

HEALTH CARE REFORM

Ms. MIKULSKI. Thank you very much, Mr. President.

As the dean of the Democratic Women in the Senate, we wish to tell our colleagues and the American people that we want to join together as women of the Senate today to talk about the compelling issues facing the American people in terms of the need for health care reform. We are going to be speaking out and speaking up about the need for reform. I will be the wrap-up speaker.

In order to kick it off, I am going to yield—how much time does the Senator from Minnesota need?

Ms. KLOBUCHAR. I would say 5 minutes.

Ms. MIKULSKI. We have nine speakers.

Ms. KLOBUCHAR. I will need 3 minutes.

Ms. MIKULSKI. I yield 3 minutes to the Senator from Minnesota.

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

Ms. KLOBUCHAR. Mr. President, I rise today to talk about the importance of health care reform to the women of this country.

Let me tell my colleagues how I got interested in this issue. When my daughter was born, she was very sick. She couldn't swallow. She was in intensive care. They thought she had a tumor. It was a horrendous moment for our family. I was up all night in labor, up all day trying to figure out what was wrong with her, and they literally kicked me out of the hospital—my husband wheeled me out in a wheelchair after 24 hours—because at that point in our country's history, they had a rule; it was called driveby births. When a mom gave birth, she had to get kicked out of the hospital in 24 hours.

Well, I went to the legislature with a number of other moms and we said: Enough is enough. We got one of the first laws passed in the country, in the State of Minnesota, guaranteeing new moms and their babies a 48-hour hospital stay. My favorite moment of this was at the conference committee when there were a number of people who were trying to get the implementation of this bill delayed so it wouldn't take effect. I went there with six pregnant friends of mine. When the legislature said, when should this bill take effect, the pregnant women all raised their hands and said, "now." That is what happened. That is what the women of America are saying today. They are saying, "Now." They cannot keep having these escalating health care costs that are making it harder and harder for them to afford health care.

I always tell the people in my State to remember three numbers: 6, 12, and 24. About 10 years ago, the average family was paying \$6,000 for their health insurance. Now they are paying something like \$12,000, a lot of them paying even more; small businesses, even more. Ten years from now, they

are going to be paying \$24,000, if we don't do something to bend this cost curve.

Medicare is something that is so important for women in this country. It is going to go in the red by 2017.

One of the things that really bothers me about the current situation is this preexisting condition issue. I couldn't believe what I found out last week: In nine States and the District of Columbia, women who are victims of domestic abuse or who have been victims of domestic abuse can be denied health care coverage because domestic abuse can be considered a preexisting condition. So they get abused and then they can't even get the health care coverage to help them. Maternity, being pregnant—these things can all be preexisting conditions, and that is something we need to stop.

That is why I am so glad one of the major proposals in this reform is to do something about preexisting conditions. We also need to make sure preventive care—so important to women—things such as mammograms are covered in our health care plan.

Finally, one of the things I know the Senator from Maryland has been such a leader on is aging parents. People such as myself, we have kids of our own and then we also have aging parents. We are caught in what they call the sandwich generation: taking care of our own kids and making sure our parents get care at the same time. Predominantly, a lot of women are in this situation. That is why the CLASS Act, which Senator Kennedy proposed and which is in one of the health care proposals, which allows Americans to use pretax dollars to pay for their health insurance and their long-term care insurance is so important.

So I am glad for American women that we are moving forward on this health care reform.

Thank you very much, Mr. President. I yield the floor.

Ms. MIKULSKI. Mr. President, we thank the Senator for her advocacy to end this driveby delivery and other punitive practices.

I yield 3 minutes to the Senator from North Carolina.

The ACTING PRESIDENT pro tempore. The Senator from North Carolina.

Mrs. HAGAN. Mr. President, I am joining my colleagues on the floor today to talk about how health care reform will improve women's access to care.

I recently received an e-mail from a woman in Raleigh that truly underscores why women need health care reform in America. Julie wrote to me about her sister who was uninsured and waited years for a mammogram because she literally couldn't afford to pay for one. Then she found a lump in her breast. By the time the lump became a mass, Julie's sister finally got a mammogram and had to pay for it with cash. The mammogram confirmed what she suspected: She had breast cancer. But now that she had the diag-

nosis, she had no way to pay for the treatment. Julie's sister lost her battle with breast cancer this March. Like thousands of women across America, perhaps Julie's sister could have beaten this cancer if she had had access to affordable, preventive care and, after her diagnosis, access to either insurance or medical care to cover her cancer treatment. In this heartbreaking situation, Julie's sister was sick and stuck.

Unfortunately, I hear about such cases far too often. Inefficiencies and discriminatory practices in our health care system disproportionately affect women. In all but 12 States, insurance companies are allowed to charge women more than they charge men for coverage. The great irony here is that mothers, the people who care for us when we are sick, are penalized under our current system.

My daughter Carrie recently graduated from college and had to purchase her own health insurance. For no other reason than her gender, her insurance policies cost more than they do for my son Tilden.

Yesterday, a 23-year-old staffer in my office, a female from Fayetteville, shopped for health insurance on the individual market for the most basic, bestselling plan. It would cost her \$235 a month; for a man of the same age, \$88. That is 2½ times more expensive, close to \$1,800 more per year.

Many women who have health insurance are still stuck. Insurance companies don't often cover key preventive services such as mammograms and pap smears. Often, the copays for these critical services can be out of reach for many women when they range as high as \$60 a visit. More than half of all women, like Julie's sister, have reported delaying preventive screenings. Without insurance, mammograms cost well over \$100.

In many cases, the difference between life and death is early detection. The Affordable Health Choices Act—which I worked with my colleagues on the Health, Education, Labor and Pensions Committee to craft—makes preventive care possible for women across America. It eliminates all copays and deductibles for recommended preventive services.

We are also stopping insurance companies from charging women more than men or using preexisting conditions as a reason to deny anyone health insurance.

The PRESIDING OFFICER (Mr. KIRK). The Senator's time has expired.

Mrs. HAGAN. I thank the Chair and yield the floor.

Ms. MIKULSKI. Mr. President, I now yield 3 minutes to the Senator from Michigan.

Ms. STABENOW. Mr. President, I thank the dean of the women in this Senate, Senator MIKULSKI, for bringing us all together on the Senate floor, and I join with my great colleagues from California and North Carolina and other colleagues who will be joining us

as well, to talk about the importance of health care reform for women.

Women are the majority of the population. We have the ability to benefit from this reform that holds insurance companies accountable and creates more opportunity for coverage. We will see a great benefit to come from all of this, and I want to speak to just one piece of it. We know the majority of people today—men and women, families—have insurance, and there are a multitude of bad insurance company practices that are occurring today stopping people from getting coverage because they have a preexisting condition.

By the way, we found out just last week, from an article in the Washington Post, that some insurance companies treat pregnancy, or the intention to adopt, as a reason to reject someone for a preexisting condition. I mean that is pretty shocking to me. In fact, the same report said that being pregnant or being an expectant father, with some companies, was grounds for automatic rejection—automatic rejection—when it comes to being able to get a health insurance policy.

So this reform is about making sure everyone benefits; that women who have insurance, as well as women who don't currently have access to health insurance, can see protections and changes that stop the discrimination and create better access to health care because that is what this is all about, being able to find affordable health care and health care that meets our needs. All women across the country certainly are desperately concerned about that. We have 62 million American women right now who are in their childbearing years, and I was quite shocked to learn that right now, according to the Women's Law Center, nearly 60 percent of the individual insurance plans that are out there in the marketplace—if you are not getting insurance through your employer, but you are going out yourself to find an insurance policy for you and for your family—nearly 60 percent don't provide any coverage for maternity care or even an option of supplemental insurance for an additional cost.

So for the women in these plans who are attempting to get insurance, no amount of money can buy the maternity care that they need. So this bill is about changing that and making sure the women of this country have the care they need.

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

Ms. STABENOW. I thank the Chair.

Ms. MIKULSKI. I now yield 3 minutes to the Senator from California, Mrs. BOXER.

Mrs. BOXER. I thank Senator MIKULSKI for her leadership. Everyone in America has a stake in health care reform, even if they are happy with their insurance at the moment. The main reason is that costs are exploding and health care insurance companies are walking away without any penalty. They come up with a reason, and then we all are paying for those who have no

insurance and wind up in the emergency room.

Women have even more at stake. Why? Because they are discriminated against by insurance companies, and that must stop, and it will stop when we pass insurance reform.

Now, how are women discriminated against? If they have been victims of domestic violence, that is considered to be a preexisting condition and, therefore, they are told they can't get insurance, and that happens in eight States and the District of Columbia. It is a tragedy, and it will change when we pass health insurance reform.

If a woman is pregnant, only 14 States in America require insurance companies to cover maternity care. Imagine, a country that puts family values first and yet only 14 States will cover maternity. That will change.

Everyone is faced with huge increases in cost, but women 18 to 55 are charged nearly 40 percent more than men for similar coverage in my home State, and that happens in most States, and health reform will stop that.

Because of discrimination, women are at risk under the current system. More than 52 percent of women reported delaying needed care or avoiding it completely because of cost compared to 39 percent of men. Now, 39 percent is terrible, but 52 percent is deplorable. People are walking around sick because they can't afford to go to the doctor. Health insurance reform will stop it. There will be no more gender rating.

Women earn less than men, and that is why it is an impossible situation. In my home State, over the past 9 years, premiums have risen more than four times as fast as earnings. We spend more than twice as much as any other industrialized Nation on health care. You would think we would have greater outcomes, Mr. President, but we rank 29 out of 30 industrialized nations in infant mortality. It isn't surprising, when so many women are not getting prenatal care.

Medicare: More than half of those on Medicare are women. If we do nothing, Medicare goes broke in 2017. So when politicians try to scare our seniors, it is despicable because it is the status quo that is dangerous. When we fix Medicare—and we will in health reform—women will get free preventive care, mammograms, and annual physicals.

So in summary, women, children, and men need us to act on health reform. We must make our voices heard.

I thank my colleagues, my women colleagues, for coming to the floor of the Senate today to wake up this Nation.

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

Ms. MIKULSKI. Mr. President, I now yield 3 minutes to the Senator from Louisiana.

Ms. LANDRIEU. Mr. President, I thank our leader, the Senator from Maryland, BARBARA MIKULSKI, for organizing this effort on the Senate floor this morning. I am pleased to join my

sisters and colleagues in the Senate this morning to raise some specific and important issues relative to this reform debate that is moving forward. They are important facts as we press forward with our reforms.

I would like to begin, just briefly, with reminding all of us that we began—as the President called for us to do—to focus on health care reform and to reduce cost—cost to our Nation, cost to our States, cost to individual businesses as they continue to see these premiums skyrocketing beyond their ability to either afford or to control, and cost to individuals.

The Baucus mark in the Senate Finance Committee, which is pending, goes a significant step forward in terms of the cost issue. That is very encouraging to those of us who believe that health care reform is essential for several reasons. But one of the important reasons is to get cost under control and to begin to help balance the Federal budget and get us back on a sure financial footing, which—as has been stated by many experts, Mr. President—is impossible without fundamental insurance reform. So that is point 1.

Point 2, the benefit of moving forward with reform will significantly improve outcomes for women, as the Senator from California, Mrs. BOXER, stated. It is going to help all Americans, but it is going to be particularly helpful for women of childbearing age, who are often discriminated against with insurance rates because they have to see doctors more often just by the very nature of pregnancy and the care they require. Because they have to see their doctors more often, their insurance is sometimes significantly higher.

In fact, the records show that the cost of an insurance plan for a 40-year-old woman can be up to 38 percent more than a 40-year-old man in the same circumstance—same health, same geographic location. Our reform efforts will eliminate that bias and make health care more affordable for everyone but particularly for women.

I wanted to take my last minute to talk about a letter I received from Denelle Walker, a 25-year-old woman living in Baton Rouge, who just graduated from school and went on to get a job.

Mr. President, 20 percent of Denelle's modest paycheck—20 percent—is going toward insurance. This bill will help young women such as Denelle, middle-aged women, and older women on the issue of affordability.

Ms. MIKULSKI. Mr. President, I now yield 3 minutes to the Senator from New Hampshire.

The PRESIDING OFFICER. The Senator from New Hampshire is recognized.

Mrs. SHAHEEN. Mr. President, I am very pleased to join my women colleagues in the Senate today to talk about the importance of passing health

care reform for all the women in this country, and I want to thank Senator MIKULSKI for her leadership on this issue.

Plainly and simply, the status quo is not working. Today's health system is simply not meeting the needs of women. For too many women and their families today, quality, affordable health care is out of their reach.

It should surprise no one that women and men have different health care needs. Despite this difference, it is unacceptable that women are not treated fairly by the system and do not always receive the care they require and deserve. In cases where women can find coverage that is affordable, often it is woefully inadequate.

A recent survey by the National Women's Law Center found that the vast majority of individual market health insurance policies did not cover maternity care, and only a few insurers sell a separate maternity rider. That isn't that surprising when you consider, as we have heard, that only 14 States require maternity coverage and insurance companies are all about their bottom line. Defending the practice, one insurance spokesman called pregnancy "a matter of choice." To make matters worse, many insurance companies consider C-sections a "pre-existing condition." One insurer simply rejects women who have had C-sections. This is unbelievable.

What is most shocking to me is that insurance companies can deny coverage to a woman for having been a victim of domestic violence. Domestic violence—something no woman plans for or wishes upon herself or anyone else—can be used to deny insurance coverage. Mr. President, this cannot be allowed to continue.

Without a doubt, the current private health insurance framework leaves too many women uncovered. For those who are covered, care often falls short. It is time to end the insurance discrimination that women face. I am pleased that both Senate bills which have come out of committee ban discrimination based on preexisting conditions, and I also applaud the Finance and the HELP Committees for putting an end to gender discrimination in pricing insurance and ensuring that women and men pay the same price for the same coverage.

We must come together to pass comprehensive health reform to help all the women of our Nation who are facing high insurance costs just because they are women. I applaud the women on the HELP and the Finance Committees for the work they have done and reiterate that any legislation we consider must level the playing field and make health care accessible and affordable for all.

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

Mrs. SHAHEEN. I thank the Chair, and I yield the floor.

Ms. MIKULSKI. Mr. President, how much time is remaining in morning business?

The PRESIDING OFFICER. There is 5½ minutes remaining.

ORDER OF PROCEEDINGS

Ms. MIKULSKI. Mr. President, I ask unanimous consent that morning business be extended for another 15 minutes.

The PRESIDING OFFICER. Is there objection?

Ms. MIKULSKI. I withhold that unanimous consent request. I ask unanimous consent for 15 minutes and that it be equally divided. I ask unanimous consent that morning business on our side be extended for 15 minutes and that 15 minutes also be added to the Republican side.

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

Ms. MIKULSKI. Mr. President, I assure my colleagues on the other side that all time will be protected. I think there is a little confusion. I have not been briefed on the order. I can assure everyone's time agreement will be protected at the time they were assured they could speak.

I now yield 3 minutes to the Senator from New York.

The PRESIDING OFFICER. The Senator from New York.

Mrs. GILLIBRAND. Mr. President, I rise today to speak in support of health care reform on behalf of greater access to health care for women. I am very grateful to Senator MIKULSKI for her extraordinary leadership on this health care debate.

There are few Americans who are not hurt by the rising cost of health care. However, it is shocking to think that in today's America, over half of this country could be discriminated against in one of their most basic life needs. Women must shoulder the worst of the health care crisis, including outrageous discriminatory practices in care and coverage.

According to the data compiled by the National Women's Law Center, under the current system, a 25-year-old woman pays up to 45 percent more for the same or identical coverage.

Some of the most essential services required by women are not covered by many insurance plans, such as child-bearing, Pap smears, or mammograms. As a mother of two young children, I cannot imagine how awful it would be for a woman who does not have these basic needs covered. That is exactly what millions of women and young mothers face because of the costs of childbirth.

A standard in-hospital delivery costs between \$5,000 and \$10,000 and much more if there are complications. In the current system, pregnant women can be turned down for health care coverage because insurance companies would rather evade those costs. Pregnancy should never be a preexisting condition. Such discrimination is unacceptable and is contrary to our core American values of equality and equal rights.

As we address the inadequacies of our current system, we must safeguard the

women's health clinics that are an essential point of care for millions across this country. Their work is being politicized as part of this debate. Politicizing health care delivery endangers young women, putting them at risk for teen pregnancy, STDs, cervical, or breast cancer. Women's health clinics provide critical services to women every day.

In my own State, over 400,000 New Yorkers receive health care from Planned Parenthood each year. About 50 percent are working adults whose jobs do not include health benefits. Our strategy for reform must protect these critical services that clinics provide and expand upon their success.

The health care crisis is a life-and-death issue for so many Americans—one that disproportionately affects women in this country. We must reform our broken health care system and disparities among race and gender and make quality, affordable health care available for every single American.

Ms. MIKULSKI. Mr. President, I now yield 4 minutes to the Senator from Washington State.

Mrs. MURRAY. Mr. President, I thank my colleague, Senator MIKULSKI, and all of the women who are out on the floor today to talk about this critical issue because the rising cost of health insurance is hurting women and it is hurting our country.

For the millions of women across this country who open the mail each month to see their premiums rising dramatically, who cannot get preventive care, such as mammograms, because the copays are too much or they work part time or for a small business that does not provide insurance for them and their families, who cannot get covered for prenatal care or who are forced to stay in an abusive relationship because if they leave, their sick kids will lose their health care coverage, we are their voice.

I remember a similar debate such as this on this floor almost 16 years ago. Senators in this Chamber were debating legislation that would allow 35 million Americans to stay home to take care of a newborn or sick child, a parent or spouse, without fear of losing their jobs. I came to the floor then and I told the story about a woman I knew whose child was sick at the time and who was not allowed to take time off from work to care for him as he was dying because she would lose her income and the health insurance that covered him.

At the time, as a new Member of the Senate, I spoke passionately about that. I told the story. As I was walking off the floor, one of our colleagues came up to me and said: You know, here in the Senate, we don't tell personal stories. I remember well what I said to him: I came here to tell the stories of the people I represent. They deserve a voice in the Senate.

Those stories impacted that debate, and we passed the family and medical leave law.

I am back today to tell the story of a woman whose child was sick. I want to tell every one about the story of this little boy, Marcelas Owens. I met him at a health care rally in Seattle. He was 10 years old and his two sisters who we see in this picture as well have been through a lot. Two years ago their mother Tifanny, who is not in this picture—that is his grandmother—lost her life because she was uninsured, 27 years old.

How did that happen? Tifanny was a single mom who felt strongly about working to support her family. She worked as an assistant manager at a fast food restaurant. She had health care coverage for her family. But in September of 2006, she got sick and missed some work. Her employer gave her an ultimatum: Make up the lost time or lose your job. Because she was so sick, she physically could not make up the time, and she did lose her job.

When she lost her job, she lost her health insurance. Without the coverage and care she needed, in June of 2007, Tifanny lost her life, and Marcelas and his sisters lost their mom.

Our health care system is broken. It is broken for moms such as Tifanny who work to provide for their families and do the right thing, and for men who lose their health care in this market we have today. It is broken for women we have heard about who have been denied coverage or charged more for preexisting conditions such as pregnancy or C sections or, tragically, domestic violence. It is broken for their families and for little boys such as Marcelas who will never get back what he lost.

Enough is enough. The time is now. The status quo that is being defended by the other side is not working. For women across this country, for their families, for our businesses, for our Nation's future strength that as mothers we care about so much, we have to get this right. We have to remember these stories. We need to be their voice. That is why we are here today and why we are going to keep fighting to make sure that we reform the health care insurance system in this country finally and do it right.

Mr. President, I yield the floor.

Ms. MIKULSKI. Mr. President, as we wrap up our discussion on health insurance reform, I want to say as the senior Democratic woman that I am very proud of my colleagues today and how they have spoken up about the terrible practices of the insurance companies discriminating against women.

What you heard loudly and clearly today is that health care is a women's issue, health care reform is a must-do women's issue, and health insurance reform is a must-change women's issue because what we demonstrated is that when it comes to health insurance, we women pay more and get less.

We stand today on the Senate floor to say we want equal access and equal benefits for equal premiums. We women pay more and get less when we

do pay our premiums. A 25-year-old woman is charged more than a 25-year-old man of equal or similar health status. And at age 40, it is often up to almost 50 percent. And when we do pay our benefits, when we are able to cross that barrier of getting health insurance, we get less coverage because insurance companies have certain punitive practices.

No. 1, we are often denied coverage because of something called a pre-existing condition. These preexisting conditions are not catastrophic. We hear horror story after horror story that a woman who has had a baby by a C section which was medically mandated is then denied subsequent coverage because she had that. We have heard horror story after horror story in some States that victims of domestic violence are denied health insurance because they have been battered by a spouse and then they are battered by the insurance company.

This has to change. Coverage for women is often skimpy and spartan. I think people would find it shocking, good men would find it shocking that maternity care is often denied as a basic coverage or we have to pay more to get coverage for maternity care. Often on basic preventive care, such as mammograms and cervical screenings, we have to pay significant copays in order to get them.

So we the women are fighting for health care reform. We have very basic things we support. No. 1, we want to make sure that Medicare is strengthened and saved. We know that Medicare is a woman's issue and a family issue not only because there are more women on Medicare than there are men, but we know that with Medicare, often without it or if it is curtailed or shrunk, it would mean disaster.

Mr. President, you see that I am speaking from a wheelchair. It is because I had a fall coming out of 4 o'clock mass a couple of weeks ago. When going through the ER, the OR, the rehab room, if I did not have Medicare and my health care benefit, I would be bankrupt today.

If health care is good enough for a U.S. Senator, it is good enough to make sure we have health care for U.S. citizens. So we want to save Medicare.

We also want to close that doughnut hole. The doughnut hole for prescription drugs has been very difficult to swallow. It is time to change that. We want to end the punitive insurance practices of discriminating on the basis of gender—so whether you have had a C section or whether you need mental health benefits after you have been raped, you can get your coverage.

Later on this weekend, there will be many in my State who will be "Racing for the Cure." I think it is great that we are looking for a cure for breast cancer, and we salute the Komen Foundation. But we not only want to do the research to find the cure, we want to make sure women have access to the preventive screening for breast cancer,

ovarian cancer, and cervical cancer. We are fighting to make sure that access is provided for these important screenings and there are no barriers for payment.

In a nutshell, we, the women of the Senate, have fought for equal pay for equal work. Now we are fighting for equal benefits for equal premiums. We hope that when the insurance debate comes to the Senate, we will be able to elaborate. But today, we wanted to say: Let's get rid of the mob scene that is going around the debate on health care. Let's focus on the important human needs.

I now conclude my remarks, and I believe this concludes morning business. I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 2847, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 2847) making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Vitter/Bennett amendment No. 2644, to provide that none of the funds made available in this act may be used for collection of census data that does not include a question regarding status of United States citizenship.

Johanns amendment No. 2393, prohibiting the use of funds to fund the Association of Community Organizations for Reform Now.

Bunning amendment No. 2653, to require that all legislative matters be available and fully scored by CBO 72 hours before consideration by any subcommittee or committee of the Senate or on the floor of the Senate.

Levin/Coburn amendment No. 2627, to ensure adequate resources for resolving thousands of offshore tax cases involving hidden accounts at offshore financial institutions.

Durbin modified amendment No. 2647, to require the Comptroller General to review and audit Federal funds received by ACORN.

The PRESIDING OFFICER. The Senator from Arizona.

AMENDMENT NO. 2626

Mr. McCAIN. Mr. President, I send amendment No. 2626 to the desk, and I ask for its immediate consideration or, if necessary, set aside the pending business and call up amendment No. 2626.

The PRESIDING OFFICER. Is there objection to the pending amendment being set aside?

Without objection, it is so ordered.

The clerk will report the amendment. The legislative clerk read as follows:

The Senator from Arizona [Mr. McCAIN] proposes an amendment numbered 2626.

Mr. McCAIN. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.