

to bring the AARP out to tell every Senator, all 100 of us, that this is the most important thing they have had in a long time before the Senate. It will give 21½ million seniors a few dollars to spend to make this economy better. We are going to do it as expeditiously as we can. We believe it is the right thing to do, and we are going to move along in that manner.

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. I ask unanimous consent that the order for the quorum call be rescinded.

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

RECOVERY REBATES AND ECONOMIC STIMULUS FOR THE AMERICAN PEOPLE ACT OF 2008—MOTION TO PROCEED

CLOTURE MOTION

Mr. REID. Mr. President, I move to proceed to Calendar No. 566, H.R. 5140, and I send a motion to the desk, a cloture motion.

The PRESIDING OFFICER. The cloture motion 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 motion to proceed to the consideration of Calendar No. 566, H.R. 5140, the economic stimulus bill.

Max Baucus, John D. Rockefeller, IV, Kent Conrad, Jeff Bingaman, Blanche L. Lincoln, Debbie Stabenow, Maria Cantwell, Ken Salazar, Herb Kohl, Daniel K. Inouye, Byron L. Dorgan, Mark L. Pryor, Robert Menendez, Jon Tester, Christopher J. Dodd, Barbara A. Mikulski, Joseph I. Lieberman.

Mr. REID. I ask unanimous consent that the mandatory quorum be waived and the cloture vote occur at 5:30 on Monday, February 4.

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

Mr. REID. I now withdraw the motion.

The PRESIDING OFFICER. The motion is withdrawn.

Mr. REID. Finally, let me say, I appreciate the patience of my counterpart, Senator MCCONNELL. On Tuesday, I can't really say this; we weren't that close. But all day Wednesday, all day today, we have been this close. We have had the FISA thing worked out so many different times, and each time—not each time but a number of those times I either sent a message to the distinguished Republican leader or actually called him, sent him a letter. I have really tried very hard to finish this. I want to do it because we have a February 15 cutoff date. I don't want to jam the minority, and I don't want to jam the House. I think we have an obligation as a body to get something over

there as quickly as possible, "over there" meaning to the House. Because once that happens, I would like to think that then it is up to the House and the Senate to work this out. But we know how conferences work. The White House is going to be heavily involved in what the final product is because there is no need, at least in my estimation, to pass something that has "veto" written all over it. If it comes to that, then I can accept a veto. But at least we need to give the White House an opportunity, after we pass whatever we do here, and the House has already done their work, that when we do this conference, we know and have input from the White House. If the decision is made after that, we are going to just go forward anyway. That is what we do. But I want to make sure everyone understands, I am trying to do this as fairly as I can, recognizing there are heavy emotions on both sides of the Foreign Intelligence Surveillance Act extension we are trying to do. There are divisions within the Democratic caucus. Not all Democrats agree how it should be handled. That is why we have worked so hard coming up with this agreement to move forward on it.

The PRESIDING OFFICER. The Republican leader.

Mr. MCCONNELL. Mr. President, I certainly don't fault the majority leader, but this has indeed been an exasperating week. We had our one and only vote last Monday and have had none since. At that time I was optimistic that we were on the cusp of two important bipartisan accomplishments at the beginning of the second session of the 110th on two extraordinarily important issues. We had seen on the stimulus side an example of the administration and the Speaker of the House and the Republican leader of the House coming together behind a package and passing it in record time, by a stunning, overwhelming majority, and sending it over to us. We have appeared to be on the verge of getting a Foreign Intelligence Surveillance Act out of the Senate basically in the same form it came out of the Intelligence Committee, 13 to 2, a Rockefeller-Bond proposal which the President has indicated he would sign.

My optimism waned somewhat during the course of the week, but I heard my dear friend, the majority leader, reiterate once again that he thinks we can finish both of these jobs, and finish them soon, and hopefully get back about that on Monday. I am hoping for a better week next week. We are ever so close to achieving something important for the country in two areas that are of great concern to the American people, the state of our economy on the one hand and protecting us from terrorists on the other. Hopefully, next week will be a better week.

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. ENZI. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. ENZI. Mr. President, I ask unanimous consent to speak as in morning business.

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

HEALTH INSURANCE CARDS

Mr. ENZI. Mr. President, I rise to express some disappointment with some items that we were not able to accomplish last year. I hope we will quickly turn to these priorities the first thing this year.

My wife Diana and I travel to different parts of Wyoming most weekends. The No. 1 issue on people's minds is health care. Well, maybe it is the economy. But when they talk about the economy, they are talking about health care. They may be talking about some housing crunches. They may be talking about some other things. But I can tell you that to a person they think health care is a big part of the economy, and health care is someplace that we ought to be doing something. They all ask me what I am doing to make sure they have health care. I tell them about the things I am doing to increase access, to decrease costs, to promote informed choices, and to ensure that health care is more affordable, and everyone gets it.

I also want to say, everyone understands it. Our constituents deserve our help. I hope we are able to really do something on health care early this year. This doesn't need to be the subject of every debate by the Presidential candidates. There is a lot of overlap in what the Presidential candidates are saying. The people don't want to wait until November in order to be able to wait until the next year in order to wait for us to do something. There is plenty of things out there that can be done. So I hope we are able to do something about health care, and do it now.

It is time for real action. All eyes are on this Congress to get something done. After this last week of having one vote, I think they are hoping we can either get FISA done or maybe we can get a stimulus package done. Get something done. Maybe it would be easier to be doing something in the area of health care. That is a big concern of theirs.

It is shameful we haven't been able to make sure that all Americans have access to affordable health insurance. I am saying: Do something. The people of Wyoming are saying to me: Do something. Even if it is wrong, it will at least be something. And it might help.

Now, as the senior Republican on the Committee on Health, Education, Labor, and Pensions, I spend a lot of time working on solutions to our health care crisis. I have even talked to

many of the people in this body who have an idea on health care. I have been collecting those ideas. I took those ideas, and I put them in a package—a package of steps that could achieve what I am talking about, which is access to affordable health insurance for every American. Any one of those steps would improve the situation.

Why did I put it in steps? Well, I have noticed when we are trying to do something comprehensive around here that one piece of the package will have 5 people who are opposed, another piece of the package will have 8 people who are opposed, another one will have 11 people who are opposed, and another one 7. Pretty quickly you are at 51. You cannot pass something unless you have 51 who are for it.

So if we do the steps a step at a time—granted, it is not as grand and as promising for publicity, but if we do them a step at a time, if there are 5 people who do not like it, it is 95 to 5. That is pretty passable around here, and it makes progress. And chances are pretty good those people will express what their concerns are, and it might be possible to work out some of those.

You would be surprised how many times on this Committee on Health, Education, Labor, and Pensions we are able to go with a third way and figure out something that solves a problem for somebody without upsetting everybody else. I would be willing to bet over the last 3 years we have had more pieces of legislation passed from that committee unanimously than any other committee, and it has always been one of the most contentious committees in the Senate. But it is also a committee where people work together to come up with solutions. That is why I collected these ideas from people.

We have had a number of hearings over the last 3 years that dealt with this issue. There are solutions that are available. So if you look at my Web site, you will find “Ten Steps to Transform Health Care in America,” which would fix many of the common complaints I hear from my constituents. Now, I am not going to go into all the details of that bill today. But I would encourage everyone to look at my Web site, which is www.enzi.senate.gov, to learn more about the bill. This is a possibility.

Now, there are a lot of transformations that can be done on it, but this has 10 possibilities for ways we can improve health care in America. I have to say, there are ideas from both sides of the aisle. I try not to get into a polarized situation where we are saying this is the Republican way, and then have somebody else say this is the Democrat way, and the two never meet. We have to meet. We have to solve the problems. So take a look at that www.enzi.senate.gov Web site and send your letters and comments and talk to me personally, those of you in the Senate.

If this bill were to become law, the end result would be an insurance card

for everyone. Now, lots of people have insurance cards. Members of Congress have them. People who work in big companies have them. The kids in Wyoming who participate in the State Children’s Health Insurance Program, SCHIP, have them. Lots of people have them. Most of those people who have insurance cards are pretty happy with the care they are getting.

This part of the bill would not change that. If you have an insurance card now, you can keep that card, and you can keep getting the exact same care you are getting now. The problem is, 47 million or so Americans do not have an insurance card. This bill gives all of those people insurance cards. If they cannot afford the cards because they are low income, one step helps them out by giving them the money they need to purchase the insurance card. The bottom line is, everyone has a card and everyone will be able to get the care they need.

Now, some of my colleagues on the other side of the aisle have said the only way to give everyone an insurance card is to give all Americans a Medicare card. I have to disagree with that. The Federal Government should be the payer of last resort, not the primary purchaser.

When my wife and I are traveling in my home State of Wyoming, we visit a lot of senior centers. During these visits, I always hear about problems with Medicare. Some seniors get upset that the cost keeps going up. Some seniors tell me they cannot find a doctor who takes Medicare anymore. Some seniors tell me the way the Government runs the program is confusing. Some seniors tell me it takes them months to hear back from Medicare when they have problems.

Now, I also have a lot of doctors and pharmacists—not nearly as many as we would like to have. We have a huge health care provider shortage in Wyoming, including veterinarians. I mention that a lot. We keep trying to encourage them to come, and we are having some success at it, but we have a huge problem. I tour the hospitals, the hospice organizations, the nursing facilities, and the rehabilitation centers.

The one consistent message all these folks relay to me is that Medicare does not pay them enough. Sometimes I even hear stories about how they do not get paid enough to cover their own costs. You cannot stay in business on volume if you cannot cover your costs. And this is not a volume business. This is one where it is one person at a time. Some folks are even closing their doors and going out of business because they cannot afford to keep their doors open under Medicare.

They do not like the Government telling them what they can and cannot do. They do not like the Government prescribing how they practice medicine. With all the problems in this program, why would Congress multiply the problems giving every American a Medicare card?

I have to tell you about a guy who lives just outside of Pinedale, WY—Big Piney, WY. All these big cities kind of get me confused. But his name is Dr. Close. He is actually well known internationally because he spent most of his life in Africa studying Ebola. And he is also known because he has a daughter named Glenn Close whom people may have seen in a movie or two. But he now lives by Big Piney, WY—a little bit out of town—and he is now an old-fashioned country doctor. He makes house calls. He even does hospice work. If somebody is dying, he will stay with them during those difficult times—hours and days on end.

When I visited him last time, he showed me some documents that he gives to people who are going to be his patients. It says: I am not going to do Medicare. He will not take Medicare. He says it takes too much time. It costs too much money. So he does not volunteer if they cannot afford to pay, but he has a pretty good thing of people donating—some of them who have been helped before, some who have money who have kind of donated to a foundation for him. He adds some money that is in a foundation. So he is able to get by that way. But he is a great source on some of the problems with Medicare and why we are having less providers who are willing to provide to anybody who needs Medicare. We have a lot of people out there who need help, and they have Medicare. So, Medicare, as it stands right now, is not the best answer for people.

So there is a much better way to get everyone an insurance card that does not take us down the path of Government-run health care. I want to repeat that and make sure folks at home know what I mean when I say “Government-run health care.”

Government-run health care means that a committee in Washington is deciding the care you are going to get. A committee is deciding what is best for you. The decisions would no longer be made by you and your doctor. Oh, yes, within limits they would be but not really. A committee in Washington is deciding what doctors you can go to and deciding how much the doctor gets paid.

A committee in Washington is deciding which prescription drugs are the most effective for you. It would not matter that you know your body, that your doctor knows your body. You do know how your body works, and you will have worked closely with your doctor to know what drugs you should be taking. If that committee in Washington decides you should not have the drugs you have taken your whole life, and instead decides you should take another similar drug, then you have to take another similar drug.

I went around Wyoming talking about Medicare Part D, and helping people to know, if they needed to make a choice, how to make a choice. I got the volunteer people working all over the State. We had a tremendous sign up

in Wyoming. At every one of the hearings I did, I had somebody come and say: I cannot get the drugs I need.

I would say: You are a veteran, aren't you?

They would say: Yes. How did you know?

Well, I knew because the Medicare Part D part was not in operation yet, and the Government was negotiating prices on veterans health. The only way you can do that is to say what ones are going to be acceptable or get the similar ones to bid against each other, which means some of them are not going to be available. That is exactly what happened. So sometimes when the Government gets involved, they limit what you can do. That is the problem with Government-run health care.

I promise to work hard to make sure everyone is not forced into a Government plan. My plan gives every American the choice to pick the insurance card they want. Now, there are some things we have to do with insurance companies, too. But that plan that they pick can be the one that best fits their needs. Every American will have the choice to discuss their care with their doctor and decide which plan is best for them. This plan puts the patient first. This plan gives patients control over their own health care.

Another important part, this plan is affordable. It is not free. It is not free—people do not appreciate things that are free—but it is affordable. It needs to be affordable, and it is affordable. Sometimes if things are free, people do not think it does anything. Now, there are a lot of details on my Web site about how this plan redistributes the tax breaks that are currently only going to the people whose employers are giving them health insurance cards. And it makes sure all Americans get the tax breaks.

This plan also reduces the cost of health care. Right now, a lot of rules are in place that prohibit groups of businesses from getting together and pooling their purchasing power so they can negotiate better deals on insurance cards. They can get a bigger pool by going across State lines, and you have to have a bigger one if you are going to negotiate with the insurance companies. Where they have been able to do it in high-population States, within their State, it has worked. Those same groups have said: Let's expand out a little further.

First of all, we get a whole lot more people covered, and we will get lower rates. So it does not make sense if they cannot go across State lines and get these bigger groups—meaning if a group of shoe store owners in Wyoming want to get together with shoe store owners in Montana and Colorado and band together so they can negotiate greater discounts on health insurance, we ought to allow them to do so. That is what one of the steps does.

Now, the plan also recognizes our changing workforce. It provides real

options for people to take their insurance card with them when they change jobs. No one would be trapped in a job just because their loved one or they need particular health insurance. Right now, under the system, if they move to another business, they are probably going to have a preexisting condition that will not be covered. It definitely will not be covered for a period of time, but it may not be covered at all. If you want to provide real choices, then you should also have the choice to keep the coverage you have, even if you do not keep your current job.

Now, to reiterate, this plan gives every American a health insurance card. This plan puts patients first. This plan puts the people in control of their own health care. This plan lets doctors and patients make decisions about what care they need and receive. And this plan lets you choose the health care you need.

It is in steps, and it is evolutionary, not revolutionary. There are some ideas around here that are not included in the 10 steps that are great ideas. They are just such a quantum leap that they take people out of insurance who currently have insurance who like the insurance they have. Those people are going to be very skeptical about having us change to such a revolutionary system that they lose what they have now. So we have to do it in steps. We can get to where every plan here—I am talking about those as the 11th and 12th steps—can work together.

So I am encouraging everybody to take a look at them. They are sensible proposals we could have enacted long ago, and I am disappointed this body has not made progress on any of these issues to impact every American. I hope we turn to these issues the first thing this year and enact real reform.

The Americans deserve more than politics. They deserve results. I think a surprising thing, sometimes when you look at the debate that we do not finish up around here, they even expect results. We need to meet those expectations.

Before I leave the floor, I would also like to address another aspect of health care. It is one that often does not get enough attention; that is, mental health.

I am concerned we were unable to move forward on the bipartisan legislation to revamp the Substance Abuse and Mental Health Services, or SAMHSA. While I am hopeful we can complete our work on this key legislation early this year, it is unfortunate we were unable to address it last year.

As part of that debate, I hope we will leave the discussion on charitable choice for the Senate floor—as we have done in the past—so all Members can engage, if they want to, and so we can get it out of committee. I know Senators have strong opinions about this provision, and I do believe that the best debate on it will be on the Senate floor. It is critical that Congress turn immediately to these issues. They will

help every American have a healthier and happier new year, not only this year, but for many years to come.

Our work is cut out for us. We can do it. We can do it in a way that people will appreciate. We can do it in a way where there is common ground across the aisle. I am committed to work on that. I hope others will join me on it and help us do something. As my constituent said, do something, even if it is wrong.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington is recognized.

ECONOMIC STIMULUS

Ms. CANTWELL. Mr. President, I rise to speak about our need to move swiftly on the stimulus package. We are responding obviously to a bipartisan package that has come out of the Finance Committee. I believe we should work on a bipartisan basis, because we are in tough economic times, to hurry and get this package done. Doing the right thing means doing the right thing for seniors, for disabled veterans, for consumers, for business. It means getting real dollars pumped back into the economy now and not continuing to play a time-consuming game, going back and forth.

I know the House and the administration rapidly put together a package and it garnered wide bipartisan support, and I applaud their efforts for doing that. Likewise, Chairman BAUCUS and Ranking Member GRASSLEY also initiated quick, bipartisan action in the Senate Finance Committee, and the bill was reported out, and Senator REID has brought that bill before the full Senate. I urge my colleagues to keep pace with the President's request for timely action and to support sending the Finance Committee bill to the House so we can quickly move to conference and resolve whatever differences there are, so we can move a package to the President's desk we can be proud of.

Our goal is to act on policies that will stimulate the economy now and over the next 12 months. We should not lose sight of that goal. I know many of my colleagues like to talk about other proposals that may be stimulative in the long run, but for me the focus should be—and I think for my colleagues—on that which is truly going to be stimulative over the next 12 months.

The Finance Committee package makes significant improvements to the House bill. I think they are important aspects that strengthen our efforts on stimulus. The Finance Committee bill makes sure that 20 million low-income seniors and 250,000 disabled veterans are eligible for a stimulus rebate—a critical aspect to correct. Now I don't think the House of Representatives intended to leave these folks behind, and I think we can simply send a message to the House and the President that we know they support including these individuals as well.