

basket for American people and how we look at that.

I had several amendments in the bill. All but one of them became compromised after it came out. That is not necessarily the problem of Senator ALLEXANDER or Senator FEINSTEIN. But what we have done in this bill is prioritize the environment over the violation of our borders. We have hamstrung our Border Patrol, and the consequence of that is we are going to continue to see drugs, we are going to continue to see these "rape trees," through the bringing in illegally of people and then the people being brought in illegally to the country being raped.

This bill had 540 earmarks—71 pages of earmarks. We had an amendment in the bill for competitive bidding. The language came out of the conference report that competitive bids would be applied to everybody except people with earmarks. The American people need to understand what that means. That means the well-heeled in this country who have a connection to a Member of this body get a benefit, and so it doesn't even have to be competitively bid. That doesn't even address the question of whether it is a priority for the country. It addresses the question of whether we may be paying two or three times what we should be paying, even if it is a good project.

So I raise the question, for the people who are listening, and I say that what we are doing is wrapping a cord around ourselves and then tying the knot so we get to a point where we cannot fix what ails us. If you look at the U.S. dollar and the lack of confidence, and you look at the meetings that have been going on by people who purchase our debt, they are trying to create a new reserve currency. That is ongoing. They do not deny it. What will happen to us is, we will be on an unsustainable course, where we can't pay the \$800 billion of interest in 10 years. That interest is based on an interest rate of 4 percent, not at zero percent today.

It could very well be that in 2019, the largest portion of the expenditures of the Federal Government—well over 45 percent—will be interest. What does that mean?

What does that mean to the average family in this country? What does that mean to your children, Mr. President? What does that mean to my grandchildren? What are the consequences?

Let me explain the conservative consequences and then I will finish. If you take everybody alive in this country today who is under 20 and you add everybody who is going to be born over the next 20 years—so we have everybody who is under 40, 20 years from now—here is what they are going to owe. These are not my numbers. These are actuarial numbers that have been certified. Every one of them is going to owe \$1.119 million. They are either going to be responsible for that portion of the real debt or that portion of the unfunded liabilities for which they will never gain any benefit.

So ask yourself: If we keep doing what we just did in this body, what are we doing to our kids and our grandkids?

We are absolutely abandoning the heritage of this country, and we do it cavalierly. I mean, there were 28 votes against this 16-percent increase on one bill. Only 28 votes. Only 28 Senators said a 16.9-percent increase in spending is too much, when most families' income has declined by 3.7 percent this year.

We don't get it. I don't understand why we continue to do it. I am as frustrated as the people outside this body. But I can tell you, there is a day of reckoning coming and not just for our country financially but for the Members of this body. The American people are going to wake up, they are going to see we have mortgaged their future, their children's future, and their grandchildren's future, and they are going to say: Enough. The hope would be it will not be too late.

With that, I yield to the Senator from Pennsylvania.

HEALTH CARE REFORM

Mr. CASEY. Mr. President, I rise tonight to speak about health care and all the issues we have been debating under the broad umbrella of health care reform. Obviously, I will not get to all of them tonight, but I am going to spend a few minutes talking about two general areas. One is a list of changes that I believe will take place when our work is completed in the Senate and after what I hope will be President Obama signing a bill on health care reform in a matter of weeks. That will change what I believe has been an unfair burden carried by the American people, at the expense of the American people but brought on by the power, sometimes the awesome power, of insurance companies. I will talk about that, but also I want to speak mostly about changes that need to be made in our health care system for children.

There are a couple of points on basic reform measures that I believe will be part of what we complete in the next couple of weeks. First, a basic list of consumer protections that we talked about for many years but we have never made illegal will prevent insurance companies from continuing what is often blatant discrimination. One of the things we have to do this year is end discrimination for preexisting conditions. If what I believe is the prevailing point of view in this body is successful, insurance companies will be prohibited from refusing you coverage because of your medical history. Out-of-pocket costs will be limited, as well as deductibles or copays.

Free preventive care: Why should we say on the one hand we encourage prevention, as we have for years, but now we are going to get serious about prevention in our health care system and make it part of every insurance policy and demand that we all engage in steps

that will be preventive in nature and we also will say, for example, for a woman a mammogram is important but why, in the face of all of that, do we say to women in America, as is the current policy, that women have to pay exorbitant costs for mammograms? Frankly, I believe they should have to pay nothing for something as essential to prevention. So preventive care should be free or at a very low cost.

If you are seriously ill, an insurance company should be prohibited from dropping your coverage. We should make that practice illegal.

We should make gender discrimination illegal as it relates to insurance companies. I find it hard to believe that in 2009 we have to legislate to prevent insurance companies from discriminating against women, but we have to because that in fact happens today. Insurance companies will not be able to charge you more because you happen to be a woman, as happens today.

Eliminating annual lifetime caps on coverage has to be part of the final health care legislation.

Extending coverage for young adults is critically important.

Guaranteed issue renewal: Insurance companies, I believe, should be required to renew any policy as long as the policyholders pay their premium in full and insurance companies will not be allowed to refuse to renew a policy because someone gets sick. If you get sick you should not lose your coverage, and if you get sick you should not have to bankrupt your family to pay for the health care you deserve.

Finally on this list, and it is not an exhaustive list but I think it is an important list to review: protecting small businesses. Small businesses should receive tax credits so they can give their employees comprehensive and affordable health care and include a limit on out-of-pocket costs.

These are some of the basic consumer protections I believe we should enact as part of this health care legislation.

I also believe if you want to focus on a particularly vulnerable group of Americans, a group of Americans we have made some progress with in terms of their coverage, though we have not done nearly enough yet, I speak of children. We have made tremendous progress with the Children's Health Insurance Program, for example, and also the children in America covered by Medicaid, so children have the opportunity to receive very good care in almost every instance.

But there are still some problems. Even in a State such as Pennsylvania, where you have, by last count, in a survey done in Pennsylvania last year for the Insurance Department, it showed that just 5 percent of Pennsylvanians up to the age of 18 were uninsured. That 5 percent is too high. We want to get that to zero, of course, but it is a lot lower than it would have been without the Children's Health Insurance Program or without other strategies.

Unfortunately in our State, and I think it is true of most States, when you look at the age category 19 to 64, in that category the uninsured rate is more than double the uninsured rate for children. Instead of being 5 percent uninsured for children age 19 to 64, it is 12 percent. In Pennsylvania what that means is, if you are between the ages of 19 and 64, you are one of more than 870,000 Pennsylvanians who are uninsured. We cannot build an economy or improve our economy in Pennsylvania if we have that many people uninsured for a long period of time.

I still believe, even with the progress we have made on children, we have much to do. For example, we have to do everything possible to increase outreach and facilitate enrollment for low-income families and children. We should not have a program such as Children's Health Insurance, or Medicaid, and then make it hard for families to enroll. So I led the effort in our HELP Committee this summer, even before we voted on a bill, to make sure that enrollment is made easier. I worked very closely with Senator DODD, who long has been a champion for children and a strong advocate for children's health insurance.

We should also focus on the benefit packages related to pediatrics, pediatricians. We had an amendment this summer in the HELP Committee that Senator MERKLEY and I cosponsored, ensuring that a pediatric representative would be part of any advisory commission to the Secretary of Health and Human Services regarding what should be in a benefit package. It is very important to have a pediatric representative at the table.

Another thing that is critical is to have a requirement that pediatric preventive care be included in the list of mandatory preventive services that insurance plans offer with a minimum of cost-sharing requirements for families.

No. 4 on this list, in terms of what happens to children in pediatric settings: In our committee bill we talked about medical homes—not a physical place, but a way to provide treatment, that is the idea for every American to have a primary care physician and then a network of specialists around them they have access to. That is certainly the ideal and the intent of a large part of the HELP Committee bill. Also it is important to remember that children are not just smaller adults or smaller versions of an adult; they have particular and special needs in terms of their treatment. So for children, their primary care doctor is a pediatrician and therefore pediatricians must be among those practitioners who are at the center of the care or the center of the medical home that surrounds a child.

Also ensuring critical health care for children involving their oral health care: We ensured in the HELP Committee this summer the establishment of an oral health care education prevention campaign at the CDC focusing

on preventive measures. We also increased funding for training for pediatric dentists in the bill we passed this summer out of the committee. It is critically important that children have access to that kind of health care in the early years of their life. We had a tragic, horrific example of what could go wrong when a child died here in the Washington region a couple of years ago—I believe actually the State of Maryland—when that child did not have access to a dentist and had horrific problems which led to that child's death. As a result of changes we make in our health care system, we must ensure that does not happen.

Strengthening the pediatric workforce: Along with both Senator BROWN and Senator DODD, this summer in our HELP Committee bill we added a loan repayment program for pediatric specialists and providers for mental health services for children. We can't say that we care about children and not build in these particular protections for them in our health care system. Part of that is a workforce issue. We heard a lot in this debate about the shortage of primary care physicians. The intent of our bill in the HELP Committee was to make sure we would have a building up, an increase, in the number of primary care physicians. Again, for a child, his or her primary care physician is a pediatrician and it is critically important that pediatric specialists be available to children when they have special needs and special challenges that need to be treated by a specialist.

I know I am over my time. I will conclude. One last point about the CHIP program: The Children's Health Insurance Program as we know is now a stand-alone program. There were some efforts this past summer and into the fall to have that program folded into any exchange that would be created as a result of the health care legislation. I thought that was a mistake. I made that very clear to others and to the Finance Committee as we were debating it. Thank goodness, Senator ROCKEFELLER worked so hard and led the fight to keep the Children's Health Insurance Program as a stand-alone program. We should not fix what "ain't broken," as the expression goes, and the Children's Health Insurance Program works well for millions of children today. Within the next couple of years, that program will cover 4 million children who will be given access to the kind of care we would hope every child has.

I think all these changes I have talked about, and more, come under the headline of "No Child Worse Off." That should be, and will continue, I believe, to be one of the goals of health care reform. At the end of this process no child in America, especially poor children and children with special needs, will be worse off.

We have a long way to go, lots more work to do. But if we are guided by that principle we will make sure our children have the kind of health care

that we all hope for and they have a right to expect.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama is recognized.

(The remarks of Mr. SESSIONS, Mr. LIEBERMAN and Mr. BOND, pertaining to the introduction of S. 2336 are located in today's RECORD under "Statements on introduced Bills and Joint Resolutions.")

Mr. SESSIONS. I yield the floor and note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. REID. 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. REID. Mr. President, would the Chair state the matter before the Senate at this stage?

UNEMPLOYMENT COMPENSATION EXTENSION ACT OF 2009

The PRESIDING OFFICER. The clerk will report the pending business.

The assistant legislative clerk read as follows:

Motion to proceed to the consideration of H.R. 3548, a bill to amend the Supplemental Appropriations Act, 2008, to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.

The PRESIDING OFFICER. Is there further debate on the motion?

The question is on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will state the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 3548) to amend the Supplemental Appropriations Act, 2008, to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.

AMENDMENT NO. 2712

Mr. REID. Mr. President, on behalf of Senator BAUCUS and Senator REID of Nevada, I call up a substitute amendment, which is at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID], for himself and Mr. BAUCUS, proposes an amendment numbered 2712.

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mr. REID. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

CLOTURE MOTION

Mr. REID. Mr. President, I now have a cloture motion at the desk.

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