the bipartisan Gang of 6, three Democratic Members, three Republican Members, working, supposedly, to achieve a bipartisan effort in health care reform. Four months. Four months we waited for them to work with us in a constructive way, and then they all walked away. So don't come back now and say you had no input in the process when you chose that course.

And, by the way, these votes that take place at the time they take place are because the Republicans insist on stopping the process and delaying it and drawing it out. So under the procedures, once we start the process to finish that delay, it ends up at certain hours—30 hours each time from the moment we file a motion to say that is enough of the delay, let us move forward. Whenever those 30 hours end, that is when we have to have the vote. But they could consent to have that vote in the fullness of the day and light. But no, they want to have the

vote as late as possible, hoping that 60 Members who want to see progress on this reform don't come to this Chamber and, therefore, cannot stop the filibuster. They want failure, and then they clamor about the time these votes take place.

Straw man after straw man. They have done nothing but block this legislation, as they have throughout the year on other legislation. They will do anything, say anything to delay, deny, and defeat health care reform.

They are on the wrong side of history now, as they were in 1935 and 1965. But the difference between 1935 and Social Security and 1965 and Medicare and today is that when the debates ended in 1935 and 1965, when the legislation was weighed on its merits, there were those few Republicans who voted their conscience, those who did not march in lockstep to the demands of rightwing talk show hosts or in fear of tea party anarchists.

In 1935 and 1965, there were a few on the other side, a few who voted for Social Security and Medicare because they knew it was right for America. But in 2009 it appears there will be no votes for health care reform—not one, not a single vote from the other side of the aisle.

The ideological differences were as intense then as they are now but pure obstinate ideology did not prevail then as it will in this Chamber when we vote. Before Social Security was debated, President Roosevelt laid out the changes in society and the reasons why we needed Social Security legislation before the Congress. He said then:

Security was attained in the early days through the interdependence of members of families upon each other and of the families within a small community upon each other.

The complexities of great communities and of organized industry make less real the simple means of security. Therefore, we are compelled to employ the active interests of the nation as a whole, through government, in order to encourage a greater security for each individual who composes it.

That is what he said about Social Security. That is why we needed Social Security and why we realize today that without Social Security more than half of our seniors in this country would be living in poverty—more than half—if the voices then in opposition had succeeded.

Then the debate began. There is no mention of death panels but there were those Republicans who raised similar straw men to the voices we hear today. A member of the New York delegation, a Republican, Daniel Reed said:

The lash of the dictator will be felt, and 25 million Americans will for the first time submit themselves to a fingerprint test.

Another said:

The bill . . . invites the entrance into the political field of a power so vast, so powerful as to threaten the integrity of our institutions and pull the pillars of the temple down upon the heads of our descendants.

John Taber, another member of the New York delegation, a Republican, raised the antibusiness straw man, saying:

Never in the history of the world has any measure been brought here so insidiously designed as to prevent business recovery, to enslave workers.

In this Chamber, in the Senate, Senator Daniel Hastings of Delaware, a Republican, raised the death-of-a-nation straw man, saying that Social Security would “end the progress of a great country.”

In this debate we have seen the same army of straw men standing against us. They have claimed that health care reform is a government takeover that will threaten the integrity of our institutions, when in fact we create an exchange of private insurance companies that people will be able to pursue.

They say it will “pull down the pillars of the temple on our descendants” and leave them in debt, that it will drive private health insurers out of business and put a bureaucrat between doctors and patients.

We already have bureaucrats between doctors and patients. They are health insurance company bureaucrats between doctors and patients. The difference is when the debate ended on Social Security in 1935, when the shouts of socialism and un-Americanism had faded, a few, a minority on the other side, had the political courage to cross the line and vote yes.

But there will not be a single vote from the Republicans in favor of this bill, not a single vote. Our colleagues on the other side want nothing more than to stop this bill, period, pure and simple. It is their intention to stand en bloc for insurance companies and against any health reform that would protect American families from losing everything if they get sick. Their plan is just to say no; and once again they will squarely be on the wrong side of history.

When President Kennedy and later Lyndon Johnson fought for Medicare, those on the other side raised the same army of straw men they raised 30 years earlier. They played the same game they are playing again now. Senator Curtis of Nebraska at that time voiced opposition in this Chamber saying, “Medicare is not needed.” He was a Republican Senator of the time, Mr. Curtis of Nebraska, who said:

[Medicare] is not needed. It is socialism. It moves the country in a direction which is not good for anyone, whether they be young or old. It charts a course from which there will be no turning back. It is not only socialism, it is brazen socialism.

In the other body, Congressman Hall of Missouri called it “an ill-conceived adventure in government medicine.”

Those were the Republican voices of the past on Medicare. What senior in this country today—which one of our parents or grandparents—believes

those words of the past as they relate to their health care today? More straw men, more fear, more naysaying—all of it wrong then, all of it wrong now.

They said bureaucrats would come between doctors and patients. They are wrong. That is why it is interesting to see that today the American Medical Association, the Nation's doctors—the people who take care of you when you are ill, the ones who follow your progress when you have, maybe, a debilitating disease or a lifetime health challenge, your doctor, the voice of your doctor, not any Members of the Senate, the voice of your doctor in support of this historic reform—said:

This is a time of great opportunity for the American health care system. We have the chance to substantially expand health insurance coverage, implement insurance market reforms that promote greater choice, affordability and security, improve [this is the doctors speaking] the quality of the care and help Americans live longer, healthier, happier and more productive lives. To that end [the doctors of the nation say] we urge all Senators to support passage of the Patient Protection and Affordable Care Act as amended.

This is the Nation's doctors. This is your doctor who is telling the Members of the Senate: Vote for it. They do not believe the line that bureaucrats are going to come between doctors and patients. They are wrong, those who are saying that.

They called Medicare unpatriotic and un-American. They were wrong again. They said it would mean the rationing of health care. They were wrong. They made the same argument they have been making for 74 years, and they are still wrong.

In 1965, the champion of my conservative friends, Ronald Reagan, issued a 19-minute-long LP, for those of us who still remember that, a long-playing vinyl recording at the time. It is past—gone. They are like antiques now. But it was entitled “Ronald Reagan Speaks Out Against Socialized Medicine.”

It featured an impassioned 2,000-word speech intended to get people to write to their Congressman against the idea of Medicare that was beginning to make its way through the Congress. That was 1965. It was referred to as Operation Coffee Cup, something of a precursor to today's tea parties. In his record message, Ronald Reagan said:

One of the traditional methods of imposing socialism on people has been by way of medicine. . . .

Does it sound familiar, in the year 2009, in the debates we have heard here on the floor? When he became President, one of the pillars of his health policy was cutting benefits, in particular through increased cost sharing for Medicare and Medicaid recipients. He was wrong then, just as our conservative friends are wrong now.

In the face of yet another landmark piece of legislation, is it possible there is not one of my friends on the other

side who does not in their heart believe we need to pass this legislation for the good of the American people, regardless of ideology? Is there not one of my friends on the other side who will vote yes to help Americans who have lost their jobs and their health care and stand to lose everything if they or a member of their family becomes ill?

My friends, saying no to accessible, affordable health care for the American people is too big a price to pay for ideological purity. When I think of what this legislation will do, I cannot believe there will not be one vote on the other side to provide competition and affordable choices for every American, as this bill does; not one vote for greater accountability for health insurance companies; not a vote for more choice and competition for consumers, for programs that will rein in health costs and make policies more affordable.

Is this bill perfect? No. But it is a great and historic foundation of reform. Yet there will not be one vote on the other side to improve access to quality care for children, as this bill provides for, and the most vulnerable among us, which the bill does. Not a single vote for tougher accountability policies, for health insurance companies that are included in this legislation? Not one vote to require insurers to spend more of the premium revenues on health care rather than on administrative costs, executive compensation, and boosting the bottom line? Not a vote to hold health insurers accountable for excessive rate increases? Not a single vote on the other side to immediately ban insurance companies from denying children—we hear a lot about the sanctity of life—coverage for a pre-existing condition? Not one vote for expanding eligibility for tax credits for small businesses and starting the health insurance tax credit next year? That is why it is interesting to note that among the many supporters of this, the Business Roundtable, they are quoted as saying:

The proposed legislation is a step towards our shared goal of providing high quality, affordable health care for all Americans.

It is why the Small Business Majority says the managers' amendment, Senator REID's amendment, "includes new provisions essential for small business protection and survival." That is the voice of business.

Not one vote for a bill that promotes competition for insurers and choice for workers? Or to test alternatives to civil tort legislation that emphasize patient safety, disclosure of health care errors, and resolutions of disputes? Not one vote.

Not one vote for people in my home State of New Jersey and every State who will see direct and immediate benefits from this legislation? Not a vote for every uninsured Jerseyan who has a pre-existing condition and has been un-

able to find affordable health insurance in the marketplace? The health of our families is not a commodity. It is not a privilege for the wealthy. It is something everyone should be able to be protected from without going broke.

Under this legislation, 1.3 million seniors in my home State will be eligible for free preventive care for recommended services. Seniors will also be eligible for free annual wellness visits to their doctors, and will be provided with a personalized prevention plan so they can stay healthy.

When this legislation is signed, we will have lived up to our promise to fill the doughnut hole, that gap in coverage under Medicare Part D, to provide affordable prescription drugs to over 227,000 seniors in New Jersey and millions across the country so they will no longer have to choose between paying their bills and taking the medication.

When this legislation is signed, over 850,000 New Jerseyans will qualify for tax credits to help them pay for health insurance, easing the burdens, premiums, deductibles, and copayments. It will make tax credits for up to 50 percent of health care premiums available to over 100,000 small businesses in New Jersey. It will also put an end to the hidden tax that is passed along to everyone in my State through increased premiums and costs to pay for the over \$1 billion spent on uncompensated care in New Jersey.

This legislation includes a health insurance exchange that would provide portability, security, and choice for 1.3 million New Jersey residents who presently do not have any health insurance whatsoever. It will increase the number of doctors, nurses, and dentists for the 150,000 New Jerseyans, 2 percent of the population who live in areas where they do not have access to primary care because of a shortage of health care providers in their communities, yet there will not be one single vote for this legislation on the other side, not a single vote for any of these health reforms to help hard-working families in my State and in States across the country.

This is the politics of no, pure and simple. I suppose it is nice to say no to health care reform when you have the full protection of health care yourself. But it is wrong to say you are unwilling to afford the same protections to others. It is nice to say no to health care reform when you and your family will not be denied coverage because of the privileged position you hold but wrong to let even one mother, one father hear that their child has been denied the medical treatment they desperately need.

I say to my friends, how dare you stand in unison on the other side of the aisle and deny to others that which you so fully enjoy yourselves. How can you deny to others that which you so fully

enjoy yourselves. It is inconceivable to me that when all is said and done, when our differences have been aired and debate has ended, that not one of my colleagues on the other side will see the historic nature of this legislation. We can be proud of this legislation. I know when the dust settles and the provisions of the bill become clear, America will be proud of it as well.

This landmark reform legislation includes State-based insurance exchanges, creating a fair, open, competitive marketplace for affordable coverage. It includes an amendment I proposed for long overdue consumer protections for emergency services. When you are getting sent to a hospital, you are not thinking about calling your company and saying: Is this the right hospital? Am I going to be covered without regard to prior authorization?

It requires insurance plans to provide behavioral health treatments, such as those for children who are autistic, as part of the minimum benefits standard. It encourages investments in new therapy to prevent, diagnose, and treat acute and chronic disease with a tax credit for innovative biotechnology research. It ensures that minor children qualify as exchange-eligible and provides for the availability of child-only health insurance coverage in the exchanges. It stops insurance companies from denying coverage for preexisting conditions, health status, or gender, and it ends the medical benefits shell game that insurers have played with people's lives.

The bottom line is this legislation helps New Jersey and America. It is fair, balanced, and fixes a badly broken system. It is truly a historic piece of legislation and will be remembered as such. Yet every one of my colleagues on the other side will vote no. They will stand against all of it, all I have talked about, firmly, once again, on the wrong side of history.

Let me conclude by saying, as I have said before, and I will say again, history calls on us to stand up on rare occasions for what is fair and just and right for the American people. This is one of those occasions. This is a time to look into your heart, a time to see beyond your own political interests, your own hard ideology, and look at the lives of millions of Americans. Think about the millions of families on Main Street, in every community, where a child wakes up in the middle of the night to a parent who cannot afford to get them the basic care they need. Ask yourself: What is the right thing to do?

This is a time to do what is right for America. It requires more than parliamentary maneuvers to slow the process. It requires more than shrill voices raised under the banner of free market values at the expense of fundamental human values. It requires doing what is right for the millions of American families who have lost their jobs

and their health care, those who have suffered from the economic policies of the last 8 years and now find themselves hurting. This is a time to remember them, a time to remember every mother who cries herself to sleep at night because she lost her job, lost her health care for herself and her infant and could lose everything she struggled for in her life, if she gets sick.

I say again to my friends, how dare you deny to her the protections that you so fully enjoy yourself. How dare you turn this into a parliamentary game of delay, deny, and defeat. Those who have continuously said no to any attempt at health care reform and yes to the needs of the insurance industry believe that the business of government is business. But for all of us who know the business of government, what it really is, it is about people. It is about those who send us here. It is their lives, their hopes, their dreams for a better life for themselves and their families. This is an opportunity to stand up for them. This is an opportunity to take care of their health care. This is an opportunity to show whose side you are on.

Are you on the side of those families or are you on the side of the special interests that would have you vote no, or the ideological interests that would have you vote no against these families? This is historic legislation. I am afraid our friends on the other side will once again, as they did in Social Security and Medicare, find themselves on the wrong side of history.

I intend to be on the right side of history and to vote yes on this legislation.

I yield the floor.

Mr. JOHNSON. Mr. President, I wish today to recognize the progress made on health care reform, as well as stress the fact that we must press forward. Americans face out-of-control health care costs, great inequalities in access to care, eroding benefits, and the ever-increasing threat of losing their health insurance. While it has not been an easy task to reach a consensus, we find ourselves very close to fixing our health care system and extending access to health insurance to over 31 million Americans.

I have heard from countless South Dakotans whose stories illustrate the urgent need for reform. Just as the diseases and health care emergencies they face cannot be postponed, it is imperative we forge ahead and deliver reforms that will improve their health and security.

I would like to share the story of Susan from Rapid City, SD, a 57-year-old woman who has nearly depleted her savings and plans to sell her home in order to pay her bills and medical expenses. Her husband passed away several years ago and she now survives on his modest pension. After exhausting COBRA health insurance, she bought

the only private health insurance policy she could afford. She was forced to accept several riders for her pre-existing conditions, arthritis and hay fever, so her insurance "won't cover the problems that will soon need attention." She also has to pay out-of-pocket for most her preventative screenings and primary care because she has not reached her \$5,000 deductible. She writes, "I feel I am paying \$250 a month for unreliable health insurance." Until she reaches Medicare age or can qualify for Medicaid, her only option is to sell down her assets to pay the bills.

Like millions of Americans, Susan is vulnerable in the non-group health insurance market, where coverage is often expensive, inadequate and certainly not guaranteed. "Without the security of group coverage," she notes, "I am very vulnerable and am one illness away from a catastrophe." Several provisions in the Patient Protection and Affordable Care Act will help Americans like Susan gain access to quality, affordable health insurance.

Under the Senate reform bill, all health insurers will be prohibited from using preexisting conditions to deny health care and it will be illegal for them to drop coverage when illness strikes. Health insurance exchanges will create an accessible marketplace for Americans to shop for the best plan to meet their needs. Health insurers will offer national plans to all Americans under the supervision of the Office of Personnel Management, the same entity that oversees health plans for Members of Congress. Tax credits will be available to make insurance more affordable for those who need assistance, and the choice of doctor will be protected. These health insurance market reforms demand greater accountability from insurance companies while creating more choice and competition for consumers.

Despite a commitment by some to kill reform and defend the status quo, I am confident the strong consensus on the urgent need for reform will prevail. The cost of inaction is too great.

Mr. LEVIN. Mr. President, the health insurance provider annual fee in the so-called merged Senate health care reform bill did not distinguish between nonprofits and for-profit insurance companies in this country, although our current tax law properly does make the distinction.

I urged that the managers' package modify the fee to continue to recognize the distinction.

Imposing the annual fee on true nonprofits, particularly those with high pay-out rates to beneficiaries, would have pushed many of those true nonprofits into deep financial difficulties and would have caused significant hardships on the families who rely on their services.

Some nonprofit insurers have not maximized the amount they pay out in

medical expenses to beneficiaries. That is why I urged the managers to include in the managers' package a provision exempting from the tax only those nonprofits with very high payout rates. Those good performers are committed to their policyholders rather than to profits for stockholders, which is the goal of the for-profits. Those good performing nonprofits are unable, as a result, to absorb the fees.

The managers' amendment specifies two ways for nonprofits to be exempt from the fee.

The first way for a nonprofit insurer to be exempt from the fee: one, it can not refuse to insure anyone in the State and is the State's insurer of last resort; two, its premium prices are regulated by its State insurance regulator; and three, it must pay out in medical expenses 100 percent or more of its premium revenues in the individual market.

The second way for a nonprofit to be exempt: the nonprofit insurer must pay out a very high percentage of its premium dollars—at least 90 percent—in medical expenses in each of the three major market segments: individual market, small group market, and the large group market; and it also must have an even higher overall payout rate of at least 92 percent. A nonprofit that compresses its margins that far beyond its peers for the benefit of its policyholders also warrants the exemption.

These exemptions continue the distinction that our tax law has recognized—that true nonprofit insurance providers should not be treated the same as their for-profit counterparts.

Mr. LEAHY. Mr. President, after months of arduous work, the Senate will finally take the first significant step toward bringing needed reforms to health care in this Nation. Opponents of reform have wasted much of the public's time by provoking arguments over their distortions about what health reform means. Opponents have tried to demonize the plan, and have claimed it will never work. We have overcome weeks of delay tactics employed by the minority—inexplicably, the most recent delay due to a filibuster against a bill to provide funding for our troops. These are the tactics of obstruction, and further demonstrate Republicans' efforts to maintain the status quo.

Is this the exact bill that any one of us would have written? Probably not. I remain disappointed that the managers' amendment before us today strips the bill of a public insurance option to compete with private plans and does not include a provision I have sponsored to repeal the antitrust exemption for health insurers and medical malpractice insurers. I believe both of these provisions would go far in providing fair competition into the health insurance market.

But in looking at this bill as a whole, I believe it stands by the core principles I sought at the beginning of this debate. It gives Americans affordable access to health care coverage, it reduces costs for families, businesses and government, and it protects consumers' ability to choose doctors, hospitals and insurance plans.

The managers' amendment introduced by the majority leader incorporates many important changes to the underlying legislation that will improve the bill. It includes several provisions that I have long supported and promoted.

Vermont has always been a national leader in expanding access to health insurance. In coordinating care, offering comprehensive coverage to children, and developing a system of electronic health records, Vermont has been at the forefront of reform. It is no surprise that for the third year in a row Vermont has been ranked the healthiest State in the Nation.

Unfortunately, a provision included in the underlying bill to expand Medicaid coverage nationwide threatened to penalize Vermont by excluding the State from increased Federal funding, solely because Vermont acted early to do the right thing. We can all share the goal of increasing access to essential medical services by expanding Medicaid coverage nationwide, but we should not penalize States such as Vermont, which demonstrated the initiative to expand its Medicaid Program early.

Senator REID's amendment, however, remedies the anomaly in the underlying bill, and will allow Vermont to access additional Federal funding when the Medicaid expansion goes into effect. I thank Senators REID and BAUCUS for working with me to ensure that Vermont's efforts to expand coverage to low income individuals is not set back by inequities in the underlying legislation.

The managers' amendment also incorporates a vital antifraud amendment Senator KAUFMAN and I, as well as Senators SPECTER, KOHL, SCHUMER, and KLOBUCHAR, introduced, derived from the Health Care Fraud Enforcement Act which we introduced earlier this fall.

This antifraud initiative builds on the impressive steps the administration has already taken to step up health care fraud prevention and enforcement, and on the real progress represented by the antifraud provisions adopted by the Finance and HELP Committees and incorporated into the leader's health care reform bill. I was glad to contribute to those efforts, and I am glad we are now going even further.

The Kaufman-Leahy provision will provide prosecutors with needed tools for the effective investigation, prosecution, and punishment of health care

fraud. By making modest but important changes to the law, it ensures that those who drain our health care system of billions of dollars each year, driving up costs and risking patient lives, will go to jail, and that their fraudulent gains will be returned to American taxpayers and health care beneficiaries.

For more than three decades, I have fought in Congress to combat fraud and protect taxpayer dollars. This spring, I introduced with Senator GRASSLEY and Senator KAUFMAN the Fraud Enforcement and Recovery Act, the most significant antifraud legislation in more than a decade. When that legislation was enacted, it provided law enforcement with new tools to detect and prosecute financial and mortgage fraud. Now, as health care reform moves through the Senate, I am glad we are taking steps to do all we can to tackle the fraud that has contributed greatly to the skyrocketing cost of health care.

The scale of health care fraud in America today is staggering. According to even the most conservative estimates, at least 3 percent of the funds spent on health care are lost to fraud—more than \$60 billion a year. In the Medicare Program alone, the General Accountability Office estimates that more than \$10 billion was lost to fraud just last year. While Medicare and Medicaid fraud is significant, it is important to remember that health care fraud does not occur solely in the public sector. Private health insurers also see billions of dollars lost to fraud. That fraud is often harder for the government to track. Private companies have less incentive to report it, and in some cases, are responsible for the fraudulent practices themselves. Reining in private sector fraud must be a part of any comprehensive health care reform.

The Kaufman-Leahy provision makes a number of straightforward, important improvements to existing statutes to strengthen prosecutors' ability to combat health care fraud. The bill would increase the Federal sentencing guidelines for health care fraud offenses. Despite the enormous losses in many health care fraud cases, offenders often receive shorter sentences than other white-collar criminals. This lower risk is one reason criminals are drawn to health care fraud. By increasing the Federal sentencing guidelines for health care fraud offenses, we send a clear message that those who steal from the Nation's health care system will face swift prosecution and substantial punishment.

The provision provides for a number of statutory changes to strengthen fraud enforcement. For example, it would expand the definition of a "Federal health care fraud offense" to include violations of the antikickback statute and several other key health care-related criminal statutes, which

will allow for more vigorous enforcement of those offenses, including making their proceeds subject to criminal forfeiture. It also clarifies the intent requirement of another key health care fraud statute in order to facilitate effective, fair, and vigorous enforcement.

The managers' amendment also includes our provision amending the antikickback statute to ensure that all claims resulting from illegal kickbacks are considered false claims for the purpose of civil action under the False Claims Act, even when the claims are not submitted directly by the wrongdoers themselves. All too often, health care providers secure business by paying illegal kickbacks, which needlessly increases health care risks and costs. This change will help ensure that the government is able to recoup from wrongdoers the losses resulting from these kickbacks.

The Kaufman-Leahy measure gives the Department of Justice limited subpoena authority for civil rights investigations conducted pursuant to the Civil Rights for Institutionalized Persons Act. This provision allows the government to more effectively investigate conditions in publicly operated institutions, such as nursing homes, mental health institutions, and residential schools for children with disabilities, where there have been allegations of civil rights violations.

These changes will strengthen our ability to crack down on fraud and will ultimately result in significant savings that will make health care more efficient and more affordable.

I am also pleased Senator REID's amendment includes a key reform to the False Claims Act that Senator SANDERS, Senator GRASSLEY, and I have proposed. By fixing the False Claims Act's public disclosure provision, we can ensure that we fairly and appropriately empower whistleblowers to come forward to expose fraud, which is a crucial way to save the government money and ensure the health and well-being of Americans.

We all agree that reducing the cost of health care for American citizens is a critical goal of health care reform. We in Congress must do our part by ensuring that, when we pass a health care reform bill, it includes all the tools and resources needed to crack down on the scourge of health care fraud. This provision is an important part of that effort.

I am also very encouraged that the amendment before us includes a measure I proposed with Senator BROWN to expand Federal Tort Claims Act medical malpractice coverage for free medical clinics. This expanded coverage will help free clinics across the Nation continue to provide and improve a critical safety net for many Americans.

In 1996, Congress enacted legislation to cover volunteer medical professionals in free clinics with medical

malpractice liability insurance through the Federal Tort Claims Act. This coverage protects volunteer medical staff against liability by substituting the Federal Government for an individual defendant. But without any explanation in the legislative history, the coverage enacted in 1996 failed to provide coverage for others who are essential to the operation of free clinics, such as nonmedical staff, contractors, board members, and the clinic itself. As a result, free clinics must use scarce funding to purchase insurance on the private market to fill this gap. This lack of comprehensive coverage for free clinics is inconsistent with the coverage provided to community health centers, which benefit from coverage for all employees. This provision will remedy this discrepancy.

This measure will have no impact on the legal rights of a patient injured by a medical error; any victim of medical malpractice will still be able to pursue a remedy for an injury under the Federal Tort Claims Act. Instead, this amendment will free up scarce resources that are currently being used to purchase liability insurance on the private market. Informal estimates indicate that this amendment could save free clinics across the country \$15 to \$20 million a year. These are funds that will be redirected to providing essential medical services to low-income and other Americans in need. For example, as a result of this amendment, the Viola Startzman Free Clinic in Wooster, OH, will save \$17,000 a year. The Americares Clinic in Stamford, CT, will save \$31,000 each year. Our hard-working free clinics in Vermont will save \$12,000 each year and will be able to put those savings toward helping Vermonters in need of health care services. For free clinics operating through volunteerism and private donations and in a difficult economy, these are substantial sums that if devoted to the care of Americans in need will have a significant positive impact.

And the savings realized through this amendment will cost the taxpayers little if anything. Free clinics do not perform high-risk procedures such as obstetrics or surgeries, and thus are subject to a lesser risk of liability. Since 2004, when funds were first appropriated and set aside to cover any claims against free clinic doctors, no claims have been filed. The bottom line is that this amendment represents significant value to Americans in need of health care services at little cost to the government and the taxpayer.

I thank Senator BROWN for his support as a cosponsor, and I thank the majority leader, Senator HARKIN, and Senator BAUCUS for working with me to make this amendment part of the historic legislation before the Senate.

Over the course of the past month, I have listened to many of my friends on the other side of the aisle. It is not sur-

prising that frequently they have argued for one of their pet proposals—medical malpractice reform. For as long as I have served in this Chamber, I have fought against court-stripping measures that limit American's access to their justice system. I have also fought to protect the sovereignty of States to make rules for their own justice systems. Medical malpractice claims are based on State law and for the most part take place in State courts. I find it curious that some of the same Senators who pledge loyalty to federalism and the sovereignty of the States under the tenth amendment are some of the same Senators who are so aggressively pushing for a Federal "one-size-fits-all solution" for the justice systems in our 50 States.

The managers' amendment includes a provision addressing malpractice liability that has been introduced on a bipartisan basis several times over the past few years. I support this provision because it respects the States' primary role in adjudicating the claims of patients injured or killed by medical errors. I also support this provision because it resists the notion that "one-size-fits-all" when it comes to litigation issues and it includes the necessary safeguards for patients. I note for the RECORD that several States' efforts to reform medical malpractice liability have been struck down as unconstitutional. For example, Alabama, Florida, Georgia, Illinois, Kansas, New Hampshire, Ohio, Oregon, South Dakota, Washington, and Wisconsin have all enacted caps on damages associated with medical malpractice claims. And all of those State laws were struck down as unconstitutional for good reason. I am heartened that no such amendment was seriously considered in this Chamber because such arcane measures hurt our children, our senior citizens, and stay-at-home moms. The Wall Street Journal has reported on this clear fact when it pointed out that these caps deprive these groups of access to justice. If we create Federal caps on their ability to recover from serious injuries we are telling them that they are worth less because they are retired or they choose to stay home and raise a family or are young children. This is not fair. I know that no doctor wants to harm a patient, but the solution is not to take away the rights of patients who are seriously injured.

The provision in the managers' amendment does not encourage draconian damages caps and does not dictate what reforms States must consider. Importantly, however, it does include specific patient protections that must be in place before a State can receive a grant for liability reform measures. To the extent that States can pass measures that improve patient safety as well as expedite damages recovery for victims, those reforms will truly improve our health care system.

I am disappointed, however, that the Health Insurance Antitrust Enforcement Act, which I introduced in September, was not part of the managers' amendment, and will not be part of the Senate's health reform legislation. That legislation would repeal the antitrust exemption for health insurers and medical malpractice insurers, and is an integral part of injecting competition into the health insurance market.

While there are differing views on the best way to inject competition into the health insurance market, we can all agree that health and medical malpractice insurers should not be allowed to engage in blatantly anticompetitive practices, such as colluding to set prices and allocating markets. My repeal would ensure that basic rules of fair competition will apply to insurers, and is nonpartisan.

My amendment was cosponsored by 23 Senators, and has support from a cross-section of consumer rights organization. I look forward to working to include this repeal when the Senate and House conference to reconcile their versions of the legislation.

The managers' amendment will improve the underlying bill, and I hope my fellow Senators will support its passage so we can move toward final passage of the bill. Each day that passes without reform, 30 more Vermonters lose their health insurance. We know our current health system is unsustainable. That threatens not only our health security, but also our economic security. Doing nothing has been seen as an option before, but it simply is not an option now.

I hope now we can work together to pass a bill that will give millions more Americans access to quality, affordable health care. We should reject the tactics of delay and the efforts to obstruct, and remember that the Senate should be the conscience of the Nation. With the Christmas season upon us, our constituents are looking to us to do the right thing. We should adopt this amendment, advance this legislation, and work to send it to the President without undue delay.

Mr. GRASSLEY. Mr. President, one longstanding priority of mine has been to improve Medicare payments for hospitals known as tweeners. They tend to have too many beds, so they can't qualify as critical access hospitals, but they do not have sufficient volume to operate viably under Medicare's prospective payment systems. There are a number of these tweener hospitals in Iowa.

Working closely with the Iowa Hospital Association and individual Iowa hospitals over the years, I introduced, last Congress, the Rural Hospital Assistance Act of 2008, S. 3300, which would improve the low-volume adjustment for hospitals under Medicare's hospital inpatient prospective payment

system. This improvement would enable tweener hospitals to benefit from this adjustment.

In fact, the low volume adjustment provision in the Finance Committee's health reform bill, S. 1796, and the Reid substitute to H.R. 3590 is the language that I crafted. This language was crafted with the intention of benefiting all Iowa tweener hospitals. I was assured by the Iowa Hospital Association that this language would do so, and they supported it.

Unfortunately, after the Finance Committee markup of S. 1796, I learned from the Iowa Hospital Association that the language they originally supported would not benefit all Iowa tweener hospitals. I was informed that several Iowa tweener hospitals had Medicare discharges in excess of the maximum in the provision, which was 1,500.

In an attempt to make sure that all Iowa tweener hospitals benefit from this provision, I filed an amendment that would increase the maximum number of Medicare discharges from 1,500 to 1,600. This amendment was also offset. My staff was successful in working with the majority staff to include my amendment in the manager's amendment to the Reid substitute.

Mr. INHOFE. Mr. President, on Monday morning at 1 a.m., I voted no on the cloture motion to the latest Reid managers' package, which was only made available Saturday, because I am adamantly opposed to this \$2.5 trillion government-run health care system with its $\frac{1}{2}$ trillion increase in taxes on Americans and nearly $\frac{1}{2}$ trillion in cuts to Medicare to help pay for it. I am opposed to public financing of abortion this bill allows. I am opposed to a façade of health care reform that in no way seriously addresses tort reform and will only increase premiums and the cost of health care for all Americans. I am opposed to the special deals for only certain States in this bill to buy off votes. I am opposed to the special deals for only certain States in this bill to buy off votes. I am opposed to the increased burden of at least \$26 billion on States including Oklahoma mandated under this bill. I am opposed to no serious effort at all to include any amendments from Republicans. Republican amendments to block tax increases, block cuts to Medicare, impose tort reforms, try to impose some kind of discipline on the government take-over of health care in this country, among other amendments and motions have failed by nearly party-line votes. I am opposed to this bill, and most importantly, the American people are opposed to this bill. They know this bill is a complete disaster. The next few votes leading up to the final vote on this package are all procedural votes, and I will be opposed to them all. But all 60 Democrats will vote for them. Democrats do what they are

told. The votes include accepting this new Reid managers' package, cloture on the original Reid substitute, accepting the original Reid substitute, cloture on the underlying bill, and finally the final passage of his colossal mistake. Since I am opposed to each one of these votes, I will not remain in Washington to vote against these procedural maneuvers since that will have the same effect as voting no, and will return to vote against final passage of this bill.

MORNING BUSINESS

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

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

THE IMPORTANCE OF RENEWING THE BIODIESEL TAX CREDIT

Mr. MCCONNELL. Mr. President, on December 31, 2009, the current biodiesel tax credit will expire. This tax credit increases domestic demand and provides an incentive for U.S. producers to increase investment and output. It is essential in producing biodiesel and allowing it to compete with petroleum diesel. Without the tax credit, petroleum marketers will be unwilling to purchase the more expensive biodiesel, and demand will be heavily reduced.

As all of my colleagues know, the biodiesel tax credit provides a \$1-per-gallon credit for biodiesel made from soybean oil or yellow grease and animal fats. The original version of this tax credit was passed in 2004 and has been extended twice, most recently in October 2008.

As a result, the U.S. biodiesel industry has grown significantly over the past several years, providing not just jobs but also the green jobs this administration and many of my friends on the other side of the aisle have so adamantly supported. However, the combination of volatile commodity prices and weak motor fuel demand caused by the current recession has severely affected the biodiesel industry for the worse and therefore increases our urgency to extend the credit today.

In Kentucky, public school districts, universities, National and State parks, local governments, and the Transportation Cabinet are using biodiesel blends. These institutions and many Kentucky employers, including manufacturers in Kentucky, will be hurt beginning on January 1 if we allow this tax credit to expire. One executive of a biofuel manufacturing facility wrote to me to say:

The \$1-per-gallon tax incentive is truly the difference between the survival and collapse of this important industry. Without this tax incentive, thousands of jobs will be lost with

plants closing down almost immediately after January 1. And the nation will lose a vital link in its effort to reduce our dependence on foreign oil.

As we continue our important business, I implore my colleagues on the other side of the aisle to work to get the extenders finished this year and to include the renewal of the biodiesel tax credit.

LIU XIAOBO

Mr. LEAHY. Mr. President, I want to speak briefly about the indictment and trial by Chinese authorities of Mr. Liu Xiaobo for "incitement of state subversion." The evidence cited in support of the charges were Mr. Liu's essays and association with Charter 08, a framework for democracy, human rights and the rule of law that was made public a year ago this month.

That document was signed by Mr. Liu and some 300 other intellectuals and activists. Thousands more people have since added their names, most of them from inside China. I am told that Charter 08 is widely regarded as the most significant democratic reform movement in China in a decade.

The charges against Mr. Liu are very disappointing. They illustrate how little has improved in China regarding tolerance for freedom of expression. I am informed that the Chinese Government has decided to bring Mr. Liu to trial, that international observers are permitted under Chinese law, and this is consistent with international legal standards on the openness and transparency of legal proceedings. I mention this because I am aware that former Governor of Pennsylvania and U.S. Attorney General Richard Thornburgh has expressed a strong interest in attending the trial as an observer, to show support for Mr. Liu and to convey the concern that he and others around the world have for the larger implications of this case.

The arrest of Mr. Liu demonstrates a continuing, disturbing trend in China. As Governor Thornburgh has written:

in recent years, China's leaders seemed to be tolerating changes in the legal system. The number of private lawyers and law firms has grown exponentially. Lawyers and citizens energetically began pursuing rights in court. A "wei quan," or "rights defense" movement, grew up around lawyers and activists seeking to use the laws on the books, and the institutions allowed by law, to assert and defend human rights without challenging the underpinnings of China's communist system. Such efforts were tolerated at first, and there were even modest signs of greater professionalism in the communist judicial system.

Unfortunately, initial signs of progress have given way to serious setbacks. Many lawyers who take on politically-sensitive cases have been subject to a kind of backdoor disbarment, finding it impossible to renew their licenses. Some lawyers have been the target of surveillance, confined to house arrest, the victims of physical attacks,

raids and confiscation of their property. Law firms and other groups pursuing law in the public interest have been shut down.

Moreover, there has been an alarming increase in the use of "subversion" or state security charges leveled against activists. These cases have become a substitute for the old "counter-revolutionary" crimes. Others convicted on such grounds include Hu Jia, the AIDS activist who also criticized abuses surrounding the staging of the Summer 2008 Olympic Games and Huang Qi, who posted public information on his website about the government's response to the Sichuan earthquake.

Liu's prosecution requires a serious response from the United States. Cooperating with China on other issues like the environment or North Korea does not mean we must silence ourselves when it comes to the rights and freedoms of China's citizens. Indeed, we are unlikely to get meaningful cooperation on any issue when we appear weak in defense of our principles, which as President Obama has said many times—most recently in his speech accepting the Nobel Peace Prize—are universal principles.

I agree, and hope the Chinese authorities reconsider this case, release Mr. Liu, and dismiss the charges against him. There are so many issues on which we want to expand our cooperation with China, but the persecution of courageous Chinese citizens who are guilty of nothing more than exercising rights guaranteed by the Universal Declaration of Human Rights hinders that cooperation and China's own development.

If the charges are not dismissed, and Mr. Liu is brought to trial, his trial should be attended by outside observers including top officials of the U.S. Embassy and Governor Thornburgh. I hope the Department of State and our diplomats in Beijing will assist Governor Thornburgh, including in obtaining a visa and access to the trial. It is important that the Chinese Government, and the Chinese people, know how strongly we deplore what is being done to Mr. Liu, and what it says about the need for China to meet its own commitments to respect internationally recognized human rights.

NATIVE AMERICAN APOLOGY RESOLUTION

Mr. AKAKA. Mr. President, today, I want to speak about a matter of significance to our Nation. As part of the Defense appropriations bill, Congress has enacted an apology to our Native Peoples for the historical wrongs that our Nation has committed against them. I am proud to have served as a cosponsor of the stand-alone apology resolution, S.J. Res 14, and commend Senators BROWNBACK, DORGAN, and INOUE for ensuring this needed apology will be made.

From the beginning, Native peoples welcomed early colonists at Plymouth Rock and in Virginia, and in my home State of Hawaii, the Kingdom of Hawaii extended the aloha spirit to our visitors. During the American Revolu-

tion, the United States entered into military alliances with Indian nations to secure assistance in winning our independence. As a nation, we pledged to respect the rights of Indian nations to self-government, self-determination and territorial integrity.

Our Constitution recognizes native nations as prior sovereigns, with a continuing right to self-government in the Indian commerce, apportionment, treaty and supremacy clauses. The United States entered into 370 treaties with Indian nations and treaties of peace, friendship and commerce with the Kingdom of Hawaii. In many ways, the United States broke these treaties and engaged in acts of war against our Native peoples, taking lands by force, displacing Native peoples and leaving them in poverty and suffering. At times, the United States informed indigenous, Native peoples that their continued residence on their original lands would be considered an act of war against the U.S. and if they did not leave, U.S. military forces commenced wars, imprisoned and killed Native leaders and people, and tragically, at places like Sand Creek and Wounded Knee massacred Native men, women, and children.

Congress and the executive branch enacted laws and policies that took Native children out of their homes and forced them to attend boarding schools, far from their families in an effort to suppress Native cultures and languages. Our Nation denied Indian nations religious freedom. And these wrongs did not end in the 19th century. The United States continued to take Native lands for various purposes, and in many cases has failed to safeguard Native lands, waters, and resources.

For these things, our Nation should and now does apologize. I commend my colleagues, Senator BROWNBACK, Senator DORGAN and our Senate Appropriations chairman, Senator INOUE, for leadership on this important and historic apology. I know from experience that an apology can bring healing and reconciliation. Congress passed the Native Hawaiian Apology Resolution, Public Law 103-150, in 1993 and it has had a profound impact.

I encourage President Obama to issue an apology to our Native peoples that truly reflects the many wrongs that we should apologize for to Native peoples. The strength and resilience of our indigenous people, America's first people must be acknowledged. Despite the many transgressions made against our Nation's first people, American Indians, Alaska Natives, and Native Hawaiians continue to make meaningful contributions to the United States. This apology will be a historic act that can bring reconciliation and healing between our Native peoples and the American people as a whole.

Mr. BROWNBACK. Mr. President, I would also like to highlight a section

of this conference report that means a great deal to many American Indian tribal leaders in this country, to several of my colleagues and to me personally, the Native American apology resolution.

I am very pleased to report that with the addition of this language in the defense appropriations conference report, we—the United States of America—will officially apologize for the past ill-conceived policies and maltreatment by the United States toward the Native peoples of this land.

With the passage of this language, we, as a Nation, will reaffirm our commitment toward healing our Nation's wounds rooted in a difficult past of Federal-tribal relations and work toward establishing better relationships rooted in reconciliation and forgiveness.

Native Americans have a vast and proud legacy on this continent. Long before 1776 and the establishment of the United States of America, native peoples inhabited this land and maintained a powerful physical and spiritual connection to it. In service to the Creator, Native peoples sowed the land, journeyed it, and protected it. The people from my State of Kansas have a similar strong attachment to the land.

Like many in my State, I was raised on the land. I grew up farming and caring for the land. I and many in my State established a connection to this land as well. We care for our Nation and the land of our forefathers so greatly that we too are willing to serve and protect it, as faithful stewards of the creation with which God has blessed us. I believe without a doubt citizens across this great Nation share this sentiment and know its unifying power. Americans have stood side by side for centuries to defend this land we love.

Both the Founding Fathers of the United States and the indigenous tribes that lived here were attached to this land. Both sought to steward and protect it. There were several instances of collegiality and cooperation between our forbears—for example, in Jamestown, VA, Plymouth, MA, and in aid to explorers Lewis and Clark.

Yet, sadly, since the formation of the American Republic, numerous conflicts have ensued between our government, the Federal Government, and many of these tribes, conflicts in which warriors on all sides fought courageously and which all sides suffered. Even from the earliest days of our Republic there existed a sentiment that honorable dealings and a peaceful coexistence were clearly preferable to bloodshed. Indeed, our predecessors in congress in 1787 stated in the northwest ordinance:

"The utmost good faith shall always be observed toward the Indians."

Today we live up to this goal, today, we right a wrong that has been committed in this Nation.

This amendment extends a formal apology from the United States to tribal governments and Native peoples nationwide—something we have never done; something we should have done years and years ago.

Further, this resolution will not resolve the many challenges still facing Native Americans, nor will it authorize, support or settle any claims against the United States. It doesn't have anything to do with any property claims against the United States. That is specifically set aside and not in this bill.

What this amendment achieves is recognition, honor, and the importance of Native Americans to this land and to the United States in the past and today and offers an official apology for the poor and painful path the U.S. Government sometimes made in relation to our Native brothers and sisters by disregarding our solemn word to Native peoples. It recognizes the negative impact of numerous destructive Federal acts and policies on Native Americans and their culture, and it begins—begins—the effort of reconciliation.

Apologies are oftentimes difficult, but like treaties, go beyond mere words and usher in a true spirit of reconciling past differences and help to pave the way toward a united future—a future that transcends the individual but strives to reach into eternity. The notion of the creation of the “Beloved Community” that Dr. King spoke of . . . that my good friend representative JOHN LEWIS speaks of is very appropriate at this moment for this time. “The end is reconciliation, the end is redemption, the end is the creation of the beloved community.” This is our goal; this is my hope for our Nation united as one people.

AUNT ANNE IS 100 YEARS OLD TODAY

Mr. SPECTER. Mr. President, today is a momentous day in the history of the Specter/Shanin family. My aunt Anne Shanin Kleiman is 100 years old.

My Tante Annie, that's the Jewish name for Aunt Annie, is the younger sister of my mother, Lillie Shanin Specter. Annie is an outstanding scholar who published a book on Hebrew poetry.

She was the first person who taught me about Israel. She traveled to Israel before Israel was declared a state, when it was called Palestine. She sent me a beautiful wooden camel as a starting point to describe Biblical Canaan which later was called Palestine and is now Israel.

Annie married a distinguished scientist/chemist, Dr. Morton Kleiman, and had two brilliant children, Dr. Adina Sue Kensky and Dr. Jay Kleiman who has two accomplished children and two adorable grandchildren.

During the Depression when times were very tough and my family was struggling, Annie loaned my father \$500, an act of real generosity in tough times. Over the years, I have visited her many times, sought her advice, savored her excellent cooking, and enjoyed her company.

My first visit was to Chicago, where she has lived for many years. There I saw the marvels of the World's Fair. I rode in a scary cable car over Lake Michigan and was hoisted on to the stage by my father on a sideshow with an Indian chief. This occurred in the midst of the Depression when my family was en route from Wichita, KS, where we had lived, to Philadelphia, PA, to live with my father's sister because my father could not earn a living in Kansas.

Recently, not unexpectedly, Annie has become infirm. When I have visited in recent years, it has been difficult to talk to her, but last night we had a nice conversation over the phone.

Her longevity has set a remarkable family record evidencing good genes and setting a Strom Thurmond-like target to emulate. She is a wonderful woman, a wonderful aunt, and a wonderful role model.

Happy Birthday, Tante Annie!

ADDITIONAL STATEMENTS

RECOGNIZING ESTABROOK'S

• Ms. SNOWE. Mr. President, with Christmas just a few short days away, we have all witnessed the signs of the season popping up in our neighborhoods. From vibrant wreaths and Christmas trees to wind-blown snow banks, these peaceful symbols provide many of us with a comforting feeling of home. Today I recognize a small Maine nursery that grows its own beautiful poinsettias, and supplies many other seasonal flora, to accentuate the beauty of the Christmas season.

Estabrook's has been a reliable family-owned, full service garden center for more than 50 years. Located in the coastal town of Yarmouth, Estabrook's grows fresh plants in its over 20 greenhouses and outdoor growing areas. The company also operates seasonal locations in Scarborough and, beginning earlier this year, in Kennebunk. Home to an abundance of trees and shrubs, perennial and annual flowers, and seeds for growing vegetables, Estabrook's also carries a variety of gardening supplies, such as chemicals, fertilizers and tools. In an effort to better inform its customers about the wonders of gardening, Estabrook's user-friendly website offers a variety of tips and best practices regarding caring for flowers and plants.

To properly celebrate the holidays, Estabrook's provides its clients with an abundance of seasonal items. For

example, during the Christmas season the nursery creates stunning fresh centerpiece and grows its own brilliant red poinsettias. Additionally, aside from Christmas trees and wreaths, the company stocks a variety of garlands, roping, and other timely decorating supplies and ornaments to bring home the memorable sights and smells of the season.

Beyond its role as a stellar nursery, Estabrook's prides itself as being an extraordinarily active member of the local community. The company has widely promoted the Herbie Project, an undertaking to save New England's largest American Elm Tree, known to locals as Herbie. This initiative is particularly noteworthy given that Yarmouth has lost roughly 800 American Elm trees to Dutch Elm Disease over the past fifty years. Additionally, Estabrook's has donated its gift certificates, cleverly known as “Estabucks,” to community efforts, including the Holiday Boast N Toast Auction to benefit the Yarmouth Chamber of Commerce's Scholarship Fund and YarmouthCAN, a nonprofit that assists those needing a helping hand. The nursery has also taken great strides toward creating the Yarmouth Community Garden, which raises vegetables that are then donated to the area's disadvantaged individuals and families.

A well-known and trusted name in the community for over half a century, Estabrook's is a valued business in the town of Yarmouth because of its longstanding dedication to quality greenery and its visible presence in civic endeavors townwide. I thank everyone at Estabrook's for their caring and kind commitment to others, and wish them a happy and safe holiday season.●

SOUTH DAKOTA SCHOOL OF MINES AND TECHNOLOGY

• Mr. THUNE. Mr. President, today I recognize the South Dakota School of Mines and Technology, which will celebrate their 125th anniversary in 2010.

Located in Rapid City, the South Dakota School of Mines and Technology has been a national leader in preparing world-class engineers and scientists since 1885. Graduates design, construct, and operate the most modern technology to meet complex challenges such as climate change, bioenergy, mineral extraction and processing, advanced materials, environmental quality, and national defense. School of Mines alumni are held in the highest regard by their fellow leaders in industry, consulting, government, health, research, and education.

The School of Mines is proud to be a leading partner in bringing the Deep Underground Science and Engineering Laboratory, DUSEL, from an extraordinary vision to a phenomenal reality. The longstanding connections between the School of Mines and the Homestake

Mine began in 1885 when the university was established to meet the growing research needs of the mining industry, led by Homestake. These connections continued when nearly a decade ago, the School of Mines helped champion the conversion of the mine into a national laboratory. Today, as we continue to prepare leaders in engineering and science, we are collaborating with our colleagues to transform Homestake into a world-class laboratory to further exceptional research and discoveries not yet imagined.

Rugged individuals and pioneers in engineering and science founded the School of Mines' intellectual environment more than a century ago. The university's faculty, staff, students, and alumni carry on that tradition today. In 2010, the School of Mines celebrates 125 years of award-winning faculty, staff, and students collaborating to solve issues of critical importance to South Dakota, the nation, and the world. Please join me as we celebrate their legacy of educating the leaders of tomorrow. ●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mrs. Neiman, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-4126. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Revisions to the California State Implementation Plan, South Coast Air Quality Management District" (FRL No. 9087-3) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Environment and Public Works.

EC-4127. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; Virginia; Update to Materials Incorporated by Reference; Correction" (FRL No. 9093-6) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Environment and Public Works.

EC-4128. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Change of Address for Submission of Certain Reports; Technical Corrections" (FRL No. 9093-5) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Environment and Public Works.

EC-4129. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; California; Monterey Bay Region 8-Hour Ozone Maintenance Plan" (FRL No. 8983-4) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Environment and Public Works.

EC-4130. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Maintenance Plan for Carbon Monoxide; State of Arizona; Tucson Air Planning Area" (FRL No. 8982-4) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Environment and Public Works.

EC-4131. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report entitled "National Coverage Determinations"; to the Committee on Finance.

EC-4132. A communication from the Chief of the Trade and Commercial Regulations Branch, Customs and Border Protection, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Countries Whose Pleasure Vessels May Be Issued Cruising Licenses" (CPB Dec. 08-27) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Finance.

EC-4133. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Permitted Disparity in Employer-Provided Contributions or Benefits" (Rev. Rul. 2009-40) received in the Office of the President of the Senate on December 10, 2009; to the Committee on Finance.

EC-4134. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Unpaid Loss Discount Factors for 2009" (Rev. Proc. 2009-55) received in the Office of the President of the Senate on December 10, 2009; to the Committee on Finance.

EC-4135. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report entitled "Report to Congress on Head Start Efforts to Prevent and Reduce Obesity in Children"; to the Committee on Health, Education, Labor, and Pensions.

EC-4136. A communication from the Chairman, Securities and Exchange Commission, transmitting, pursuant to law, a report relative to the inventory of activities for fiscal year 2009 under the FAIR Act; to the Committee on Homeland Security and Governmental Affairs.

EC-4137. A communication from the Inspector General, General Services Adminis-

tration, transmitting, pursuant to law, the General Services Administration's Office of Inspector General's Semiannual Report for the period of April 1, 2009 through September 30, 2009; to the Committee on Homeland Security and Governmental Affairs.

EC-4138. A communication from the Deputy Secretary of Defense, transmitting, pursuant to law, the Department's Office of Inspector General's Semiannual Report for the period of April 1, 2009 through September 30, 2009; to the Committee on Homeland Security and Governmental Affairs.

EC-4139. A communication from the Staff Director, United States Commission on Civil Rights, transmitting, pursuant to law, the report of the appointment of members to the Iowa Advisory Committee; to the Committee on the Judiciary.

EC-4140. A communication from the Acting Chief of the Border Security Regulations Branch, Office of the Secretary, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Administrative Process for Seizures and Forfeitures Under the Immigration and Nationality Act and Other Authorities" (RIN1651-AA58) received in the Office of the President of the Senate on December 15, 2009; to the Committee on the Judiciary.

EC-4141. A communication from the Department of State, transmitting, pursuant to law, a report relative to the transfer of detainees (OSS Control No. 2009-2057); to the Committee on the Judiciary.

EC-4142. A communication from the Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting, pursuant to law, the Fourth Quarterly Report from the Attorney General to Congress; to the Committee on Veterans' Affairs.

EC-4143. A communication from the Secretary of the Federal Trade Commission, transmitting, pursuant to law, a report entitled "Federal Trade Commission Report to Congress on The U.S. SAFE WEB Act: The First Three Years"; to the Committee on Commerce, Science, and Transportation.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mrs. BOXER, from the Committee on Environment and Public Works, without amendment:

H.R. 2188. A bill to authorize the Secretary of the Interior, through the United States Fish and Wildlife Service, to conduct a Joint Venture Program to protect, restore, enhance, and manage migratory bird populations, their habitats, and the ecosystems they rely on, through voluntary actions on public and private lands, and for other purposes (Rept. No. 111-111).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. SPECTER:

S. 2918. A bill to make improvements to certain loan programs under the Small Business Act and the Small Business Investment Act of 1958, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. UDALL of Colorado (for himself, Mr. SCHUMER, Mr. LIEBERMAN,

Ms. SNOWE, Mrs. BOXER, Ms. COLLINS, and Mrs. GILLIBRAND):

S. 2919. A bill to amend the Federal Credit Union Act to advance the ability of credit unions to promote small business growth and economic development opportunities, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. LAUTENBERG (for himself and Mr. UDALL of New Mexico):

S. 2920. A bill to amend chapter 1 of title 23, United States Code, to condition the receipt of certain highway funding by States on the enactment and enforcement by States of certain laws to prevent repeat intoxicated driving; to the Committee on Environment and Public Works.

By Mrs. FEINSTEIN:

S. 2921. A bill to provide for the conservation, enhanced recreation opportunities, and development of renewable energy in the California Desert Conservation Area, to require the Secretary of the Interior to designate certain offices to serve as Renewable Energy Coordination Offices for coordination of Federal permits for renewable energy projects and transmission lines to integrate renewable energy development, and for other purposes; to the Committee on Energy and Natural Resources.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mrs. FEINSTEIN (for herself, Mr. CORNYN, Mr. CARDIN, and Mr. BROWNBACK):

S. Res. 382. A resolution supporting the goals and ideals of observing the National Slavery and Trafficking Prevention Month from January 1 through February 1, 2010, to raise awareness of, and opposition to, modern slavery; considered and agreed to.

By Mr. MCCAIN (for himself, Mr. KERRY, Mrs. LINCOLN, Mr. INOUE, Mr. BEGICH, Mr. FEINGOLD, Mr. SPECTER, Mr. GRASSLEY, Mr. BURR, Ms. COLLINS, Ms. MURKOWSKI, and Mr. COCHRAN):

S. Res. 383. A resolution designating January 2010 as "National Mentoring Month"; considered and agreed to.

ADDITIONAL COSPONSORS

S. 583

At the request of Mr. PRYOR, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 583, a bill to provide grants and loan guarantees for the development and construction of science parks to promote the clustering of innovation through high technology activities.

S. 619

At the request of Mr. MENENDEZ, his name was added as a cosponsor of S. 619, a bill to amend the Federal Food, Drug, and Cosmetic Act to preserve the effectiveness of medically important antibiotics used in the treatment of human and animal diseases.

S. 1798

At the request of Mr. SANDERS, the name of the Senator from Alaska (Mr.

BEGICH) was added as a cosponsor of S. 1798, a bill to provide for the automatic enrollment of demobilizing members of the National Guard and Reserve in health care and dental care programs of the Department of Veterans Affairs, and for other purposes.

S. 1810

At the request of Mr. HARKIN, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1810, a bill to direct the Secretary of Health and Human Services to publish physical activity guidelines for the general public, and for other purposes.

S. 2736

At the request of Mr. FRANKEN, the name of the Senator from Colorado (Mr. BENNET) was added as a cosponsor of S. 2736, a bill to reduce the rape kit backlog and for other purposes.

S. 2781

At the request of Ms. MIKULSKI, the names of the Senator from New York (Mrs. GILLIBRAND), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Michigan (Ms. STABENOW) and the Senator from North Carolina (Mrs. HAGAN) were added as cosponsors of S. 2781, a bill to change references in Federal law to mental retardation to references to an intellectual disability, and to change references to a mentally retarded individual to references to an individual with an intellectual disability.

S. 2796

At the request of Mr. BARRASSO, his name was added as a cosponsor of S. 2796, a bill to extend the authority of the Secretary of Education to purchase guaranteed student loans for an additional year, and for other purposes.

S. 2917

At the request of Mr. BAUCUS, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 2917, a bill to amend the Internal Revenue Code of 1986 to modify the penalty for failure to disclose certain reportable transactions and the penalty for submitting a bad check to the Internal Revenue Service, to modify certain rules relating to Federal vendors, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SPECTER:

S. 2918. A bill to make improvements to certain loan programs under the Small Business Act and the Small Business Investment Act of 1958, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

Mr. SPECTER. Mr. President, I have sought recognition to introduce the Helping Small Business Succeed Act of 2009. My legislation will make it easier for small businesses to access credit, credit which they desperately need to be able to cover their costs, grow their businesses, and create jobs.

Small businesses are the engine of economic growth in this country, responsible for 60 percent of new jobs created. The Commonwealth of Pennsylvania alone has 978,831 small businesses, which bring economic opportunities to diverse groups of people, innovate new technologies, and provide valuable services to their communities. Of these small businesses, 236,775 are small employers who represent 98.4 percent of Pennsylvania's employers and 49.9 percent of its private-sector employment. It is not an understatement to say that small businesses and their ability to grow are vital to the health of Pennsylvania and of the Nation.

Earlier this month, the Labor Department released jobs figures indicating that unemployment has dropped from 10.2 percent in October to 10 percent in November, and that the economy shed only 11,000 jobs, which was well below analysts' expectations. While these numbers are encouraging, leading economists such as Joseph Stiglitz have stated that recovery will be slow unless we continue to take strong measures.

When I voted for the stimulus, we were facing a recession that could well have developed into a full-fledged depression like we faced in 1929. The stimulus provided \$630 million to the Small Business Administration, SBA, to guarantee private sector loans to small businesses, which allowed the SBA to raise its loan caps, and increased SBA guarantees from 75–80 percent to 90 percent in its two major business loan programs. These provisions have proven effective in providing credit to small business, but more needs to be done. My legislation permanently increases the loan limit from \$2 million to \$5 million on 7(a) loans, from \$1.5 million to \$5.5 million on 504 loans, and from \$35,000 to \$50,000 on microloans.

Simply raising loan limits is not enough, however. Raising the SBA's guarantee will increase commercial lenders' willingness to provide loans because it reduces the risk undertaken by lenders. My legislation raises the maximum loan guarantee percentage to 97.5 percent, which will quickly and efficiently incentivize the existing network of financial institutions to make affordable loans to small business. Additionally, my legislation extends the waivers for the 7(a) borrower fees and the 504 borrower and bank fees, which were enacted as part of the stimulus package, until 2011.

Finally, my legislation authorizes the SBA to declare certain communities "economic disaster areas" and to provide further assistance to small businesses within these areas. The economic situation in many towns across America has risen to emergency levels. Unemployment in some counties in Pennsylvania has risen as high as 12 and 14 percent. My legislation will provide the SBA with greater flexibility to

use its funds to target areas of the country where the level of unemployment exceeds the national level and where small businesses have been hit the hardest.

According to the October 2009 Special Inspector General Report to Congress, taxpayers have seen \$73 billion in TARP funds returned so far with a 10 percent return on their investment. As of September 30, 2009, \$9.5 billion in interest, dividends, and other income has had been received by the federal government. My legislation uses this revenue, derived from investments made through TARP, to pay for these urgently needed adjustments.

Small businesses need access to credit and they need it now more than ever, if they are to weather current economic conditions. I look forward to working with my colleagues to provide further assistance to the small business community and to help restore their ability to create jobs and stimulate our economy.

By Mrs. FEINSTEIN:

S. 2921. A bill to provide for the conservation, enhanced recreation opportunities, and development of renewable energy in the California Desert Conservation Area, to require the Secretary of the Interior to designate certain offices to serve as Renewable Energy Coordination Offices for coordination of Federal permits for renewable energy projects and transmission lines to integrate renewable energy development, and for other purposes; to the Committee on Energy and Natural Resources.

Mrs. FEINSTEIN. Mr. President, I rise today to introduce the California Desert Protection Act of 2010.

I strongly believe that conservation, renewable energy development, and recreation can and must coexist in the California Desert—and this legislation strikes a carefully conceived balance between these sometimes competing concerns.

The key provisions of this bill would designate two new national monuments—the Mojave Trails and the Sand to Snow National Monuments.

It would add adjacent lands to the Joshua Tree and Death Valley National Parks and the Mojave National Preserve; designate 5 new BLM wilderness areas and protect 4 important waterways, such as the Amargosa River and Deep Creek, as Wild and Scenic Rivers; improve the process to permit large-scale wind and solar development on suitable public and private lands in the California desert; and enhance recreational opportunities in the desert, while ensuring that the training needs of the military are met.

This bill is the product of painstaking discussions with key stakeholders—including environmental groups, local and State government, off-highway recreation enthusiasts,

hunters, cattle ranchers, mining interests, the Department of Defense, wind and solar energy companies, California's public utility companies, and many others. I am grateful for all of their efforts.

The bill is divided into two titles.

The first title primarily covers conservation, recreation, and other purposes.

The second title of the bill covers renewable energy development on suitable lands.

Taken together, this bill will shape the future of the Southern California Desert, and I believe it can serve as a model for future efforts to balance renewable energy development and conservation.

As of today, this bill has been endorsed by: the California Wilderness Coalition; the Wildlands Conservancy; the Wilderness Society; the National Parks Conservation Association; Friends of the River; Cogentrix Energy; Edison International, parent company of Southern California Edison; Friends of Big Morongo Canyon Preserve; Friends of the Desert Mountains; Mojave Desert Land Trust; Desert Protective Council; Amargosa Conservancy; Death Valley Conservancy; the Cities of Barstow, Desert Hot Springs, Hesperia, Indio, Palm Springs, San Bernardino and Yucaipa; Riverside County Supervisor Marion Ashley; San Bernardino County Supervisor Neil Derry; Imperial County Supervisor Wally Leimgruber; Coachella Valley Association of Governments; SummerTree Institute; and Route 66 Preservation Foundation.

The California Desert Protection Act, which was enacted in 1994, was a sweeping piece of legislation aimed at conserving some of the most beautiful and ecologically significant lands in my home State.

The law created Death Valley National Park, Joshua Tree National Park and the Mojave National Preserve, as well as 69 desert wilderness areas managed by the Bureau of Land Management, BLM.

Collectively, it protected over 7 million acres of desert lands, making it the largest land conservation bill in the lower 48 States in U.S. history.

To this day, it remains one of my proudest accomplishments since joining this body.

Much has changed since the passage of the California Desert Protection Act. Many of the impediments that prevented conservation of other pristine desert lands in the area no longer exist.

Department of Defense concerns with designating some wilderness areas near Fort Irwin have been resolved.

Many mining areas inside national parks and potential wilderness have closed.

Grazing allotments on both BLM and National Park Service land have been retired by willing sellers.

Hundreds of thousands of acres of privately owned land has been donated to or acquired by the Federal Government.

Yet even as these issues were resolved, new challenges have emerged. There are now competing demands over how best to manage hundreds of thousands of acres of public lands in the desert.

Some believe the lands should be used for large-scale solar and wind facilities and transmission lines. Others would like to conserve critical habitat for threatened and endangered species.

Some would like more acreage available for grazing or for off-road recreation.

Finally, some would like to see additional lands made available for military training and base expansion.

Earlier this year, I learned that BLM had accepted applications to build vast solar and wind energy projects on former railroad lands previously owned by the Catellus Corporation. These lands had been donated to the Federal Government or acquired with taxpayer funds for conservation.

I believe the development of these new cleaner energy sources is vital to addressing climate change, yet we must be careful about selecting where these facilities are located. The current process doesn't work because it allows energy firms to propose the sites for renewable energy development, including land donated or acquired specifically for conservation.

Approximately \$45 million of private donations—including a \$5 million land discount from Catellus Corporation—and \$18 million in Federal Land and Water Conservation grants was spent to purchase these lands, with the intent of conserving them in perpetuity.

As the sponsor of the legislative provisions that helped secure the deal to acquire the roughly 600,000 acres of former private land, I found the BLM's actions unacceptable.

We have an obligation to honor our commitment to conserve these lands—and I believe we can still accomplish that goal while also fulfilling California's commitment to develop a clean energy portfolio.

That is the purpose of this legislation.

The first title of the legislation is geared towards the goal of conserving the Desert's sensitive ecosystem.

First, this bill will ensure that hundreds of thousands of acres of land donated to the federal government for conservation will be protected by creating the Mojave Trails National Monument. This new monument would cover approximately 941,000 acres of Federal land, which includes approximately 266,000 acres of the former Catellus-owned railroad lands along historic Route 66. I visited the area earlier this year and was amazed by the beauty of the massive valleys, pristine dry lakes, and rugged mountains.

In addition to its iconic sweeping desert vistas and majestic mountain ranges, this area of the Eastern Mojave also contains critical wildlife corridors linking Joshua Tree National Park and the Mojave National Preserve. It also encompasses hundreds of thousands of acres designated as areas of critical environmental concern, critical habitat for the threatened desert tortoise, and ancient lava bed flows and craters. It is surrounded by more than a dozen BLM wilderness areas.

The BLM would be given the authority to both conserve the monument lands, and also to maintain existing recreational uses, including hunting, vehicular travel on open roads and trails, camping, horseback riding and rockhounding.

The bill also creates an advisory committee to help develop and oversee the implementation of the monument management plan. It would be comprised of representatives from local, State and Federal Government, conservation and recreation groups, and local Native American tribes.

Before I go on to the other conservation provisions in the bill, I would like to address one important issue—and that is what should be done about some of the proposed renewable energy development projects proposed for lands included in this monument.

Although it is true that the monument will prevent further consideration of some applications to develop solar and wind energy projects on former Catellus lands or adjoining lands in the monument, it is important to note that of the proposals in question, not a single one has been granted a permit nor is a single one under review at the California Energy Commission or under formal NEPA, National Environmental Policy Act, review at BLM.

To ensure that creation of the monument does not unnecessarily harm the firms that worked in good faith and invested substantial time and resources to produce renewable energy in California, the legislation will offer these companies an opportunity to relocate their projects to federal renewable energy zones currently being developed by the Department of the Interior.

Additionally, the monument would not prevent the construction or expansion of necessary transmission lines critical to linking renewable energy generation facilities with the electricity grid.

Second, the bill would establish the "Sand to Snow National Monument," encompassing 134,000 acres of land from the desert floor in the Coachella Valley up to the top of Mount San Gorgonio, the highest peak in Southern California.

The boundaries of this second, smaller new monument would include two Areas of Critical Environmental Concern: Big Morongo Canyon and White-

water Canyon, the BLM and U.S. Forest Service San Gorgonio Wilderness, the Wildlands Conservancy's Pipe's Canyon and Mission Creek Preserves, and additional public and private conservation lands, including two wildlife movement corridor areas connecting the Peninsular Ranges with the Transverse Ranges.

This area is truly remarkable, and would arguably be the most environmentally diverse national monument in the country. It serves as the intersection of three converging ecological systems—the Mojave Desert, the Colorado Desert, and the San Bernardino mountains—and is one of the most important wildlife corridors in Southern California.

This monument designation would protect 23.6 miles of the Pacific Crest Trail and the habitat for approximately 240 species of migrating and breeding birds, the second highest density of nesting birds in the U.S. It also serves as a home and a crucial migration corridor for animals traveling between Joshua Tree National Park, the oasis at Big Morongo, and the higher elevations of the San Bernardino Mountains.

I would like to make one additional point, and that is that despite its ecological significance, this area is not particularly well-known—largely because it is managed by a number of distinct entities, including the BLM, Forest Service, National Park Service and private preserves and conservation agencies. So, the monument designation would help to attract more attention to one of California's natural gems.

Third, the bill establishes new wilderness and allows more appropriate use of lands currently designated as Wilderness Study Areas.

The 1994 California Desert Protection Act extended wilderness protection to many areas in the desert, yet several areas near Fort Irwin were designated as wilderness study areas in order to allow the base to expand.

Now that Fort Irwin's expansion is complete, it is time to consider these areas for permanent wilderness designation.

The bill protects approximately 250,000 acres of BLM land as wilderness in five areas. These areas contain some of the most pristine and rugged landscapes in the California desert.

Beyond Fort Irwin, the bill also expands wilderness areas in Death Valley National Park, 90,000 acres, and the San Bernardino National Forest, 4,300 acres, inside the Sand to Snow National Monument created by this bill.

The bill also releases 126,000 acres of land from their existing wilderness study area designation in response to requests from local government and recreation users. This will allow the land to be made available for other purposes, including recreational off-

highway vehicle use on designated routes.

Fourth, this bill would create the Vinagre Wash Special Management Area.

The agreed-upon designation for this area in Imperial County, near the Colorado River, was reached after careful discussion with key stakeholders.

Although the land possesses some wilderness characteristics, there are also competing interests. The Navy Seals currently use some of this area for occasional training. Additionally, many local residents enjoy touring the rolling hills in the area by jeep.

Through the combined efforts of conservation groups, local residents and county government, and the Department of Defense, a compromise conservation designation was developed.

For the land known as the Vinagre Wash, the bill will create a "special management area" covering 76,000 acres, including 12,000 acres of former railroad lands donated to the Federal Government.

Of these, 49,000 acres are designated as potential wilderness and only become permanent wilderness if and when the Department of Defense determines these lands are no longer needed for Navy Seal training.

This designation will permit the area to continue to be accessed by vehicles and be used for camping, hiking, mountain biking, sightseeing, and off-highway vehicle use on designated routes and protect tribal cultural assets in the area.

Fifth, the bill adds to or designates four new Wild and Scenic Rivers, totaling 76 miles in length. This designation will ensure they remain clean and free-flowing and that their immediate environments are preserved. These beautiful waterways are Deep Creek and the Whitewater River in and near the San Bernardino National Forest, as well as the Amargosa River and Surprise Canyon Creek near Death Valley National Park.

Sixth, the bill includes adds approximately 74,000 acres of adjacent lands to the three National Parks established by the 1994 California Desert Protection Act.

The bill adds 41,000 acres in Death Valley National Park. This includes former mining areas where the claims have been retired and a narrow strip of BLM land between National Park and Defense Department boundaries that has made BLM management difficult.

The bill adds 30,000 acres in the Mojave National Preserve. This land was not included in the original Monument because of the former Viceroy gold mine. However, the mining operations ceased several years ago, and the reclamation process is nearly complete. Additionally, a 2007 analysis by the Interior Department recommended that this area would be suitable to add to the Preserve.

The bill adds 2,900 acres in Joshua Tree National Park. This includes multiple small parcels of BLM land identified for disposal on its periphery. Transferring this land to the Park Service would help protect Joshua Tree by preserving these undeveloped areas that border residential communities.

Seventh, the bill designates new lands as Off-Highway Vehicle Recreation Areas.

One of the key goals I have strived for in this bill is to find balance to ensure that the many different needs and uses in the desert are accommodated with the least possible conflict. Some of the most frequent visitors to the desert are the off-highway recreation enthusiasts.

In California alone, there are over 1 million registered off-highway vehicles, many of which can be found exploring thousands of miles of desert trails or BLM designated open areas.

However, in order to meet military training needs, the Marine Corps is studying the potential expansion of Marine Corps Air Ground Combat Center at Twentynine Palms into Johnson Valley, the largest OHV area in the country. I strongly support providing our troops with the best possible training, but if the Marines need to expand the base into Johnson Valley, this could have potentially resulted in the loss of tens of thousands of acres of OHV recreation lands.

But over the past year I met with Major General Eugene Payne, Assistant Deputy Commandant for Installations and Logistics, and Brigadier General Melvin Spiese, Commanding General, Training and Education Command, to discuss this issue, and I am very grateful for their efforts to consider base expansion options that would preserve much of Johnson Valley for recreation.

As the result of those meetings, the Marine Corps has committed to studying an alternative that would allow for a portion of Johnson Valley to be used exclusively for military training, a portion exclusively for continued OHV recreation and a third area for joint use. While the environmental review process must first be completed, I am hopeful that this option will prevail for the benefit of the Marines and recreational users of Johnson Valley.

The lesson learned from Johnson Valley is that, despite the vast size of the California desert, there are relatively few areas dedicated to OHV recreation, and even those areas face increasing competition from other types of uses. These areas are important not only to the hundreds of thousands visitors who enjoy them, but also to the local economy that depends on their tourist dollars. Additionally, by protecting these areas, we also protect conservation areas by providing appropriate places for OHV recreation.

So, this bill will designate five existing OHV areas in the Mojave desert as

permanent OHV areas, providing off-highway groups some certainty that these uses will be protected as much as conservation areas. Collectively, these areas could be as much as 314,000 acres, depending on what, if any, of Johnson Valley is ultimately needed by the Marines.

This section of the bill also requires the Secretary of the Interior to conduct a study to determine what, if any, lands adjacent to these recreation areas would be suitable for addition. This will help make up for some of the lost acres in Johnson Valley should the Marines decide to expand there.

Finally, this title of the bill includes other key provisions that address various challenges and opportunities in the California desert, including: state land exchanges.

There are currently about 370,000 acres of state lands spread across the California desert in isolated 640 acre parcels. Because many of these acres are inside national parks, wilderness, the proposed monuments or conservation areas, they are largely unusable. The bill seeks to remedy that problem by requiring the Department of the Interior to develop and implement a plan with the state to complete the exchange of these lands for other BLM or GSA owned property in the next ten years. These land exchanges will help consolidate the state lands into larger, more usable areas that could potentially provide the state with viable sites for renewable energy development, off-highway vehicle recreation or other commercial purposes.

The bill ensures the right of the Department of Defense to conduct low-level overflights over wilderness, national parks and national monuments.

The bill requires the Department of the Interior to study the impact of climate change on California desert species migration, incorporate the study's results and recommendations into land use management plans, and consider the study's findings when making decisions granting rights of way for projects on public lands.

The bill requires the Secretary to ensure access for tribal cultural activities within national parks, monuments, wilderness and other areas designated within the bill. It also requires the Secretary to develop a cultural resources management plan to protect a sacred tribal trail along the Colorado River between southern Nevada and the California-Baja border.

In order to ensure that donated and acquired Catellus lands outside the Mojave Trails National Monument are maintained for conservation, the bill prohibits their use for development, mining, off-highway vehicle use, except designated routes, grazing, military training and other surface disturbing activities. The Secretary of the Interior is authorized to make limited exceptions in cases where it is deemed in

the public interest, but comparable lands would have to be purchased and donated to the Federal Government as mitigation for lost acreage.

So, all of these provisions, when taken together, would serve to complement the lasting conservation established by the California Desert Protection Act—while ensuring that other important local uses are maintained in appropriate areas.

The Mojave Desert is a spectacular national treasure worthy of protection, but it is also a unique national solar resource.

The Mojave has more than 350 sunny days per year; has large flat valleys and mesas; is close to major transmission lines and millions of electricity consumers in Southern California; and lies above 4,000 feet in elevation, where the sun is strongest.

There is no question that we need to harness the desert's plentiful solar energy—but in order to do that, we need to cut through a bureaucratic backlog of stalled permits, and ensure that development occurs on the most appropriate lands.

That is exactly what the second title of this legislation is intended to do.

For too many years the promise of utilizing desert lands to produce clean, renewable solar power was out of reach. The up-front technology costs were too expensive, while coal was deemed to be cheap and plentiful.

But the economics of solar power began to shift in the right direction in 2005, when Congress established a 30 percent investment tax credit for solar power facilities, a provision I championed. I was proud to work with Senator SNOWE and other members of the Senate Finance Committee to extend this tax credit through 2016 during the last Congress.

On December 17, I introduced new legislation with Senator MERKLEY to make sure solar companies can fully realize the benefits of these tax incentives.

The other chief roadblock to developing solar in the desert has been the broken permitting process.

The Federal Government has failed to focus wind and solar development on appropriate lands where it can be readily permitted.

There are currently more than 110 applications to develop more than 42,000 megawatts of renewable energy capacity on BLM land in the California desert.

Until very recently, nothing was done to evaluate these development proposals.

All but a few proposals have not even begun the formal environmental review process required by the National Environmental Policy Act, NEPA. The BLM has been slow to direct development towards disturbed lands or to discourage proposals on lands acquired for the purpose of conservation.

Wind developers have had to wait more than three years to receive permission to measure the wind above public lands.

The Fish and Wildlife Service has told renewable energy developers seeking to use disturbed private lands that they would need to develop complex habitat conservation plans for their projects, a process expected to take nine years.

Contrast that with the recent announcement from Interior Secretary Ken Salazar, who has pledged that the BLM will complete permitting of 10 "fast track" solar projects on public lands by December 2010.

So, the good news is that this administration has taken steps in the right direction to encourage this important shift to renewable energy.

But it is critical, nonetheless, that this legislation is enacted in order to codify and build upon these improvements to the permitting process and help establish the transmission lines needed to carry cleaner energy from the desert to consumers.

Key provisions of the bill: first, the bill will require BLM to put personnel in place focused exclusively on renewable energy development in the desert, make the staff accountable to Congress, and provide a reliable stream of funding to expedite the review of applications.

The BLM began establishing renewable energy permitting offices earlier this year, but this legislation would codify this new administrative policy, establish that the offices have a clear Congressional mandate, and ensure that they will focus specifically on renewable energy development in each state with significant wind and solar resources on public land.

These offices would be funded from the existing BLM permit improvement fund—a fund which is currently only available to supervise the permitting for oil and natural gas development.

It makes sense that this fund should go towards providing cleaner energy sources as well.

Second, the bill would help cut through the backlog of pending renewable development applications with a "use it or lose it" approach.

This would replace the "first come, first serve" approach the BLM currently employs.

The legislation would establish strict deadlines for developers to conduct necessary biological and cultural studies, ensure connection to the grid, and develop a plan for water. This would ensure that serious development proposals are moved to the front of the line—and help put an end to unfettered speculation on desert lands.

Third, this legislation will expedite the application process for solar development on private lands.

When I toured the desert last spring, I asked developers why they wanted to

develop pristine public lands, instead of using private lands.

The answer shocked me: they told me it was easier to permit a project on pristine public land than on private lands.

We need to ensure that it takes no longer to review an application to develop private lands than it does to develop public lands—without infringing upon important environmental regulations.

So, the bill would establish a pilot mitigation bank program—a new idea based on successful desert protection efforts in Nevada, wolf protection efforts in New Mexico, and Coral Reef protection efforts in the Caribbean.

The mitigation bank program would be a win-win, both accelerating permitting and coordinating endangered species protection efforts.

Developers seeking to utilize private lands would be able to contribute to a mitigation fund, instead of negotiating the terms of endangered species mitigation, which the Fish and Wildlife Service recently predicted would take nine years.

The interest from the funds contributed by developers would be used to better manage endangered species habitat in specific mitigation zones of federal land that would be permanently set aside for species protection.

The principal in this fund would be used to purchase new pristine habitat when it became available.

This Mitigation bank program would be run by BLM, and the Fish and Wildlife Service would consult with the BLM on renewable energy project review, just as they do now for renewable energy proposals on public land.

This would help level the playing field between public and private lands, and it could cut down the time it takes to permit projects for private lands considerably.

Fourth, the legislation would require the BLM, the Forest Service, and the military to complete Environmental Impact Statements to develop renewable energy on the lands they oversee.

This has two benefits.

First, it ensures that Federal land managers will proactively plan the use of public lands—instead of allowing private industry to make these de facto decisions.

Federal land managers will be required to identify renewable energy development areas where development is in the public interest through the programmatic EIS process. This will help avoid the sort of site-specific environmental conflicts that can delay projects for years.

The second benefit of this provision is that it will result in a formal evaluation of whether public land currently managed by the military will also be considered for solar development, instead of concentrating this development only on BLM land. There are cur-

rently approximately 3 million acres of California desert that are managed by the military, and much of this land could be developed for renewable energy consistent with the military mission.

By requiring the military to evaluate the impacts of a program to develop its solar resource, the legislation ensures that all available public lands are properly considered for renewable energy development in California.

Fifth, this legislation expedites the permitting of temporary meteorological measurement devices.

In California, it sometimes takes a wind developer three years to get a permit simply to measure wind speed. Such barriers to research are unnecessary and unwise, and this legislation assures that this type of research qualifies for existing categorical exclusions from complex environmental reviews.

Sixth, the legislation would provide grants and loan guarantees to innovative electricity transmission technologies that will reduce the need to build massive, visually and environmentally disruptive transmission lines in the desert.

Finally, the legislation would return 25 percent of the revenue generated by new renewable energy projects to the State, and 25 percent to local county governments. This would ensure that these entities have the resources to support permitting, public lands protection, and local conservation efforts.

Bottom line: The permitting process is broken. It is not facilitating solar and wind development where it belongs. This legislation intends to fix that.

It may surprise my colleagues that I am introducing such comprehensive legislation to ensure the protection of California's desert heritage, the development of our renewable resources, and the continued enjoyment of desert recreation.

After all, I am not from the desert. I have lived in or near San Francisco for most of my life.

But over the years I have come to truly appreciate California's sweeping desert landscapes.

I remember my first visits to the desert years ago. It was treated like a waste dump. It was full of abandoned cars. Old appliances littered the landscape.

But we have worked very hard to clean it up.

We have worked to make sure that the vast vistas and pristine desert habitat are respected by humanity, and that we give to our children a healthier, more beautiful desert than we inherited.

But if we are to remain successful in the long run, we must not only protect the desert land itself, we must also protect the broader environment from the ravages of climate change, and we

must offer economic opportunity to those who live in these areas.

That is the purpose of this legislation. There are many places in the California desert where development and employment are essential and appropriate.

But there are also places that future generations will thank us for setting aside.

I have worked painstakingly with stakeholders to ensure that this legislation balances sometimes competing needs.

This bill, if enacted, will have a positive and enduring impact on the landscape of the Southern California desert, and I hope it will stand as a model for how to balance renewable energy development and conservation.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 382—SUPPORTING THE GOALS AND IDEALS OF OBSERVING THE NATIONAL SLAVERY AND TRAFFICKING PREVENTION MONTH FROM JANUARY 1 THROUGH FEBRUARY 1, 2010, TO RAISE AWARENESS OF, AND OPPOSITION TO MODERN SLAVERY

Mrs. FEINSTEIN (for herself, Mr. CORNYN, Mr. CARDIN, and Mr. BROWNBACK) submitted the following resolution; which was considered and agreed to:

S. RES. 382

Whereas the United States has a tradition of advancing fundamental human rights, having abolished the Transatlantic Slave Trade in 1808 and having abolished chattel slavery and prohibited involuntary servitude in 1865;

Whereas because the people of the United States remain committed to protecting individual freedom, there is a national imperative to eliminate human trafficking, which is the recruitment, harboring, transportation, provision, or obtaining of persons for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery, and the inducement of a commercial sex act by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age;

Whereas to combat human trafficking in the United States and globally, the people of the United States, the Federal Government, and State and local governments must be aware of the realities of human trafficking and must be dedicated to stopping this contemporary manifestation of slavery;

Whereas beyond all differences of race, creed, or political persuasion, the people of the United States face national threats together and refuse to let modern slavery exist in the United States and around the world;

Whereas the United States should actively oppose all individuals, groups, organizations, and nations who support, advance, or commit acts of human trafficking;

Whereas the United States must also work to end slavery in all of its forms around the world through education;

Whereas victims of modern slavery need support in order to escape and to recover from the physical, mental, emotional, and spiritual trauma associated with their victimization;

Whereas human traffickers use many physical and psychological techniques to control their victims, including the use of violence or threats of violence against the victim or the victim's family, isolation from the public, isolation from the victim's family and religious or ethnic communities, language and cultural barriers, shame, control of the victim's possessions, confiscation of passports and other identification documents, and threats of arrest, deportation, or imprisonment if the victim attempts to reach out for assistance or to leave;

Whereas although laws to prosecute perpetrators of modern slavery and to assist and protect victims of human trafficking, such as the Trafficking Victims Protection Act of 2000 (division A of Public Law 106-386; 114 Stat. 1466) and the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (Public Law 110-457; 122 Stat. 5044), have been enacted in the United States, awareness of the issues surrounding slavery and trafficking by those people most likely to come into contact with victims is essential for effective enforcement because the techniques that traffickers use to keep their victims enslaved severely limit self-reporting;

Whereas January 1 is the anniversary of the effective date of the Emancipation Proclamation;

Whereas February 1 is the anniversary of the date that President Abraham Lincoln signed the joint resolution sending the 13th Amendment to the States for ratification, to forever declare that "Neither slavery nor involuntary servitude . . . shall exist within the United States, or any place subject to their jurisdiction" and is a date which has long been celebrated as National Freedom Day, as described in section 124 of title 36, United States Code;

Whereas, under its authority to enforce the 13th Amendment "by appropriate legislation," Congress in the Trafficking Victims Protection Act of 2000 updated the post-Civil War involuntary servitude and slavery statutes and adopted an approach known as the "3P" approach of victim protection, vigorous prosecution, and prevention of human trafficking; and

Whereas the effort by individuals, businesses, organizations, and governing bodies to commemorate January 11 as Human Trafficking Awareness Day represents one of the many positive examples of the commitment in the United States to raise awareness of and to actively oppose modern slavery: Now, therefore, be it

Resolved, That the Senate supports—

(1) the goals and ideals of observing the National Slavery and Trafficking Prevention Month from January 1 through February 1, 2010, to recognize the vital role that the people of the United States have in ending modern slavery;

(2) marking this observance with appropriate programs and activities culminating in the observance on February 1 of National Freedom Day, as described in section 124 of title 36, United States Code; and

(3) all other efforts to raise awareness of and opposition to human trafficking.

SENATE RESOLUTION 383—DESIGNATING JANUARY 2010 AS "NATIONAL MENTORING MONTH"

Mr. MCCAIN (for himself, Mr. KERRY, Mrs. LINCOLN, Mr. INOUE, Mr. BEGICH, Mr. FEINGOLD, Mr. SPECTER, Mr. GRASSLEY, Mr. BURR, Ms. COLLINS, Ms. MURKOWSKI, and Mr. COCHRAN) submitted the following resolution; which was considered and agreed to:

S. RES. 383

Whereas mentoring is a longstanding tradition in which a dependable, caring adult provides guidance, support, and encouragement to facilitate a young person's social, emotional, and cognitive development;

Whereas continued research on mentoring shows that formal, high-quality mentoring focused on developing the competence and character of the mentee promotes positive outcomes, such as improved academic achievement, self-esteem, social skills, and career development;

Whereas further research on mentoring provides strong evidence that mentoring successfully reduces substance use and abuse, academic failure, and delinquency;

Whereas mentoring, in addition to preparing young people for school, work, and life, is extremely rewarding for those serving as mentors;

Whereas more than 4,700 mentoring programs in communities of all sizes across the United States focus on building strong, effective relationships between mentors and mentees;

Whereas approximately 3,000,000 young people in the United States are in solid mentoring relationships due to the remarkable vigor, creativity, and resourcefulness of the thousands of mentoring programs in communities throughout the Nation;

Whereas in spite of the progress made to increase mentoring, the United States has a serious "mentoring gap", with nearly 15,000,000 young people in need of mentors;

Whereas mentoring partnerships between the public and private sectors bring State and local leaders together to support mentoring programs by preventing duplication of efforts, offering training in industry best practices, and making the most of limited resources to benefit young people in the United States;

Whereas the designation of January 2010 as "National Mentoring Month" will help call attention to the critical role mentors play in helping young people realize their potential;

Whereas a month-long celebration of mentoring will encourage more individuals and organizations, including schools, businesses, nonprofit organizations, faith institutions, and foundations, to become engaged in mentoring across the United States; and

Whereas National Mentoring Month will, most significantly, build awareness of mentoring and encourage more people to become mentors and help close the mentoring gap in the United States: Now, therefore, be it

Resolved, That the Senate—

(1) designates the month of January 2010 as "National Mentoring Month";

(2) recognizes with gratitude the contributions of the millions of caring adults and students who are already volunteering as mentors and encourages more adults and students to volunteer as mentors; and

(3) encourages the people of the United States to observe National Mentoring Month with appropriate ceremonies and activities that promote awareness of, and volunteer involvement with, youth mentoring.

PRIVILEGES OF THE FLOOR

Mr. BAUCUS. Mr. President, I ask unanimous consent that Daniel Barlava, an intern in Senator DODD's office, be granted the privilege of the floor for the remainder of today's session.

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

SUPPORTING NATIONAL SLAVERY AND TRAFFICKING PREVENTION MONTH

Mr. DURBIN. I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 382 submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 382) supporting the goals and ideals of observing National Slavery and Trafficking Prevention Month from January 1 through February 1, 2010, to raise awareness of, and opposition to, modern slavery.

There being no objection, the Senate proceeded to consider the resolution.

Mrs. FEINSTEIN. Mr. President, today the Senate will take an important step to raise awareness of human trafficking, a form of modern-day slavery. The resolution, introduced by myself and Senators CORNYN, CARDIN, and BROWNBACK, observes National Slavery and Trafficking Prevention Month from January 1 through February 1 to raise awareness of, and opposition to, modern slavery and human trafficking. This bipartisan resolution was passed unanimously today by the Senate.

Human trafficking is a crime in which persons are forced to work against their will in sweatshops, prostitution rings, farm labor, private homes, and other enterprises. The traffickers use force, threats of force, and coercion to ensure that their victims believe they have no other choice but to work for their captors.

The resolution resolves that Congress supports (1) the goals and ideals of observing the National Slavery and Trafficking Prevention Month from January 1 through February 1 to recognize the vital role that the people of the United States have in ending modern slavery; (2) marking this observance with appropriate programs and activities culminating in the observance on February 1 of National Freedom Day; and (3) all other efforts to raise awareness of and opposition to human trafficking.

This resolution recognizes the month of January as significant for modern slavery and human trafficking. January 1 is the anniversary of the effective date of the Emancipation Proclamation and February 1 is the anniversary of the date that President Abraham Lincoln signed the joint resolution sending the 13th amendment to the States for ratification.

In addition, it recognizes that January 11 is a day that many have chosen to commemorate human trafficking. In the 110th Congress, I sponsored a concurrent resolution that passed the Senate supporting January 11 as a National Day of Human Trafficking Awareness.

In 2007, California passed a resolution, signed into law by Governor Schwarzenegger, designating January 11 as National Day of Human Trafficking Awareness. The Los Angeles City Council and the Los Angeles County Board of Supervisors did the same for the county of Los Angeles.

The issue of human trafficking has become particularly problematic in California. San Diego is an international trafficking gateway city used to traffic foreign children into the U.S. The United Nations has listed Mexico as the No. 1 exporter of exploited children into North America.

From 1998 to 2003, more than 500 people from 18 countries were ensnared in 57 forced labor operations throughout California. These statistics only represent the cases that were discovered. Frequently, human trafficking goes undetected because the victims are not only afraid of their traffickers, but they have been taught by their traffickers to fear U.S. law enforcement.

Congress has acted to broaden the tools available to prosecute perpetrators of modern slavery and to assist and protect victims of human trafficking. It has enacted the Trafficking Victims Protection Act of 2000 and the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008.

California has taken a leadership role in identifying and prosecuting human trafficking cases. For example, San Diego received one of the first grants to train local law enforcement on identifying and prosecuting human trafficking. The U.S. attorneys offices in Oakland, Los Angeles, and San Diego have all created antitrafficking task forces.

Using these tools, this August five people in California were sentenced to Federal prison, all receiving multi-decade sentences for their roles in an international sex trafficking ring that lured young Guatemalan women and girls into the Los Angeles area and forced them into prostitution.

In this distressing case, the defendants intimidated and controlled their victims by threatening to beat them and kill their loved ones in Guatemala if they tried to escape. At least three of the defendants restrained the victims by locking them in at night and blocking windows and doors to prevent their escape.

In another recent case in Walnut Creek, CA, a woman was found guilty of trafficking a nanny from Peru. For nearly 2 years, the victim was forced to cook, clean, and take care of the fam-

ily's children through false promises of pay. The victim was eventually able to escape, with the assistance of local residents and officials and parents at a local elementary school.

Human trafficking is a pervasive global crime, with nearly 1 million people trafficked across international borders every year. According to the State Department, roughly 80 percent of the victims are women and children.

I believe that it is vital that we work together as a nation to eliminate human trafficking and prevent the victimization of the most vulnerable members of society.

Awareness of the issues surrounding slavery and trafficking by those people most likely to come into contact with vulnerable populations is essential for effective prevention and prosecution of this frequently hidden crime.

I thank my colleagues for their support of this resolution to help raise awareness of modern day slavery.

Mr. DURBIN. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements related to the resolution be printed in the RECORD at the appropriate place.

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

The resolution (S. Res. 382) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 382

Whereas the United States has a tradition of advancing fundamental human rights, having abolished the Transatlantic Slave Trade in 1808 and having abolished chattel slavery and prohibited involuntary servitude in 1865;

Whereas because the people of the United States remain committed to protecting individual freedom, there is a national imperative to eliminate human trafficking, which is the recruitment, harboring, transportation, provision, or obtaining of persons for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery, and the inducement of a commercial sex act by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age;

Whereas to combat human trafficking in the United States and globally, the people of the United States, the Federal Government, and State and local governments must be aware of the realities of human trafficking and must be dedicated to stopping this contemporary manifestation of slavery;

Whereas beyond all differences of race, creed, or political persuasion, the people of the United States face national threats together and refuse to let modern slavery exist in the United States and around the world;

Whereas the United States should actively oppose all individuals, groups, organizations, and nations who support, advance, or commit acts of human trafficking;

Whereas the United States must also work to end slavery in all of its forms around the world through education;

Whereas victims of modern slavery need support in order to escape and to recover from the physical, mental, emotional, and spiritual trauma associated with their victimization;

Whereas human traffickers use many physical and psychological techniques to control their victims, including the use of violence or threats of violence against the victim or the victim's family, isolation from the public, isolation from the victim's family and religious or ethnic communities, language and cultural barriers, shame, control of the victim's possessions, confiscation of passports and other identification documents, and threats of arrest, deportation, or imprisonment if the victim attempts to reach out for assistance or to leave;

Whereas although laws to prosecute perpetrators of modern slavery and to assist and protect victims of human trafficking, such as the Trafficking Victims Protection Act of 2000 (division A of Public Law 106-386; 114 Stat. 1466) and the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (Public Law 110-457; 122 Stat. 5044), have been enacted in the United States, awareness of the issues surrounding slavery and trafficking by those people most likely to come into contact with victims is essential for effective enforcement because the techniques that traffickers use to keep their victims enslaved severely limit self-reporting;

Whereas January 1 is the anniversary of the effective date of the Emancipation Proclamation;

Whereas February 1 is the anniversary of the date that President Abraham Lincoln signed the joint resolution sending the 13th Amendment to the States for ratification, to forever declare that "Neither slavery nor involuntary servitude . . . shall exist within the United States, or any place subject to their jurisdiction" and is a date which has long been celebrated as National Freedom Day, as described in section 124 of title 36, United States Code;

Whereas, under its authority to enforce the 13th Amendment "by appropriate legislation," Congress in the Trafficking Victims Protection Act of 2000 updated the post-Civil War involuntary servitude and slavery statutes and adopted an approach known as the "3P" approach of victim protection, vigorous prosecution, and prevention of human trafficking; and

Whereas the effort by individuals, businesses, organizations, and governing bodies to commemorate January 11 as Human Trafficking Awareness Day represents one of the many positive examples of the commitment in the United States to raise awareness of and to actively oppose modern slavery: Now, therefore, be it

Resolved, That the Senate supports—

(1) the goals and ideals of observing the National Slavery and Trafficking Prevention Month from January 1 through February 1, 2010, to recognize the vital role that the people of the United States have in ending modern slavery;

(2) marking this observance with appropriate programs and activities culminating in the observance on February 1 of National Freedom Day, as described in section 124 of title 36, United States Code; and

(3) all other efforts to raise awareness of and opposition to human trafficking.

NATIONAL MENTORING MONTH

Mr. DURBIN. I ask unanimous consent that the Senate proceed to the im-

mediate consideration of S. Res. 383 submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 383) designating January 2010 as "National Mentoring Month."

There being no objection, the Senate proceeded to consider the resolution.

Mr. McCAIN. Mr. President, I am pleased today to join many of my colleagues in supporting a resolution designating January 2010 as "National Mentoring Month."

We all agree that young people need a supportive environment based on structured and trusting relationships with adults. The world is more complicated for children today than it ever was when I was growing up. Mentors can help young people through the difficult periods, help them see the difference between right and wrong, alleviate their doubts and concerns, and answer their questions frankly. Mentors can dramatically impact a young person's life by providing the support and encouragement that children need in order to grow into responsible, caring adults.

This resolution recognizes the value of volunteering time to make a difference in the life of a child. A growing body of research has shown that high-quality programs can make all the difference and help students in need achieve the type of future they might never have thought possible. Children with mentors are shown to improve in school performance and attendance. Also, they are more self-confident, have good social skills, and above all else, they are motivated to reach their full potential. Unfortunately, a severe shortage of volunteers has left over 15 million young people without mentors.

National Mentoring Month highlights the needs and goals of mentoring in this country and honors the contributions of the many volunteers across the country that are currently connecting with youth in such programs. Next month, nonprofit organizations, schools, businesses, faith communities, and government agencies—led by the National Mentoring Partnership and the Harvard School of Public Health—will join together to encourage adults to serve as mentors for our young people. Programs must be expanded to recruit more volunteers to help fill the mentoring gap. Mentoring has successfully helped many children in this country and we must work together to expand such valuable programs. I urge the Senate to approve this resolution.

Mr. DURBIN. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table with no intervening action or debate, and any statements related to the resolution be printed in the RECORD.

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

The resolution (S. Res. 383) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 383

Whereas mentoring is a longstanding tradition in which a dependable, caring adult provides guidance, support, and encouragement to facilitate a young person's social, emotional, and cognitive development;

Whereas continued research on mentoring shows that formal, high-quality mentoring focused on developing the competence and character of the mentee promotes positive outcomes, such as improved academic achievement, self-esteem, social skills, and career development;

Whereas further research on mentoring provides strong evidence that mentoring successfully reduces substance use and abuse, academic failure, and delinquency;

Whereas mentoring, in addition to preparing young people for school, work, and life, is extremely rewarding for those serving as mentors;

Whereas more than 4,700 mentoring programs in communities of all sizes across the United States focus on building strong, effective relationships between mentors and mentees;

Whereas approximately 3,000,000 young people in the United States are in solid mentoring relationships due to the remarkable vigor, creativity, and resourcefulness of the thousands of mentoring programs in communities throughout the Nation;

Whereas in spite of the progress made to increase mentoring, the United States has a serious "mentoring gap", with nearly 15,000,000 young people in need of mentors;

Whereas mentoring partnerships between the public and private sectors bring State and local leaders together to support mentoring programs by preventing duplication of efforts, offering training in industry best practices, and making the most of limited resources to benefit young people in the United States;

Whereas the designation of January 2010 as "National Mentoring Month" will help call attention to the critical role mentors play in helping young people realize their potential;

Whereas a month-long celebration of mentoring will encourage more individuals and organizations, including schools, businesses, nonprofit organizations, faith institutions, and foundations, to become engaged in mentoring across the United States; and

Whereas National Mentoring Month will, most significantly, build awareness of mentoring and encourage more people to become mentors and help close the mentoring gap in the United States: Now, therefore, be it

Resolved, That the Senate—

(1) designates the month of January 2010 as "National Mentoring Month";

(2) recognizes with gratitude the contributions of the millions of caring adults and students who are already volunteering as mentors and encourages more adults and students to volunteer as mentors; and

(3) encourages the people of the United States to observe National Mentoring Month with appropriate ceremonies and activities that promote awareness of, and volunteer involvement with, youth mentoring.

ORDER OF PROCEDURE

Mr. DURBIN. Mr. President, I ask unanimous consent that the controlled time be extended for an additional 30 minutes under the control of the Republican side, and that all additional time, including that already utilized by Senator MENENDEZ, with postcloture time continue to run during this period.

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

ORDERS FOR TUESDAY,
DECEMBER 22, 2003

Mr. DURBIN. I ask unanimous consent that when the Senate completes its business today, it stand adjourned until 7 a.m., Tuesday, December 22; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, and the time for the two leaders be reserved for their use later in the day; that the Senate then resume consideration of H.R. 3590, with postcloture time continuing to run during the overnight adjournment, and that the time until the expiration of postcloture time be equally divided and controlled between the leaders or their designees; that upon the expiration of the time, the majority leader be recognized to move to table amendment No. 3278; that upon disposition of amendment No. 3278, amendment No. 3277 be withdrawn; that the Senate then proceed to vote on adoption of amendment No. 3276; that upon disposition of amendment No. 3276, the Senate then proceed to vote on the motion to invoke cloture on amendment No. 2786; that if cloture is invoked, the majority leader then be recognized and that the time until 9:30 a.m. then be equally divided and controlled between the leaders or their designees; further, that the Senate begin alternating one-hour blocks of time beginning at 9:30 a.m. until 5:30 p.m., with the Republicans controlling the first hour; that at 12:30 p.m., the Senate stand in recess until 2:30 p.m., and that upon reconvening, the Senate resume the alternating blocks until 5:30 p.m., with all postcloture time counting during any recess period and until 5:30 p.m.

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

ORDER FOR ADJOURNMENT

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate adjourn following the remarks of Senator VOINOVICH of Ohio and Senator DEMINT, if he chooses to speak.

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

The Senator from Ohio.

HEALTH CARE REFORM

Mr. VOINOVICH. Mr. President, I wanted to take some time to talk

about the health care bill before the Senate which the majority leader is anxious to get passed before Christmas. I suspect that he knows if this bill sees too much light of day, he could lose 1 or 2 of his 60 votes, and that is why his managers' amendment was kept under wraps so that no one knew anything about it until the last minute.

On our side of the aisle, we would like to hold off until after Christmas to give all Members of the Senate and the American people a chance to review this legislation. Obviously, this is not going to happen. I think that is unfortunate.

When you compare the number of days we spent debating this bill to other major pieces of legislation that have come before this body in recent years, the Democrats' haste is obvious.

For example, in 2002, I was very much involved in the legislation that created the Department of Homeland Security. We spent 19 days over 7 weeks on the floor debating that bill. We took 20 votes on amendments during the debate. The final result was bipartisan. Ninety Members of the Senate voted for it.

Tragically, for the American people, unlike other important health care-related bills such as the Medicare Modernization Act that garnered wide bipartisan support, this bill is nowhere near bipartisan and did not receive a single Republican vote for cloture at 1 this morning, and only one Republican in the House of Representatives supported it.

In my humble opinion, the way this bill was negotiated behind closed doors, and without the input of Members from both sides, will sour relations and bipartisan discussion on other major issues to come before the Senate, such as debt and deficit reduction—notably bipartisan legislation that I have been working on very closely with Senators GREGG and CONRAD, a comprehensive energy bill, reauthorization of the surface transportation bill, climate change legislation, and—very important—a jobs bill.

The problems facing our country are too serious for business as usual, each side one-upping the other for political advantage, with the 2010 elections casting shadows on what we should be doing for the benefit of our country, at a time when this Nation is as fragile as I have seen it in my entire life.

Our future and the future of our children and grandchildren is in our hands. Our constituents and the world are watching. Our credibility and credit are on the line, and so is our economic and national security, and, quite frankly, our leadership position in the world. We need fewer partisans in this body and more statesmen.

Last week I came to the floor to remind my colleagues and the American people about the fiscal realities that face our Nation and explained how this

health reform legislation, which is now likely to pass based on this morning's cloture vote, would make an unsustainable fiscal situation even worse.

Let me remind you as we stand right now that our Nation's debt has exceeded \$12 trillion for the first time in our history. In fact, from 2008 to 2009 alone, the Federal debt increased 19 percent, boosting national debt as a percentage of GDP from 70 percent last year to 84 percent this year. We have not seen this kind of debt-to-GDP ratio since the end of the Second World War.

We have amassed a staggering \$70 trillion in unfunded obligations over the next 75 years or an estimated \$600,000 per American household.

Our Medicare Program is already on shaky footing with \$37 trillion in unfunded future Medicare costs, and the Medicare trust fund is expected to be insolvent by 2017. Frankly, this is why I am disappointed the Senate failed to support Senator GREGG's amendment we considered earlier in this debate to ensure that the savings achieved by Medicare cuts would be used to ensure the viability of the program, and not new entitlements.

I ask my colleagues, can our Nation take on new programs and costs when we cannot pay for what we are doing right now? Our Nation's fiscal picture is not pretty. Our obligations to our entitlement programs are exploding. If we keep going the way we are, our debt will double in 5 years and triple in 10.

Our budgets are unbalanced as far as the eye can see. Last year we borrowed \$1.4 trillion, and 50 percent of our debt is in the hands of foreign countries. The American people get it. They already know the Federal Government is the worst credit card abuser in the world, and we are putting everything on the tab of our children and grandchildren.

They are not the only ones. Internationally, our creditors are concerned. Chinese Premier Wen Jiabao has noted:

We have lent a huge amount of money to the United States and of course we're concerned about the security of our assets and, to be honest, I am a little bit worried. That's why here I would like to urge the US to keep its commitment and promise to ensure the safety of Chinese assets.

That is what he said to the President—anybody who goes to China today. They are worried about the fact they have lent us a lot of money and maybe they might not get it back.

While the international community understands our crisis, somehow Congress does not get it. Here we are considering a bill that, when fully implemented, spends more than \$2 trillion over 10 years to restructure our health care system.

I respect my friends on the other side of the aisle, but the assumptions they make are optimistic about the cuts in

this bill, especially when one considers this body's propensity for acting in a fiscally irresponsible manner.

Frankly, our history on the so-called doc fix is illustrative. We continue to kick the cost of fixing Medicare payments for physicians down the road, instead of dealing with its more than \$200 billion cost.

The bill before us does not even have the 1-year fix that the original bill had included. My friends on the other side of the aisle have decided to put it off and deal with it in a separate measure because it would make this bill even more expensive.

As congressional observers have noted, we continue to put off the difficult choices. The fact is, Congress is not willing to take short-term pain for long-term gain. This is my 11th year, and it is the same old story year after year.

This brings me back to the health care bill. I have heard all the arguments of why health care reform is needed, and—do you know something—I agree with most of them. Frankly, there are a number of incremental things we could do today to make real improvements in our system in a bipartisan way. In fact, I encourage my colleagues to take a look at some of the proposals contained in the alternatives offered by my colleagues, including Senators WYDEN and BENNETT.

These and other legislative proposals include things we can do on an incremental basis to improve our system, such as making it easier for small business to group together to reduce their health care costs; passing medical liability reform, where we have more tests being taken because doctors are afraid of being sued; increasing flexibility in the private market so people have more options and can choose insurance products that best meet their needs; implementing policies that encourage wellness and prevention; eliminating the fraud and abuse that have and will continue to plague our public health care programs; eliminating the ability of insurance companies to deny people insurance coverage because of preexisting conditions; or eliminating the caps that insurance companies put once an individual reaches a certain amount.

Instead, we are going to pass a massive new spending bill that does little to fix our problems in the long run. What too many of my colleagues do not understand is there are limits to what government can do. There are limits on what government can do. When I was mayor of the city of Cleveland, Governor of Ohio, people would come to me with ideas to expand programs and services. Often, even though I saw the merit of these proposals, just like I see the merit of a lot of the suggestions we need to have in terms of health care, I knew we did not have the money to pay for these proposals, especially because

we had to balance our budgets. In those situations, I had to be honest and say no.

It is the same thing here. I am sure the Presiding Officer has people coming into his office every day saying: I want you to help with this worthy cause. I sit, I listen patiently, and I say to them: If what you are asking me to do means we are going to have to borrow money, and it is going to be paid for by our children and grandchildren, what do you have to say? Nine times out of 10, they say: No. Thank you very much, Senator. And they go out the door. They get it. They understand that.

Unfortunately, Congress does not get it. It is not just my colleagues on the other side of the aisle, folks. No one's hands are completely clean. That is the way it is. We just keep on going the way we are, keep going down the road.

Here we are in the worst recession since the Great Depression. Millions of Americans are out of work. Others lucky enough to have a job are wondering if they will be next to be laid off or fired. In my State of Ohio, the unemployment rate is 10.6 percent. Yet we are talking about health care reform, cap and trade, which will put unsustainable burdens on doing business in this country and make it more difficult to get this economy going again.

What people in this country want is to go back to work and have some assurance that their jobs are safe. The best way to give them security and access to health insurance is to get them back to work.

We should not be asking our Nation's businesses to take on new tax burdens in the current recession. Yet this bill before us would impose \$28 billion in new taxes on employers—\$28 billion. Furthermore, the legislation creates a new Medicare payroll tax that will likely hit approximately one-third of the small businesses in this country, which employ some 30 million Americans. These new taxes are likely to significantly hinder these engines of job growth.

Another troubling tax that will impact businesses in my State is the tax on device manufacturers. I have heard from one of our Ohio companies that this tax could force it to move its operations overseas to keep its doors open. In fact—this is unbelievable—according to the company's own calculations, the new device tax will exceed 100 percent of its domestic earnings and research and development budget. It has nothing to do with their profitability. They say: You are this business. You have a percentage of it, and we are going to lay the tax right on your back.

Ohio cannot afford to lose these jobs to another country at any time but certainly not right now in this struggling economy. But this is just the beginning for businesses, large and small.

The bill will add a whole new, never seen before, layer of bureaucracy on our businesses. Think about that. Small and even large businesses are already overwhelmed with management and paperwork demands as a result of government mandates. Many of them have to hire multiple tax attorneys and accountants to help them navigate the Federal laws and their tax obligations.

I cannot help but wonder how many businesses, both large and small, will have to hire new "benefit managers." There is an area where we will create some new jobs. We are going to hire benefit managers to help them keep track of the new requirements to ensure they are offering the appropriate benefits or paying the appropriate fine. What a nightmare.

No one has mentioned the thousands of additional Federal workers. Nobody has talked about it. When we did Part D of Medicare, they had to hire over 500 people at CMS. So we will have to hire all kinds of people, including—listen to this—at the Internal Revenue Service. I bet you would have a hard time finding an American who thinks it is a good idea to get the IRS involved in delivering our Nation's health care.

The worst thing we can do is borrow another \$2.3 trillion, create additional Federal programs, and put a bigger burden on the engine of job creation. I find this especially troublesome after hearing the Chief Actuary at the Centers for Medicare & Medicaid Services last week report that under the original Reid health care bill costs would go up, not down. In fact, according to his analysis, the Federal Government would spend \$234 billion more on health care if this legislation became law than without it—\$234 billion more with this legislation than what we are spending right now.

It is not just the Federal Government. As I discussed in some detail last week, most States will have new fiscal obligations of about \$26 billion under this bill. If you are not lucky enough to be from one of the States, such as the Cornhusker State or another State that got a special deal in this legislation to get the Democratic leadership's 60 votes, your Governor is going to be hit with a portion of the cost of expanding the Medicaid Program to cover all individuals up to 133 percent of the Federal poverty level.

In the State of Ohio, we have had 154,000 more people come on Medicaid just with the current extent of poverty, and to go to 133 percent, it is going to be incredible.

As a former Governor of Ohio, former chairman of the National Governors Association, and past chairman of the National League of Cities, I am very familiar with what unfunded mandates can do to State and local governments.

By the way, there is a point of order that lies against this bill as an unfunded mandate in terms of local and

State government, and also business. The American people should understand that the new State obligations under the Medicare expansion will mean less funding, OK, less funding for primary and secondary education, higher education programs, roads and bridges, county and local government projects, and safety service programs run by their States. In fact, I used to call Medicaid the Pacman that gobbled up our State budget dollars.

So let's look at this. You take the side over here of Medicaid, but then what you do is you expand that, and it is going to be more expensive, and then you look around and you say: We have great needs with secondary and primary education. The kids are complaining about the fact that tuition is going up for our institutions of higher education. Our local government officials are complaining because the State and local government funds that are going to them are not available to them because all of this money is flowing in this direction. In other words, under the Reid bill, we will put more stress and further unfunded mandates on the States, making our health care fiscal picture even worse than it would be without doing anything at all. This doesn't make any sense.

As I have often said—in fact, when I was Governor, I said—Gone are the days when public officials will be judged by how much they spend on a problem; the new realities dictate that we work harder and smarter and more with less. In fact, I remember giving my state of the union addresses or state of the State addresses in Ohio, and they used to take a pool about how many times I would say “harder and smarter and more with less.” That is what our States are doing but not the Federal Government—not the Federal Government, oh, no. States are raising taxes and cutting but not the Federal Government. We are just in there borrowing and borrowing and borrowing as if there will be no tomorrow.

The costs incurred by our children and grandchildren as a result of this bill will be a crushing blow to their futures—a future that is already ominous because of this body. In other words, what we are saying to them is we are putting the cost on their credit card.

You are in a new world where the competition is going to be keener than ever. We have all kinds of competitors that we didn't have when I was growing up, so they are going to have to work harder. Then we are going to say to them: By the way, your taxes are going up. We are going to put a burden on your back because we weren't willing to pay for or do without during the time we were in a position of responsibility.

Another legacy I am upset about leaving for our children and grandchildren is the public funding of abortion. The other day, I explained to an

individual that since *Roe v. Wade*, we have had over 40 million abortions—40 million abortions. Yet I have friends of mine who are wanting children, and they are going to China, they are going to Russia, they are going to other places to find those children, but here in the United States over 40 million abortions. Unfortunately, the language that was inserted in the managers' amendment does not protect taxpayer dollars from being used to fund abortion. In fact, the U.S. Conference of Catholic Bishops and National Right to Life have said the language, and thus the bill, is unacceptable and should not move forward.

Turning back to the fiscal arguments against this bill, one of my colleagues said yesterday that those of us on this side of the aisle who argue we cannot afford this bill are being disingenuous and we are engaging in scare tactics, even asking when the “lying time”—from a colleague on the other side—the “lying time” for this side of the aisle will stop. Well, we will see. We will see. I am not going to be a Member of the U.S. Senate in 2012, but if God gives me the health and the energy, I will certainly be around to remind people who was telling the truth and who was not.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. DEMINT. I ask unanimous consent to speak for 10 minutes.

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

Mr. DEMINT. Parliamentary inquiry, Mr. President:

Does rule XXII of the Standing Rules of the Senate provide that on a measure or motion to amend the Senate rules, the necessary affirmative vote shall be two-thirds of the Senators present and voting?

The PRESIDING OFFICER. It does.

Mr. DEMINT. Further parliamentary inquiry: Is it also the case that on numerous occasions, the Senate has required a two-thirds cloture vote on bills that combine amendments to the Senate rules with other legislative provisions that do not amend the rules?

The PRESIDING OFFICER. That would require a two-thirds vote.

Mr. DEMINT. I have numerous examples here. We did it twice this year on S. 2349, and I could read those, but I will spare the Chair all of these. I am just trying to get at a concern we have.

Am I correct that with respect to these bills, there was a combination of legislative provision and rules changes, and the Chair ruled that because there—and I am referring to earlier this year, those I referred to where we required the two-thirds cloture. Am I correct on these previous bills that with respect to the bills, there was a combination of legislative provisions and rules changes, and the Chair ruled that because there were rules changes, a two-thirds vote was required?

The PRESIDING OFFICER. If there were changes to the Standing Rules of the Senate, a two-thirds vote would have been required to invoke cloture.

Mr. DEMINT. I thank the Chair.

Am I also correct that the Senate has required a two-thirds cloture on amendments to bills, where the amendments combine legislative provisions and rules changes? I have a number of references to bills when this was done, if there is any question, and I have given them to the Parliamentarian for consideration. Is there an answer? I mean, I know there have been amendments to bills that we required two-thirds because they include rule changes. I just wanted to get a confirmation from our Parliamentarian.

Is that, in fact, the case, where two-thirds cloture on amendments to bills have been required to have a two-thirds vote because of the rules changes included in them?

The PRESIDING OFFICER. The Chair would have to check that for a future answer.

Mr. DEMINT. I believe the Parliamentarian does have references for when this has been done. I am quite certain it has.

But as the Chair has confirmed, rule XXII, paragraph 2, of the Standing Rules of the Senate states that on a measure or motion to amend the Senate rules, the necessary affirmative vote shall be two-thirds of the Senators present and voting.

Let me go to the bill before us because buried deep within the over 2,000 pages of this bill we find a rather substantial change to the Standing Rules of the Senate. It is section 3403, and it begins on page 1,000 of the Reid substitute. These provisions not only amend certain rules, they waive certain rules and create entirely new rules out of whole cloth.

Again, I will skip over some examples, but let me read a few of these provisions that amend the Senate rules which are contained in section 3403 of the Reid substitute.

Section D titled “Referral:”

The legislation introduced under this paragraph shall be referred by the Presiding Officers of the respective Houses to the Committee on Finance in the Senate and to the Committee on Energy and Commerce and the Committee on Ways and Means in the House of Representatives.

The bill creates out of whole cloth a new rule that this specific bill must be referred to the Senate Finance Committee.

Another example under section C, titled “Committee Jurisdiction:”

Notwithstanding rule 15 of the Standing Rules of the Senate, a committee amendment described in subparagraph (A) may include matter not within the jurisdiction of the Committee on Finance if that matter is relevant to a proposal contained in the bill submitted under subsection (c)(3).

Clearly a rule change.

So there is no pretense that this bill is being referred under the rules to the

committee of jurisdiction. Now it is allowing the Finance Committee to add whatever matter it wants to the bill regardless of any rules regarding committee jurisdiction. And for a good measure, the bill even specifically states that it is amending rule XV.

Let me just skip over a number of other examples referring to rules just to try to get to the point here because it goes on and on, and I have pages here.

There is one provision that I found particularly troubling, and it is under a section C titled "Limitation on Changes to This Subsection:"

It shall not be in order in the Senate or in the House of Representatives to consider any bill, resolution, amendment, or conference report that would repeal or otherwise change this subsection.

This is not legislation. This is not law. This is a rule change. It is a pretty big deal. We will be passing a new law and at the same time creating a Senate rule that makes it out of order to amend or even repeal the law. I am not even sure it is constitutional, but if it is, it most certainly is a Senate rule. I don't see why the majority party wouldn't put this in every bill. If you like your law, you most certainly would want it to have force for future Senates. I mean, we want to bind future Congresses.

This goes to the fundamental purpose of Senate rules, to prevent a tyrannical majority from trampling on the rights of the minority or of future Congresses.

Therefore, I would like to propound a parliamentary inquiry to the Chair. Does section 3403 of this bill propose amendments to the Standing Rules of the Senate? Further parliamentary inquiry: Does the inclusion of these proposed amendments to the Senate rules mean that the bill requires two-thirds present and voting to invoke cloture?

The PRESIDING OFFICER. The section of the proposed legislation addressed by the Senator does not amend the Standing Rules of the Senate, and therefore its inclusion does not affect the number of votes required to invoke cloture.

Mr. DEMINT. Is the Chair aware of any precedent where the Senate created a law and in doing so created a new rule that—and I am quoting from our bill:

It shall not be in order in the Senate or in the House of Representatives to consider any bill, resolution, amendment, or conference report that would repeal or otherwise change—

Such law?

Is the Chair aware that we have ever put this type of binding legislation on future Congresses in a bill?

The PRESIDING OFFICER. It is quite common to do that.

Mr. DEMINT. I would ask the Chair to get those references, if the Parliamentarian would, to us.

Mr. President, another parliamentary inquiry: If this new law will oper-

ate as a Senate rule, making it out of order for Senators to propose amendments to repeal or amend it—I have been in Congress 11 years. I have never heard of an amendment being called out of order because it changes something that was done before. How is that different than the types of Senate rule-making for which our predecessors in their wisdom provided a two-thirds cloture vote? This seems to be a redefinition of words, in my mind.

Mr. President, it is clear that the Parliamentarian is going to redefine words, as I am afraid he has done as part of this process before. But this is truly historic that we have included rules changes in legislation, and yet we are ignoring a rule that requires a two-thirds cloture vote to pass it. I believe it is unconstitutional. I believe it subverts the principle we have operated under, and it is very obvious to anyone that it does change a rule. It is clear that our rules mean nothing if we can redefine the words we use in them.

I yield the floor.

The PRESIDING OFFICER. The Chair will note that it is quite common to include provisions affecting Senate procedure in legislation.

Mr. DEMINT. Is there a difference between Senate procedures and rules?

The PRESIDING OFFICER. Yes.

Mr. DEMINT. So the language you see in this bill that specifically refers to a change in a rule is not a rule change, it is a procedure change?

The PRESIDING OFFICER. That is correct.

Mr. DEMINT. Then I guess our rules mean nothing, do they, if we can redefine them.

I thank the Chair. I yield the floor.

ADJOURNMENT UNTIL 7 A.M. TOMORROW

The PRESIDING OFFICER. The Senate stands adjourned until 7 a.m. tomorrow.

Thereupon, the Senate, at 7:41 p.m., adjourned until Tuesday, December 22, 2009, at 7 a.m.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

THEODORE W. TOZER, OF OHIO, TO BE PRESIDENT, GOVERNMENT NATIONAL MORTGAGE ASSOCIATION, VICE JOSEPH J. MURIN, RESIGNED.

DEPARTMENT OF COMMERCE

KEVIN WOLF, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF COMMERCE, VICE CHRISTOPHER R. WALL, RESIGNED.

TIMOTHY MCGEE, OF LOUISIANA, TO BE AN ASSISTANT SECRETARY OF COMMERCE, VICE PHILLIP A. SINGERMAN.

LEGAL SERVICES CORPORATION

SHARON L. BROWNE, OF CALIFORNIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE LEGAL SERVICES CORPORATION FOR A TERM EXPIRING JULY 13, 2010, VICE MICHAEL MCKAY, TERM EXPIRED.

CHARLES NORMAN WILTSE KECKLER, OF VIRGINIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE

LEGAL SERVICES CORPORATION FOR A TERM EXPIRING JULY 13, 2010, VICE FRANK B. STRICKLAND, TERM EXPIRED.

VICTOR B. MADDOX, OF KENTUCKY, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE LEGAL SERVICES CORPORATION FOR A TERM EXPIRING JULY 13, 2010, VICE LILLIAN R. BEVIER, TERM EXPIRED.

IN THE AIR FORCE

THE FOLLOWING NAMED AIR NATIONAL GUARD OF THE UNITED STATES OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE AIR FORCE UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12212:

To be colonel

FRANK R. AFLAGUE

CHRISTOPHER R. ALDERDICE

BORIS R. ARMSTRONG

CLARENCE ATTERBURY III

RICHARD T. BENNETT

JOHN E. BLICKNSDERFER

GARY D. BREWER, JR.

WILLIAM D. BUNCH

JEFFREY W. BURKETT

WADE K. CAUSEY

JOSEPH S. CHISOLM

JOHN L. CHURCH, JR.

GREGORY S. CLAPPER

SHAWN A. CLOUTIER

FRANK J. COPRIVNICAR, JR.

MICHAEL G. CRANSTON

MARK A. CROSBY

THOMAS T. CURRY

KEVIN S. DAILEY

JOSEPH C. DARROW, JR.

ELBURN H. DAUGHTRY III

CHARLES D. DAVIS III

THOMAS C. ECHOLS

REM B. EDWARDS III

DAVID L. EVANS

BILLIE J. FAUST

GREGORY P. FERNANDEZ

DAWN M. FERRELL

JAMES C. FOGLE

TROY A. FROST

WALTER E. GARTNER

MICHELE M. GAVIN

PETER T. GELESKIE

JASON W. GLASS

PETER T. GREEN III

THOMAS E. HANS

DOUGLAS D. HAYWORTH

PAUL F. HEYE, JR.

MICHAEL C. HIRST

GEORGE W. HOLT, JR.

CASSANDRA D. HOWARD

JEFFREY W. JACOBSON

WENDY K. JOHNSON

MARQUITA P. JOHNSONBAILEY

JEFFREY J. JORDAN

RICHARD J. KEASEY

JOHN R. KIRK

THADDEUS J. KOLWICZ

MEAGHAN Q. LECLERC

SUZANNE B. LIPCAMAN

SANDRA D. LONG

RONALD D. LOWERY

MARK S. LYON

MARK J. MACLEAN

CRAIG A. MANIFOLD

MICHAEL E. MANNING

ROBERT S. MARTIN

JOE A. MARTINEZ II

JAMES P. MOFFETT

MARK D. MURPHY

STEVEN S. NORDHAUS

TIMOTHY P. OBRIEN

LOUISE M. PARADIS

LOUIS J. PERINO

WILLIAM R. POST

JOSEPH S. ROBINSON

WILLIAM D. ROGERS, JR.

JON L. SCOTT

EDWIN B. SELF, JR.

RAY M. SHEPARD

RICHARD I. SIMMONS

JOHN D. SLOCUM

TIMOTHY G. SMITH

STANLEY U. SNOW

SEAN M. SOUTHWORTH

MICHAEL D. STOHLER

JEFFREY D. STOREY

STEPHEN L. SUAFILO

STEVEN R. SWETNAM

JAMES D. TAYLOR II

WILLIAM L. THOMAS

TAMI S. THOMPSON

CHRISTOPHER K. THOMSON

RANDALL TOM

JEFFREY R. VALLE

JEFFREY J. WAECHTER

CHRISTOPHER S. WALKER

JOSEPH G. WALSH IV

RODNEY WILLIAMS

JOSEPH B. WILSON

FRANK Y. YANG

WILLIAM T. YATES

IN THE MARINE CORPS

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS RESERVE UNDER TITLE 10, U.S.C., SECTION 12203:

To be colonel

DAVID F. ALLEN
 MICHAEL T. BARRY
 WILLIAM M. BROWN, JR.
 JAMES BURACK
 ANTONIO J. CAPETILLO
 DAVID H. CLEARY
 BRUCE M. DOWNS
 BARRY E. FEDERICI
 THOMAS P. FORT
 MICHAEL J. FROEDER
 JAMES H. GRIFFIN
 DAVID A. GRUSS
 CHRISTOPHER N. HAMILTON
 JOHN S. HOGAN
 THADDEUS L. JANKOWSKI
 TREVOR E. KLEINEHLBRANDT
 JOHN C. KRIZAN
 JOHN H. LISTER
 JAMES C. MCDONALD
 WILLIAM M. MCGOWAN
 PHILLIP A. MILLERD
 WILLIAM F. MORGAN
 MARK G. MURPHY
 MATTHEW D. NAFUS
 WILLIAM S. NAGLE, JR.
 JACQUES C. NAVIAUX II
 JOHN G. NETTLES
 STEPHEN B. NICHOLS
 JAMES L. PARKER
 DAVID L. POHLMAN
 DANIEL J. REBER
 JOSEPH K. RILEY
 EMILIO T. ROVIRA
 DWIGHT C. SCHMIDT
 JOHN A. SKINNER
 WARREN J. SOONG
 JOSEPH M. STUART, JR.
 ERIC M. VEIT
 MICHAEL A. WABREK
 JAMES L. WATSON, JR.
 MARVIN A. WILLIAMS

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT
 TO THE GRADE INDICATED IN THE UNITED STATES MA-
 RINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

JOSE M. ACEVEDO
 DAVID AHN
 DARRIAN H. AINSWORTH
 CHRISTOPHER P. ALLAIN
 DARREN G. ALLISON
 NAIM I. ALQAADIR
 CHAD J. ALTHISER
 TIMOTHY D. ANDERLONIS
 MICHAEL R. ANDERSON
 SHAWN E. ANDERSON
 KIELLY A. ANDREWS
 JOSEPH F. ANDROSKI
 CHRISTOPHER E. ANNUNZIATA
 MICHAEL ANTHONY, JR.
 ZACHARIAH E. ANTHONY
 JOEL R. ARCHIBALD
 JUSTIN M. ARGENTIERI
 SARAH B. ARMSTRONG
 MARC F. ARNOLD
 JOSEPH A. ATKINSON
 JOSHUA P. BAHR
 COLIN F. BAILEY
 DOUGLAS A. BAKER
 NATHANIEL A. BAKER
 PETER Y. BAN
 JAMES H. BANTON, JR.
 RICHARD S. BARCLAY
 JAMES K. BARE, JR.
 DONALD J. BARNES
 RYAN D. BARNES
 RICARDO A. BARTON
 DANIEL M. BARTOS
 KATHARINE A. BARWICK
 JOSHUA R. BATES
 LONNIE A. BAXLEY
 JOHN R. BEAL
 HOWARD G. BEASEY
 MICHAEL S. BEASLEY
 ZEB B. BEASLEY II
 RICHARD T. BEESON
 JOHN M. BEICHNER, JR.
 DAVID M. BELL
 SCOTT M. BENNINGHOFF
 RYAN P. BENSON
 JOHN L. BERAUD
 NEIL R. BERRY
 BART A. BETIK
 NICHOLAS J. BEZANSON
 KEVIN M. BICKING
 JOSHUA P. BIGGERS
 JAMES C. BISE
 ALVIN C. BISSETTE
 PAUL B. BISULCA
 JOHN R. BITONTI II
 ADAM W. BLANTON
 KENDALL J. BODNAR
 MICHAEL J. BORNEO
 WILLIAM M. BOULWARE
 DAVID J. BOWER
 ROBERT R. BOYCE
 DOUGLAS R. BOYLE
 TIMOTHY F. BRADY, JR.
 MARK P. BRAITHWAITE

BRIAN J. BRAUER
 KEITH C. BRENIZE
 KEVIN D. BRIGGS
 ADAM W. BRILL
 KATALIN C. BROGDON
 MATTHEW R. BROWER
 KEVIN M. BROWN
 MATTHEW J. BROWN
 PETER E. BROWN
 KYLE A. BUCHINA
 ROBERT S. BUNN
 CHRISTOPHER M. BURNETT
 EUGENE E. BURRELL, JR.
 KYLE R. BUSH
 JOHN M. BUSSARD
 JARED E. CAGLE
 STANLEY P. CALIXTE
 GEORGE D. CAMIA
 TOMMASO CAMILLERI
 IAN S. CAMPBELL
 CESAREON E. CARAMANZANA
 REGINA V. CARBONARI
 MICHAEL CARLSON
 MANUEL F. CARPIO
 MICHAEL J. CARROLL
 CHRISTOPHER B. CARTER
 CHRISTOPHER T. CASEY
 ROBERT D. CASILLAS
 MICHAEL R. CASSIDY
 JOSHUA E. CAVAN
 BOLO S. CAVANH
 GREER C. CHAMBLESS
 MICHAEL K. CHANKIJ
 ROBERT F. CHAPELL
 SHAWN M. CHARCHAN
 DAVID P. CHEEK
 TOM CHHABRA
 RONALD G. CHINO
 ERIC W. CHRISTENSON
 BRIAN P. CHRISTIANSON
 ALAN J. CLARKE
 STEVEN M. CLIFTON
 DANNY J. COHLMAYER
 RAYMOND S. COLLINS
 STACEY B. COLON
 KEVIN T. CONLON
 CHRISTOPHER S. CONNER
 TRUSTUN G. CONNOR
 SCOTT A. CONSTANTINEAU
 JESSE B. COOK
 NEIL A. CORDES
 TIMOTHY F. COSTELLO
 LUKE A. COYLE
 JASON A. CRAIG
 WILFREDO CRAVE, JR.
 CHAD E. CRAVEN
 TAMERSEN J. CRITCHLOWGLENN
 WALTER D. CROMER, JR.
 VICTOR M. CRUZ
 CARLOS R. CUEVAS
 SAMUEL C. CUNNINGHAM
 SCOTT A. CUOMO
 JEFFREY S. CURTIS
 MARC R. DAIGLER
 MATTHEW T. DAIGNEAULT
 JOSEPH P. DAMICO
 BRIAN R. DAVIS
 EVAN A. DAY
 LANCE C. DAY
 WESLEY J. DEEVER
 JEREMY R. DELBOS
 ARLAN M. DELLA
 CHRISTOPHER D. DELLOW
 KENNETH J. DELMAZO
 CHRISTOPHER G. DEMETRIADES
 TERA D. DENIAL
 LAUREN K. DIANA
 MICHAEL J. DIGANGI
 NATHANIEL P. DOHERTY
 JAMES P. DOLLARD
 DWAIN A. DONALDSON II
 BRIAN C. DONNELLY
 KIRK D. DOOLEY
 DANIEL M. DOWD
 MATTHEW S. DOWNS
 ROY M. DRAA
 GERMAN E. DUARTE
 BRAD M. DUBINSKY
 SHARON L. DUBOW
 SHANE C. DUFFLE
 DAMIAN J. DUHON
 TYSON W. DUNKELBERGER
 DUANE A. DURANT
 ROBERT B. DYER
 GARRETT C. EBEBY
 SHANE A. EDWARDS
 WILBURT A. ELLIOTT
 DEREK I. EMERY
 ANDREW J. ERICKSON
 PAUL M. ERVASTI
 ALBERT G. ESKALIS
 LUKE T. ESPOSITO
 TERRY R. EVANS
 BENJAMIN D. EVERETT
 LUKE L. FABIUNKE
 ROBERTO C. FALCON
 NATHAN D. FAUGHT
 STEVEN M. FAYED
 ETHAN R. FEATHERLY
 RALPH L. FEATHERSTONE
 RAYMOND P. FELTHAM
 MARK R. FENWICK

MARK A. FERGUSON
 CHARLES P. FERRER
 CHAD R. FITZGERALD
 DANIEL S. FITZPATRICK
 JAMES P. FLASS
 BRADLEY G. FLURRY
 JASON T. FORD
 TYLER R. FOTHERINGILL
 DANIEL B. FRANCIS
 JOHN J. FRANKLIN
 JENNIFER A. FREDERICKSEN
 BRIAN E. FRIESTMAN
 GREGORY T. FUNK
 DANIEL R. GABLE
 KURT M. GALL
 SCOTT P. GALLAGHER
 MEREDITH E. GALVIN
 JAVIER A. GARCIA
 FRANCIS F. GARNER
 JANINE K. GARNER
 MICHAEL S. GARRISON
 SERGIO A. GARZA
 MARIO J. GASCA
 AARON M. GATES
 STEPHEN G. GAUGLER
 RYAN M. GEER
 ERIC P. GENTRUP
 ERIC L. GEYER
 JASON R. GIBBS
 JOHN F. GIBSON
 SETH F. GIBSON
 CRAIG A. GIORGIS
 JOSHUA GIRTON
 JONATHAN P. GLASS
 JOSHUA L. GLOVER
 DANIEL V. GOFF
 DANIEL R. GOHLKE
 SETH P. GOLDSTEIN
 MARK S. GOMBO
 CARLOS E. GONZALEZDAVILA
 GREGORY D. GOOBER
 ANDREA C. GOODE
 MARVIN D. GOODWIN
 CHRISTOPHER R. GORDON
 WILLIAM V. GORSUCH
 JABBAR R. GOUGHNOUR
 ANDREW G. GOURGOUIS
 ANTHONY J. GRABICKI
 THOMAS J. GRACE
 MICHAEL R. GRAHAM
 BENJAMIN W. GRANT
 ROBERT C. GRASS
 CHRISTOPHER G. GRASSO
 BRYAN K. GRAYSON
 ERIC D. GREGORY
 JOSEPH I. GRIMM
 DAVID M. GROSSO
 JEFF D. GROVES
 JOHN E. GRUNKE
 ABEL J. GUILLEN
 JOHN D. GWAZDAUSKAS
 BRIAN L. HAAN
 JEFFREY P. HAAS
 AARON R. HAINES
 CHRISTOPHER G. HAKOLA
 MATTHEW E. HALBERT
 JUSTIN J. HALL
 CHAD P. HAMILTON
 MARK A. HAMILTON
 BRENT A. HAMPTON
 ROBERT S. HARGATE
 PAUL W. HARRIS II
 RUSSELL D. HARRIS
 SCOTT W. HARRIS
 TRACEY L. HARTLEY
 CHRISTOPHER B. HAUGHTON
 BRADLEY J. HAUSMANN
 CARL A. HAVENS
 BRIAN M. HAWKINS
 ROGER W. HEAD, JR.
 RYAN R. HEISINGER
 THOMAS J. HELLER
 RUSSELL R. HENRY
 JASON E. HERNANDEZ
 ROBERT E. HERRMANN
 MARCUS A. HINCKLEY
 MICHAEL T. HLAD
 GEOFFREY L. HOEY
 NATHAN F. HOFF
 DAVID B. HOLDSTEIN
 KENNETH B. HOLLINGER
 THOMAS M. HOLLMAN
 PAUL J. HOLST
 JOHN K. HOOD
 ANGELA R. HOOPER
 RANDY D. HOOPER
 CHRISTOPHER M. HOOVER
 SARA E. HOPE
 CHRISTOPHER R. HORTON
 TERRY W. HORTON, JR.
 CLINT A. HOCHINS
 MATTHEW W. HOWARD
 DANIEL E. HUGHES
 DAVID W. HUGHES
 TIMOTHY J. HUMPHREYS
 JOHN M. HUNT
 SEAN M. HURLEY
 MICHAEL W. HUTCHINGS
 CALEB HYATT
 JASON M. IVERSEN
 EMILY A. JACKSONHALL
 LUKE J. JACOBS

AMY J. JAMES
 GRACE K. JANOSK
 SHANE B. JENSON
 BROOK K. JERUE
 ROBERT J. JONESSEE
 CHRISTOPHER C. JOHNSON
 MELISSA J. JOHNSON
 COURTNEY A. JONES
 ELI J. JONES
 ERIC T. JONES
 GEORGE L. JONES, JR.
 JASON R. JONES
 JOHN D. JORDAN
 EDWARD J. JORGE
 DAVID L. JUPITER
 MICHAEL D. KANIUK
 STEPHAN P. KARABIN II
 KENNETH M. KARCHER
 MATTHEW B. KAVE
 JEFFREY P. KEATING
 RALPH O. KEENER, JR.
 NICHOLAS J. KELLER
 ANDREW W. KELLNER
 JOHN F. KELLY
 TIMOTHY E. KENT
 PATRICK C. KEPLINGER
 THOMAS W. KERSHUL
 BRYAN L. KILL
 SUSAN M. KILPATRICK
 ANDREW J. KINGSBURY
 JOHN S. KINITZ
 JOSHUA S. KIRK
 ROBERT A. KLEINPASTE
 MICHAEL W. KNAPP
 CHRISTOPHER T. KOCAB
 ERICK G. KOOB
 TY B. KOPKE
 MARCUS H. KRAUSS
 DOUGLAS P. KRUGMAN
 DAERYONG M. KU
 JASON K. KURZ
 ALEXANDER T. KUSHNIR
 JASON B. LADD
 TERESA N. LAKE
 DARRYL P. LAMBERTH
 ERIC M. LANDBLOM
 LERON E. LANE
 JENNIFER L. LARSEN
 MATTHEW P. LAVALLEE
 ERIC LECKIE
 DAVID J. LEE, JR.
 JASON T. LEIGH
 DAVID C. LEMKE
 AARON D. LENZ
 ROBERT A. LEONARD
 WARREN LEONG
 MICHAEL LEPORE
 MARC E. LEWIS
 WILLIAM B. LEWIS
 MICHAEL D. LIBRETTO
 CRAIG H. LIGUORI
 CHRISTOPHER S. LITTY
 TODD H. LITVIN
 MICHAEL J. LORINO
 DANIEL F. LOUGHRY
 DAVID A. LOUIE
 JASON D. LOVELL
 ERIK G. LOYA
 MICHELLE I. MACANDER
 WALTER A. MAESSEN III
 RICHARD S. MAIDENS
 ADAN C. MALDONADO
 AMY E. MALUGANI
 ARTURO MANZANEDO
 WILLIAM E. MARCANTHEL, JR.
 JOSEPH K. MARKEL
 PAUL J. MARKO
 SEAN K. MARLAND
 CLINT R. MARSHALL
 ZACHARY D. MARTIN
 CARL B. MARTINEZ
 RACHEL A. MATTHEZ
 BRIAN D. MAURER
 STEVEN D. MAYS
 JOSEPH S. MCALARNEN
 MATTHEW A. MCBRIDE
 TREY M. MCBRIDE
 JEFFREY V. MCCARTHY
 JOHN M. MCCLENDON
 ADAM C. MCCULLY
 CHRISTOPHER C. MCDONALD II
 ROBE T. MCDONALD
 MICHAEL S. MCDOWELL
 THOMAS R. MCGOLDRICK
 WILSON R. MCGRAW
 DANIEL P. MCGUIRE
 MICHAEL D. MCGURREN
 PATRICK A. MCKINLEY
 WILLIAM R. MCLEAREN
 CHRISTOPHER D. MCLIN
 WAYNE A. MCMILLAN
 MICHAEL C. MCVICKER
 RICHARD G. MCWILLIAMS
 CHRISTOPHER D. MEIXELL
 MADELINE M. MELENDEZ
 SEAN M. MELLON
 CHRISTOPHER M. MERCER
 ROBERT D. MERRILL, JR.
 DAVID A. MERRITT
 ROBYN E. MESTEMACHER
 JAMES R. MEYER
 MICHAEL T. MEYER

MICHAEL L. MEYERS
 JASON W. MILBRANDT
 MATTHEW T. MILBURN
 DAVID E. MILLER
 MICAH M. MILLER
 PATRICK A. MILLER
 RYAN L. MILLER
 ERICK MIN
 ROY L. MINER
 KEYSTELLA R. MITCHELL
 TONY M. MITCHELL
 BRENT S. MOLASKI
 MICHAEL V. MONETTE
 ADAM S. MONTEFORTE
 SCOTT J. MONTGOMERY
 JAMES M. MOORE
 JAMES M. MOORE, JR.
 JOHN T. MOORE
 NATHAN O. MORALES
 RICARDO R. MORENO
 DANICA J. MOTTOLA
 JOSHUA P. MOUNTAIN
 KATE L. MURRAY
 MATTHEW MURRAY
 MICHAEL W. MURRAY
 MIKEAL S. MURRAY
 NICHOLAS R. NAPPI
 KIMBERLY A. NARVID
 DAVID S. NASCA
 GLEN E. NEISES
 CHARLES D. NICOL, JR.
 DAVID C. NICOL
 JOSE A. NICOLAS
 CHRIS P. NIEDZIOCHA
 MARK A. NOBLE
 ANDREW J. NORRIS
 JOSHUA J. NORRIS
 DAVID S. NOWLIN
 LISA M. OBRLEN
 MATTHEW R. OHARA
 ELIZABETH A. OKOREHBAAH
 ERIC M. OLSON
 JAHN C. OLSON
 DANIEL J. OREILLY
 BRIAN J. OSHEA
 JEB A. OUTTRIM
 TERRY D. PARCHMAN
 CHARLES E. PARKER, JR.
 RANDALL L. PARKER
 DANIEL L. PARROTT, JR.
 JIEMAR A. PATACIL
 JEFFREY B. PATTAY
 TRAVIS L. PATTERSON
 FERDINAND P. PECHE
 IAN D. PEDDEN
 JAMES L. PELLAND
 JOHN W. PELZER
 OMAR N. PERALTA, JR.
 JOSE J. PEREIRA
 KEITH M. PETERSON
 BRADY P. PETRILLO
 DU Y. PHAM
 ELIZABETH PHAM
 SHAWN M. PHILLIPS
 BRADLEY A. PIERCE
 LAWRENCE V. PION III
 NUNO M. PIRES
 NICHOLAS M. POMARO
 DAVID W. POPE
 JACOB D. PORTARO
 ROBERT J. PORTER
 MATTHEW M. POWERS
 MICHAEL V. PRATO
 JOHN V. PRICEVANCELEVE
 LUKE J. PRIGG
 CARL J. PUNZEL
 JIM J. PUREKAL
 KERRY R. QUINBY
 ALEJANDRO D. QUINN
 MARTY L. RADDIGAN
 ZACHARY J. RASHMAN
 BILLY J. RATLIFF, JR.
 PHILIP M. RAYMOND
 ANTHONY J. RAYOME
 BENJAMIN M. READ
 WADE C. REAVES
 JASON B. REED
 FOREST J. REES III
 JUSTIN E. REETZ
 JACOB S. REEVES
 JAMES B. REID
 MATTHEW D. REIS
 LISA J. REUTER
 LETICIA REYES
 FRANK B. RHOBOTHAM IV
 STACEY W. RHODY
 NATHAN A. RICE
 PHILLIP N. RICHARDS
 KATHIA E. RIVAS
 JEFFREY M. ROBB
 KENT A. ROBBINS, JR.
 MICHAEL S. ROBERTS
 SEAN F. ROBERTSON
 RICHARD H. ROBINSON III
 SHAWN T. ROBINSON
 TIMOTHY J. ROBINSON
 FELIX A. RODRIGUEZ
 OSCAR E. RODRIGUEZ, JR.
 GERALD W. ROEDER, JR.
 JAYMES E. ROEDL
 ALEXANDER T. ROLOFF
 JOHN J. ROMA

JASON W. ROOKER
 SAMUEL ROSALES
 JAMES T. ROSE
 JOSHUA T. ROSE
 DANIEL H. ROSENBERG
 SHANE R. ROSENTHAL
 MICHAEL H. ROUNTREE, JR.
 IAN H. ROWE
 DANNY ROZEK
 AMY B. ROZNOWSKI
 CHRISTOPHER J. ROZSZYPAL
 TARA A. RUSSELL
 THOMAS J. RYAN
 FRANKLIN V. SABLAN
 MATEO E. SALAS
 RUDY G. SANCIDO
 MARK D. SAMEIT
 GREGORY A. SAND II
 ERIC A. SANDBERG
 AARON D. SANDERS
 THOMAS W. SAVAGE
 RUSSELL W. SAVATT IV
 RICCARDO D. SCALISE
 JASON S. SCHERMERHORN
 KENNETH W. SCHOONOVER
 MATTHEW P. SCHROER
 MATTHEW T. SCOTT
 TIMOTHY J. SCOTT
 CHRISTOPHER R. SEIGH
 PATRICK J. SEIPEL
 PETRA L. SEIPEL
 JOE A. SERVIN
 OSCAR V. SESSOMS IV
 ROBERT S. SHEARER
 SCOTT A. SHIDLER
 THOMAS P. SHIELDS
 DERRICK SIMMONS
 THOMAS P. SIMS
 ERIC J. SJOBERG
 MICHAEL B. SLATT
 CHRISTOPHER T. SMITH
 MICHAEL F. SMITH
 OWEN A. SMITH
 RANDALL D. SMITH
 VICENTE A. SMITH
 CRAIG R. SNOW
 JARED M. SNOW
 DEREK J. SNYDER
 EDWARD T. SOLEY, JR.
 DAVID J. SON
 CHINPASSEU SONETHAVILAY
 ANTHONY G. SOUSA
 PATRICK S. SPENCER
 BRENT W. SPOOR
 JOHN W. SPORTSMAN
 PHILLIP K. SPRINCIN
 MATTHEW A. SPROAT
 PAUL E. STANKEVICH
 DAVID R. STARK
 KRISTOFOR W. STARK
 ROBERT P. STCROIX, JR.
 BRIAN J. STEPHENSON
 DOUGLAS R. STEVENS
 JOHN M. STEVENS
 ROBERT N. STONAKER
 RUSSELL A. STRANGE
 SCOTT T. STURROCK
 WALTER SUAREZ
 JEREMY L. SULLIVAN
 JUNWEI SUN
 NATHAN E. SWIFT
 ROBERT J. TART
 CHRISTOPHER A. TAYLOR
 ROBERT L. TAYLOR, JR.
 RONELLA P. TAYLOR
 ROY L. TAYLOR, JR.
 ARTHUR R. TERRY II
 KHALILAH M. THOMAS
 DANIEL W. THOMPSON
 MARK A. THOMPSON
 STEVEN R. THOMPSON
 JAMES D. THORNBURG, JR.
 JUANMICHAEL G. TJERINA
 GORDON L. TOPPER
 JAMES S. TOPPING
 ANGEL M. TORRES
 PABLO J. TORRES
 JAMES H. TRAYLOR, JR.
 BRIAN K. TRIEVEL
 THOMAS N. TRIMBLE
 JOSEPH P. TROYAN III
 ANASTASIOS TSOUTIS
 ERIK K. TYLER
 WILLIAM L. TYREE, JR.
 SHAWN D. TYSON
 PAUL S. UMBRELL
 PAMELA N. UNGER
 JACOB C. URBAN
 DAVID A. VALENTINO
 MATTHEW A. VANECHO
 JORDAN V. VANNATTER
 MICHAEL C. VASQUEZ
 BLAKE E. VEATH
 SIDDHARTHA M. VELANDY
 JACOB P. VENEMA
 BRIAN R. VONKRAUS
 JOHN P. VOORHEES
 ROBERT S. VUOLO
 ARMIN H. WAHL
 NICHOLAS D. WALDRON
 EARLIE H. WALKER, JR.
 MARC T. WALKER

COURTNEY E. WALSH
KEVIN C. WALSH
WILLIAM T. WALSH
ROBIN J. WALTHER
ASA C. WARRINGTON
NICHOLAS G. WEBB
SCOTT M. WEINPEL
TONY J. WEIR
RYAN J. WEISHEYER
SCOTT D. WELBORN
JOSHUA O. WHAMOND
CHRISTOPHER S. WHITE
RONALD WHITE, JR.
EDWIN J. WHITEMAN

RUSSELL P. WIER
MICHAEL J. WILDAUER
TREVOR A. WILK
ERIC L. WILKERSON
RICHARD T. WILKERSON
CORBIN T. WILLIAMSON
JAMES H. WILLIAMSON
JOSEPH M. WILLS
CARLTON A. WILSON
BRADLEY J. WIMSATT
HUGH O. WINGATE
ADAM J. WINSLOW
BRIAN M. WLOCH
ROBERT D. WOLFE

MATTHEW D. WOODS
ADAM J. WORKMAN
LUKE R. WRIGHT
TIMOTHY D. WRIGHT
KEO S. YANG
BEATRIZ YARRISH
JEREMY R. YAUCK
ELGIN D. YOUNG II
MARCUS L. YOUNG
FRANCISCO X. ZAVALA
CARL L. ZEPPEGNO
CHAD W. ZIMMERMAN

EXTENSIONS OF REMARKS

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD

on Monday and Wednesday of each week.

Meetings scheduled for Tuesday, December 22, 2009 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED DECEMBER 24

10 a.m.

Judiciary

Business meeting to consider S. 714, to establish the National Criminal Justice Commission, S. 1624, to amend title 11 of the United States Code, to provide protection for medical debt homeowners, to restore bankruptcy protections for individuals experiencing economic distress as caregivers to ill, injured, or disabled family members, and to exempt from means testing debtors whose financial problems were caused by serious medical problems, S. 1765, to

amend the Hate Crime Statistics Act to include crimes against the homeless, S. 1554, to amend the Juvenile Justice and Delinquency Prevention Act of 1974 to prevent later delinquency and improve the health and well-being of maltreated infants and toddlers through the development of local Court Teams for Maltreated Infants and Toddlers and the creation of a National Court Teams Resource Center to assist such Court Teams, S. 1789, to restore fairness to Federal cocaine sentencing, H.R. 1741, to require the Attorney General to make competitive grants to eligible State, tribal, and local governments to establish and maintain certain protection and witness assistance programs, and the nomination of O. Rogeriee Thompson, of Rhode Island, to be United States Circuit Judge for the First Circuit.

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