

Finally, let me just say later on today we will have a vote in relation to the FSC bill. It is a cloture vote. I urge my colleagues to support cloture today. This has been a long and unnecessarily complicated struggle. All we have wanted from the beginning was an opportunity to vote on a number of key amendments. We have had the vote now on overtime. We have had the vote on outsourcing. We intend to have a vote today on unemployment compensation and a number of other issues we felt were very important in the overall context of the creation of good jobs.

We are not finished. There will be other amendments offered to other vehicles, but, in large measure, because we held our position on cloture, we are now at a point where we have been able to protect our Members and offer the amendments we thought were most important. We will certainly work with our Republican friends to bring the debate to a close, deal with a number of still germane amendments that have to be addressed on FSC before we move on to other important legislative matters, including IDEA.

We hope to complete our work on FSC today; if not today, certainly tomorrow. We will then move on to other matters.

I yield the floor.

MORNING BUSINESS

The PRESIDENT pro tempore. Under the previous order, there will be a period for the transaction of morning business for up to 60 minutes, with the first half of the time under the control of the Democratic leader or his designee, and the second half of the time under the control of the majority leader or his designee.

The Senator from Illinois.

Mr. DURBIN. Mr. President, I yield myself 15 minutes from the time allotted to the Democratic side of the aisle.

The PRESIDENT pro tempore. The Senator is recognized for 15 minutes.

COVER THE UNINSURED WEEK

Mr. DURBIN. Mr. President, the preamble to our Constitution makes it clear what our responsibilities shall be and puts in order that first we provide for common defense and then promote the general welfare. A lot has been said on the floor of the Senate about our common defense, what is happening in Iraq and Afghanistan in our war on terrorism. It is an issue front and center for the American people, as it should be.

Considering that issue alone is to ignore our obvious requirement under the Constitution to also promote the general welfare. We need to look beyond the defense issue to the welfare of American citizens and look to specific items that concern them. This I can tell you with some degree of certainty.

Pick any State in this Union. Allow me or anyone to visit that State and

meet with businesses large and small, and families, and ask them what they are worried about, what do they sit and talk about, what are the issues that give them caution about the future.

What I have found in Illinois, which is a fairly typical State, being rural and urban south and north and midwestern, as well as showing signs of big city with our city of Chicago, when I have visited with these businesses for the is that last several years—small and large businesses alike—their concern is the cost of health insurance. Over and over they say to me: Senator, we are glad you are out there. We are glad you are serving in the Senate. When are you going to start talking about issues that really count for us when it comes to our business and its costs?

This year we are going to make certain that we at least raise this issue in debate on the Senate floor, even if we will not raise a single bill to be considered in the Senate to deal with this issue and grapple with it.

This is "Cover the Uninsured Week" across the United States. An impressive coalition of individuals and groups have come forward. Former President Jimmy Carter, former President Gerald Ford, the AFL-CIO, the U.S. Chamber of Commerce, AARP, United Way, the Catholic Health Association, and the American Medical Association have all come forward this week and said: Do not overlook the obvious. Too many people in America do not have health insurance.

Mr. President, 44 million people in our country, 15.2 percent of our population, were uninsured in the year 2000—that was up from 14.6 percent the year before—the largest single-year increase in both number and rate of uninsured people in a decade.

When one wants to measure the strength of the economy and whether we are recovering, it is not enough to say a person has a job. Clearly the obvious question has to be asked: Does the job pay a decent wage? Is there any health insurance coverage involved in it?

We are finding the raw statistics of employment do not tell the whole story. Keep this in mind: More than 20 million working adults lacked health insurance in the year 2002 and the number is growing. These are not lazy people, stretched out on the couch watching soap operas and eating chocolate-covered cherries. These are people getting up every morning, getting the kids off to school, getting a little bit of lunch together, heading off to work, knowing full well if they start feeling bad, if they need to go to a doctor or a hospital, they have to pay for the whole thing out of their own pocket.

There are 20 million Americans without health insurance. Part of the reason is, of course, the cost of health insurance is outpacing inflation and workers' earnings. So if one is earning more money, it is not enough because the cost of health insurance is going up

dramatically. Look at these charts, which show from 1996 a 14-percent increase in the cost of health insurance. I think that shows what we are faced with. Look on this chart at wages, which linger around 2 or 3 percent.

The cost of health insurance goes up dramatically. Premiums have outpaced inflation by 4½ times. For the last 6 years, health insurance premiums have increased more than wages. If we go to virtually any city in America and ask why workers are on strike, why they are involved in a long contract dispute, we will find the underlying cause is the cost of health insurance.

Over and over again, I cannot tell my colleagues how many times not only business owners but members of labor unions have said to me: It is breaking our back. We have a dollar more an hour for the next year and every darn penny of it is going to health insurance and we have less coverage.

This is the reality of what businesses and workers face across America, but it is not the reality of what we debate on the Senate floor.

I have had the honor to serve in this Chamber for almost 8 years and in that period of time there has been no—underline no—serious discussion of this issue. In that period of time since 1996, up go the costs of health insurance premiums, down goes the conversation on the Senate floor and in Congress about what we can do about it as a nation.

Since President Bush took office, the number of uninsured Americans has risen by almost 4 million people from 39.8 million in the year 2000 to 43.6 million in 2002, almost a 10-percent increase. Look at the average premiums, from \$2,426 on an annual basis to \$3,060 in the year 2002; a 26-percent increase in the health insurance premiums, and almost 10-percent increase in the number of people.

In his State of the Union Address, President Bush called for high quality, affordable health care for all Americans and argued we must work toward a system in which all Americans have a good insurance policy. Take a look at his budget. Rhetoric in a State of the Union Address is almost meaningless if the President's budget does not address it. Frankly, this budget does not. The President calls for a tax credit proposal but says before we can enact it we have to offset it with cuts in other areas.

I will tell my colleagues how impossible that is. As our defense budget goes up dramatically at historically high levels, as spending for homeland security goes up in our war on terror, as the national increase in costs for Social Security and Medicare goes up, the amount of money left over for everything else in our Government, education, health care, infrastructure, corrections, all of those things have been shrinking.

We face the largest deficit in the history of the United States of America under this administration, which has

given us tax cuts in time of war, virtually unprecedented in American history, and the largest deficit in the history of the United States. So when the President says we will deal with health insurance with a tax credit proposal and we will offset it by cutting spending in domestic programs, frankly, it is an empty promise.

I will tell my colleagues what this means: A 55-year-old in America today buying health insurance as an individual is going to pay at least as high as \$6,000 in annual premiums. If one is in an employer-based group, one might pay closer to \$1,000 out of pocket. Now the President and many Republicans are coming forward with health savings accounts. Quite frankly, this is a very suspicious proposal. When one looks at the company that is behind health savings accounts, it turns out to be a very politically well-connected company. Originally, Golden Rule, which was out of Illinois and Indiana, became United Health Care and came up with health savings accounts, which frankly are not going to provide the relief America needs for our serious health insurance problems.

Then the administration has suggested something called association health plans. What that means is the health insurance for groups, small businesses, for example, would be exempt from State regulation and coverage requirements. What does that mean? Right now, insurance is a State responsibility. My State of Illinois, the State of Alaska, and the State of Iowa, all of the States, have insurance commissioners to make certain the companies selling health insurance are solvent.

If a company is going to sell health insurance in my State, they have to prove they have the money to back it up when the claims are filed.

The State association health plans that are now being suggested would be exempt from State regulation, so people will not be certain of the solvency of the companies involved. So what is that worth? A State health association plan with no guarantee of solvency could be worth nothing, and it has been worth nothing.

Secondly is coverage. In my State, we have requirements; if one wants to sell health insurance, here are the things they must cover. Let me give one example because it is a provision in Illinois law I added as a staff attorney many years ago. There was a time when one could sell a family health insurance policy in Illinois and exempt from coverage newborn infants for 30 days after they were born—a pretty smart provision from the insurance company point of view. The baby has a problem at birth, it can be very expensive. They said, if that happens, the family is on their own for 30 days.

We said, no way. If a company wants to sell health insurance in Illinois, they cover that baby from the moment of birth and everything that might happen. We required it in law. When a

person goes to these association health plans, it would exempt this coverage requirement for newborn coverage, for mammograms, and for many of the things we consider essential for real health insurance coverage.

We asked the Secretary of Health and Human Services Tommy Thompson what about the state of health care in America? Do you not think we need to be concerned about uninsured people? Should we not move toward universal coverage? Here is what he said on February 3 of this year:

Even if you don't have health insurance in America, you get taken care of. That could be defined as universal health care.

What does he mean? He means if someone sick shows up in an emergency room, they will not turn that person away. That is Secretary Thompson's view of universal health care and that is why this conversation is going nowhere in Washington, DC. This administration has no meaningful proposal to deal with the health insurance crisis in America. This Congress is afraid to act and has refused to address it. We have refused to address the No. 1 business and labor issue in America today.

In 2003, nearly half of uninsured adults postponed seeking medical care and over a third say they needed it but did not get it in the previous year. More than a third of the uninsured had a serious problem paying medical bills in the last year. The list goes on.

Uninsured people still have to do their best to pay, though. If a person shows up at a hospital and they are provided care, even if they have a low-paying job, they may find themselves being hounded for the payment to the hospital. That is not unusual.

I might add as a postscript, many of my colleagues in the House are raising questions as to why the uninsured person is charged dramatically more at a hospital than someone who is under an HMO or under a Medicaid plan. They are charged 600 to 700 percent above the charge of the low plans. I am speaking about people who have no money to pay.

Bertha Hardiman, who is a 60-year-old laundry worker in Chicago, makes \$17,000 a year. She was sued by a Chicago hospital because of a \$6,200 hospital bill. A law enforcement official showed up at her door with a summons. She worked out a payment plan. This 60-year-old lady is paying \$200 a month, 15 percent of her monthly take-home pay.

A hospital in Champaign-Urbana in my State filed a collections lawsuit against Kara Atteberry, a 26-year-old single mother of two. They said she failed to pay \$1,678 after treatment for a miscarriage. She is a waitress at a pizzeria. She was unable to get off work to go to the court hearing and a arrest warrant was issued. She turned herself in to the authorities because she didn't want to be facing the embarrassment of being arrested in front of her daughters. That is what happens in

America when you are working at a low-wage job and you have a hospital bill of even \$1,600 that you can't pay.

There is a better way. We have to first look at the obvious. Businesses are overwhelmingly looking for ways to save money on health care. This shows the number of businesses that have been shopping for new plans, the number of businesses that have changed health care plans, that are in a constant search to find affordable health insurance because, frankly, it is outstripping their ability to be profitable and to pay their workers.

How big an obstacle are health insurance costs in hiring? Take a look at this chart. When, you ask, is it not an obstacle for businesses in America? An obstacle? Look at the numbers: 71 percent of the businesses in 2000 said health insurance costs were an obstacle to hiring employees, 64 percent in the next year, 71 percent in the year 2002, and 78 percent in the year 2003.

I am glad my colleague Senator BLANCHE LAMBERT LINCOLN of Arkansas has come to the floor because she and I believe this conversation should not stop with a lot of complaints.

We ought to be moving forward in a constructive way. What we suggest is very basic. We think American businesses and workers should be entitled to the same health insurance opportunity to which Senators and Congressmen and Federal workers are entitled.

The Federal Employees Health Benefits Program is an amazing opportunity. We have the best health insurance in the world. Is it our own creation? No. We shop in the marketplace. Each year we have an open enrollment period for every Federal worker, to pick the best health insurance plan for their family. My choice in Illinois is seven to nine plans each year from which to pick, for my wife and myself. How much do we want to pay? What kind of coverage do we want? We go shopping as people shop for a car.

What we are suggesting is creating a pool of health insurance coverage for small businesses and groups around America, very similar to the Federal Employees Health Benefits Program. It would basically give these small businesses an opportunity to be part of a purchasing pool that is very large, to shop with individual private insurance companies, and to get the benefits of lower costs. We think this is a fair way to approach it. Senator LINCOLN will give more detail on that as she addresses the Senate this morning.

I yield the floor.

The PRESIDENT pro tempore. The time of the Senator has expired.

Mr. REID. On my time, I ask a question of the Senator. I ask the Senator to comment through the Chair.

A lot of people think that doctors are getting fat in our modern society. The fact is, in Nevada—I am sure it is the same in Illinois and Arkansas—doctors are having a difficult time with the managed care programs and the mass numbers of uninsured.

So I ask, does my friend agree that we in this Congress are doing things not to help the physician himself? For example, we come to this floor often and talk about medical malpractice reform, setting caps. Half the doctors you talk to recognize that is not going to help them. But a program the Senator from Illinois has advocated, and I have joined with him, giving an incentive taxwise, a tax credit to a doctor for insurance premiums, they would love that because it would give them immediate help.

The point I am making is we have a health care crisis in this country and the physicians are part of it. They are not doing as well as I personally would like. Would the Senator agree with that?

Mr. DURBIN. I thank the Senator. In response to his question, let me tell you if I am sick or a member of my family is sick, and I look up from that gurney, I want to see the best and brightest physicians in America looking down at me, and I want them to feel they are being rewarded for many years of study and hard work. They are facing frustration today because HMOs are taking away their power to make medical decisions.

Second, I believe there are costs of practice, which include malpractice premiums. In my State, they are terrible. The increases in some areas are unbearable and physicians are retiring from practice. I do not believe putting a cap on the monetary recovery of innocent victims of malpractice is the answer.

As the Senator from Nevada has alluded, I think the way to approach this is to make sure we help these physicians pay for the malpractice premiums with a tax credit. Let us give them a helping hand. Let us recognize we need to do something about it. I think it is incumbent upon us in the Senate, with a leader who is a medical doctor, Senator FRIST, to come together on a bipartisan basis. We can do this. We can have good, affordable health care in America. We can start expanding insurance instead of reducing it. We are not going to have a jobless economic recovery and we are not going to have an economic recovery where people don't have health insurance, and have this country believe we are moving in the right direction.

Mr. REID. Mr. President, I yield 10 minutes to the Senator from Arkansas.

The PRESIDENT pro tempore. The Senator from Arkansas is recognized for 10 minutes.

Mrs. LINCOLN. Mr. President, I thank my colleagues from Illinois and Nevada for being here to talk about an issue critical to our country. I rise to speak about the same issue, the growing crisis of the uninsured here in our great country. I have devoted a great deal of time and energy during my career in public service to develop solutions to our health care crisis. I believe it is critical, as Senator DURBIN has mentioned, that we begin by dealing

with this problem of the uninsured and doing it now.

This is an issue on which we can come together and work through our differences and produce a product that actually is not only going to provide a better quality of life for all Americans, but it is also going to be an enormous step in dealing with the economics and the budgetary concerns that we have in our country today.

One of our No. 1 employers in most of our communities in rural America are our health care providers. It is not just that the health care providers provide us with the quality of life and the medical care we need, but they are also a huge part of the economy in this country, if we can begin to work toward balancing that out and making sure we can predict what people's needs are going to be and where that payment is going to exist.

The fact is, the number of uninsured in our country is alarming and it must become more of a national priority. One of the ways we have noticed it tremendously in our State of Arkansas is the number of uninsured who serve in our Guard and Reserves. We have found they are uncovered until they are activated. It creates a huge national crisis in many instances because we can't call these individuals up until they meet military health specifications. Most of them are employed by small businesses, so they are not getting the health care they need.

The consequences of not addressing this problem are enormous, in terms of our Nation's physical and economic well-being. Right now, as many as 44 million Americans are uninsured. The vast majority, over 80 percent of the uninsured persons under the age of 65, are part of families where at least one family member is working. Many times, these individuals' jobs do not provide insurance or the coverage offered is too costly, given their limited incomes. Buying insurance on the individual market is unthinkable for many because the costs can be even higher in that marketplace.

In my home State of Arkansas and in other rural States, the health care crisis has its own special character. In Arkansas, over 400,000 lack health insurance. Given the scope of this problem in Arkansas and nationwide, we need to develop innovative solutions to ensure people get the coverage they need.

Why is access to health insurance so critical? Many believe even if people don't have access to insurance, that they still have their health care needs taken care of. I have no earthly idea where they come up with this misconception.

The truth is, without health insurance many Americans find themselves faced with a barrier to health care. Uninsured families have less access to important screenings, the state-of-the-art technology that we have so meticulously developed, and prescription drugs. Uninsured adults have a 25-percent greater mortality risk than adults

with health care coverage. An estimated 18,000 deaths among people younger than 65 are attributed to the lack of health insurance coverage every year.

Uninsured adults with chronic conditions such as diabetes, cardiovascular disease, HIV infection, and mental illness have less access to preventive care and have worse clinical outcomes than insured patients. Uninsured adults negatively affect our health care providers and local economies, too.

Senator REID from Nevada brought up the issue of our health care providers who are trying desperately to provide needed medical care. A community's high rate of uninsurance can adversely affect the overall health status of the community, the financial stability of its health care institutions and its providers, and access to emergency departments and trauma centers. I can assure you hospitals in Arkansas will tell you how much uncompensated care jeopardizes the access to health care for the communities they serve.

The facts make it clear. People without health insurance don't have their health care needs taken care of. Those who lack health insurance don't get access to timely and appropriate health care. For Americans without health insurance, children and adults suffer worse health and die sooner than those who have health insurance.

It is clear the uninsured who have inadequate health care options tend to fend for themselves in the marketplace and with health care providers. Working families need help with this problem and they need it today. The lack of insurance also creates tremendous financial obstacles for working families. If an uninsured family member has serious health problems such as cancer or a heart attack, the bills can destroy the financial foundation of that entire family. Uninsured families are more likely to pay a higher percentage of their income for medical care, and often will have to borrow money from family members to cover medical expenses. The reality is debt from medical expenses often drives the uninsured into bankruptcy. In my home State of Arkansas, the No. 1 cause of bankruptcy is high medical bills.

Recently, I, along with Senator DURBIN, Senator CARPER, and Senator REID, introduced legislation in the Senate to help more Americans get access to health insurance coverage through their employers. We know that is the most logical place for them to access it.

Small businesses are the No. 1 source for jobs in Arkansas. What better way to help our economy than to help these small businesses offer affordable health care options. More than half of workers in firms under 100 people make less than \$25,000 a year—\$25,000 a year, and they don't even get the child tax credit when we don't make it refundable. Can't we at least do something about providing them some health care? A

high proportion of businesses with low-wage workers are much less likely to offer insurance.

Our bill, The Small Employers Health Benefits Program Act, will provide the self-employed and the small businesses with a variety of private insurance plans. This approach would give these employers access to a larger purchasing pool and negotiated rates for health insurance. They would get more choice at lower costs—exactly what we as Federal employees get. The purchasing pool will be similar in the structure to the Federal Employees Health Benefit Program to which all Government employees across this great country have access.

This is a far cry from the associated health plans some folks here in Washington talk about. These other plans—AHPs—allow companies to cherry-pick only the healthiest workers, leaving a pool of the sickest and neediest without coverage. That is not a way to attack this problem. It is only going to drive up costs in the long run.

Our plan would provide more comprehensive coverage to a far greater number of workers. We have seen its success in what it provides to us and to our workers in the Federal Employees plan, not to mention all of the others who work in Federal Government across this land, from rural areas to urban areas.

We have seen the increase in our ability to offer them choice and better cost. If we can make health insurance more affordable for all of these workers through their employers—all of these small-business workers—we would not necessarily solve the problem of the uninsured, but we would certainly make an enormous dent in it.

Our plan would go a long way toward making health care more accessible for millions of workers and their families. After all, more than half of the private sector workers in the United States are employed by small businesses, and many of these businesses struggle with the cost of providing quality health coverage. That would go a long way toward helping to ease some of the anxiety and concerns people in this country are feeling. In my home State, 76 percent of businesses have fewer than 50 employees, so Arkansans would benefit greatly from this program.

I have heard from many of our small-business owners in Arkansas who have been forced to drop or reduce their employees' health coverage because of the high cost. But it is not just small businesses. Health care and health care costs in this country are the first item of business for anyone who comes into our offices to talk to us about their needs and concerns.

These small-business employers want to provide their employees with the best coverage possible because they recognize how valuable health insurance is as a tool for boosting recruitment, retention, and employee morale, not to mention their production. They are so much more productive when

they have healthy people in their workforce.

Clearly, health insurance can play a vital role in the overall success of a small business. Our plan would help our small-business owners provide employees with health coverage at a much lower cost—a win-win situation for everyone.

With solutions such as this, health insurance plans for small businesses, we can ensure health coverage is a fundamental component of every American worker's economic security.

We must make the growing number of uninsured in our country a priority. It must be a priority we all embrace in the Senate. It is clear working families are not getting the health care they need. Let us come together and do something good for the hard-working folks in this country who can't afford health insurance today.

For those who can't get access to the most basic of preventive medicine, Congress needs to address this issue. The high cost of health care in the United States is giving other developed countries an advantage in keeping and attracting jobs.

For each car they build, DaimlerChrysler AG pays about \$1,300 in employee health care costs. When they make a car in Canada, they pay hardly anything. That is why the Big Three automakers actually lobbied the Canadian Government to maintain their national health care system.

At a time when jobs are leaving our country, at a time when health care insurance premiums are rising by leaps and bounds and working families are feeling insecure about their jobs and health care coverage, Congress must do something, and we can do it now.

Mr. REID. Mr. President, when we finish with morning business, we will have about 15 minutes remaining to speak on the Cantwell amendment. All Senators who wish to speak on the Cantwell amendment should get over here at about 10 after 11. Time will be equally divided. That is the only opportunity to speak on the Cantwell amendment today prior to the vote.

The PRESIDING OFFICER (Mr. SUNUNU). The Senator from Utah.

Mr. BENNETT. Mr. President, what is the time situation?

The PRESIDING OFFICER. The majority controls 30 minutes of morning business, and the time of the minority has expired.

Mr. BENNETT. Mr. President, I will claim such portion of that time as I may consume up to the 30 minutes.

The PRESIDING OFFICER. The Senator is recognized.

THE ECONOMY

Mr. BENNETT. Mr. President, a recent poll within the last couple of days had a fact I found truly extraordinary which I want to talk about. It says a very large percentage—maybe even a majority—of the people of America believe we are still in a recession. I find

that extraordinary because the evidence in every area is highly to the contrary. The economy, if you will, is firing on all cylinders. Let me repeat some of the statistics I have given here before.

In the first quarter of this year, the economy grew at a 4.2 percent annual rate. Added to the growth in the 2 previous quarters, this means it has grown over 5 percent in the last 3 quarters, which is the best performance in 20 years.

Some say, Where are the jobs? We may have gross domestic product growth, but we don't have any jobs, so we are still in a recession.

How can we say that in view of the facts which are overwhelming? Within the last 8 months, we have increased 1.1 million jobs according to the payroll survey, and 1.3 million jobs according to the household survey. Every indication is the jobs are coming back, and they are coming back very strongly.

In a recession, you have layoffs. When you have layoffs, you have people who apply for unemployment compensation. Those are jobless claims. The level of jobless claims is at its lowest level in 20 years. How can we be in a recession when the jobless claim level is so up? How can people come to this conclusion?

We have a constant drumbeat in the media about how terrible things are.

I have inquired why certain media figures continue to ignore the actual figures, the facts. I am told with a shrug by some of the leaders in the media, it is all about ratings. They get better ratings on television programs if they rant about American jobs going overseas and about the economy being in terrible shape. If they scare people, for some reason, people seem to stay tuned in and they get higher ratings and a bigger audience.

We have a responsibility in this Chamber not to scare people. We have a responsibility to tell the truth. The truth about the economy is that it is doing well.

Let me review some charts I have presented before to reemphasize the facts, not to make any new argument. Apparently, the arguments made before are being ignored. So let's make it again until people understand the facts. Here is the historical perspective of economic growth. On the chart, the green line above the line represents quarters of activity. Naturally, there are four quarters for each year. The red lines below the line represent quarters when the economy shrank. By definition, a recession is when there are two successive quarters in red.

If we look back over history—and this goes back into the years of Jimmy Carter's Presidency—we see a lot of red in this period. There was a recession at the end of Jimmy Carter's Presidency and then another recession in the first years of Ronald Reagan's Presidency—the dreaded double dip that people talk about. We go into recession, we get