border crossings,'' and East German leader Egon Krenz promised ''free, general, democratic and secret elections'';

Whereas thousands of people in East Berlin immediately flooded the border checkpoints at the Berlin Wall and demanded entry into West Berlin, causing the overwhelmed border guards of East Germany to open the checkpoints to allow people to cross into West Berlin;

Whereas, in the days following the fall of the Berlin Wall, hundreds of thousands of people from East Germany freely crossed the border into West Berlin and West Germany for the first time in more than 28 years;

Whereas the Chancellor of West Germany Helmut Kohl and Foreign Minister Hans Dietrich Genscher managed the political situation and foreign diplomacy with great tact and in close cooperation with Western allies, leading to the peaceful reunification of Germany as a sovereign, democratic state on October 3, 1990;

Whereas, on November 9, 2009, the people of Germany will celebrate on both sides of the Brandenburg Gate the 20th anniversary of the fall of the Berlin Wall with the ''Festival of Freedom'';

Whereas the fall of the Berlin Wall was one of the milestones of the 20th century, brought about by the actions of many ordinary and some extraordinary people; and

Whereas the fall of the Berlin Wall embodied the end of the division of Europe, the opening of the Iron Curtain, and the triumph of democracy over communism: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the 20th anniversary of the fall of the Berlin Wall;

(2) celebrates 20 years of an undivided Europe, free from the oppression of authoritarianism, with the people of the former communist countries and Western Europe;

(3) honors the service and sacrifice of the people of Germany, the United States, and other countries who served in the Cold War to bring freedom to Central and Eastern Europe;

(4) expresses its appreciation to the people of Germany for their commitment to preserving the dignity and freedom of others in their leadership on international assistance, peacekeeping, and security efforts, including in Afghanistan, Bosnia and Herzegovina, Georgia, Kosovo, Lebanon, Sudan, and off the coast of the Horn of Africa; and

(5) reaffirms the friendship between the Government and people of the United States and the Government and people of Germany.

AUTHORIZING APPOINTMENT OF COMMITTEE

Mr. LIEBERMAN. Madam President, I ask unanimous consent that the President of the Senate be authorized to appoint a committee on the part of the Senate to join with a like committee on the part of the House of Representatives to escort Her Excellency Angela Merkel, Chancellor of the Federal Republic of Germany, into the House Chamber for the joint meeting at 10:30 a.m. on Tuesday, November 3, 2009.

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

Mr. LIEBERMAN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

HEALTH CARE REFORM

Mr. BROWN. Madam President, most of us go home every weekend and talk to our constituents. In places such as Mansfield, OH, and all over our States, most of us are hearing a lot about people's problems with health insurance. I come to the Senate floor most nights or days and read letters from people in my State who have had difficulty because of their health insurance situation, and I hear a couple of things over and over. One I hear is that most people are generally pretty satisfied with their health insurance—not the cost but generally their coverage—until they get really sick and then they find out their health insurance isn't as good as they thought it was.

I get letters from people all over my State—from Youngstown, from Toledo, from Bowling Green, to St. Clairsville—that a year ago they would have said they had very good health insurance, but they end up having a baby with a preexisting condition or their health insurance costs are so expensive because of an illness that their insurance is canceled. In some cases, a woman who has a C-section is considered to have a preexisting condition by insurance companies because the next baby would have to be a C-section, and in some cases, even women who have been victims of domestic violence are considered by their insurance companies to be a risk because that is a preexisting condition. If they were abused by their husband or boyfriend or whomever in the household, then it is likely that person will do it again, so that is a preexisting condition, and sometimes they are closed out of their insurance.

A few weeks ago, the Senate Health, Education, Labor, and Pensions Committee chairman, Senator HARKIN from Iowa—a committee I and about a quarter of the Senate sit on—held a hearing to examine how health insurance companies discriminate against women in the private market. Insurance companies often deny care and charge higher premiums to women. For instance, in the case of a 32-year-old man and a 32-year-old woman with very similar health backgrounds, the insurance premiums for a woman will be significantly more. She will pay higher insurance premiums than the man will pay. We also heard stories about what I just mentioned, that women who have been victims of domestic violence or women who have had C-sections are charged higher rates or sometimes the insurance industry literally rescinds—the industry term is ''rescission''—their insurance coverage. That is only one example of how insurance companies make a profit at the expense of people in need.

One of the reasons this legislation is so important is that these kinds of discrimination practices will be banned by our legislation: No more cutting people off due to a preexisting condition, no more cutting people off because they got sick and went over their annual cap or because they are too expensive to take care of; no more discrimination based on geography, gender, or disability. We are going to ban these practices—no more using preexisting conditions, no more caps, no more discrimination—but even with that, it is important that we have a public option—just an option. A public option will say to the insurance industry: We are not going to let you do that anymore. We are going to change the law, but we are going to help to enforce it with this public option.

I commend Leader REID for responding to the support of the Presiding Officer, Senator SHAHEEN from New Hampshire, and many of us who wrote to Senator REID asking him to include the public option in the health insurance reform bill. He has done that. That is a response from many Members of the Senate, and it is also what most of this country wants. In poll after poll, roughly twice as many Americans want to see a public option as don't. A recent physicians poll by the Robert Wood Johnson Foundation—certainly a group that has no dog in this hunt—found that 70 percent of doctors want to see a public option because they want to protect their patients. They want to make sure their patients aren't victimized by discrimination, by preexisting conditions, and by losing their insurance and all of that.

It is time for our Nation to get more choices, and the public option does give more choices. In Ohio, one insurance company controls 41 percent of the market. One company controls 41 percent of the market. Two companies control 58 percent of the market. In southeast Ohio, two companies control 85 percent of the market. What does that mean? That means little competition, it means lower quality, and it means higher rates. You put the public option out there, and you give people a choice. They do not have to choose the public option. They can choose Aetna or CIGNA or Medical Mutual—a not-for-profit company in Ohio—or they can choose WellPoint. Put that out there with the public option as a competitor, and you bet these companies are going to behave better.

It is not just an Ohio problem. In fact, in some States it is worse. Two health plans control 80 to 100 percent of the market share in 10 States. Two companies control at least 80 percent of the market in one-fifth of the States in this country. In another 11 States, 2 health plans control 70 to 80 percent of the market. So you have 21 States where 2 companies control at least 70 percent of the market. That is not competition; that is an oligopoly, I guess is the term we learned in high school economics class. But whatever

we call it, we know it is simply not working to keep health care costs down, it is not working to keep health insurance prices down, and it is not working to provide the kind of high-quality insurance that is needed.

In the insurance industry, what have we seen happen in the last 7 or 8 years? Insurance premiums have doubled. The reason they have doubled is because they can. There are fewer insurance companies, but they have gotten larger and larger. These insurance companies have a business plan. Their plan is basically twofold. First of all, they hire lots of people to make sure they deny coverage. You can't even buy insurance if you are sick or if you have a preexisting condition. Then they hire lots of people to deny your claim. Something like 30 percent of all claims submitted on the first go-round to private insurance companies are denied. So their business plan is to hire a bunch of bureaucrats—the private, for-profit companies—to keep from buying insurance people who might be costly. Then on the other end they hire a bunch of bureaucrats to make sure they try not to pay out for health care costs people have.

Lots of countries in the world have private health insurance. We are the only country that has private for-profits. This isn't a bunch of countries around the world that have socialized medicine. Many countries have private insurance doing it, but they are not-for-profit private insurance. So they do not add to the private insurance bureaucracy by hiring lots and lots of expensive people to keep you from buying insurance if you are sick or if you have a preexisting condition, and they do not hire a bunch of people on the other end to stop you from collecting on your insurance when you do in fact get sick. That is why the public option is so important. It is going to compete with these private companies. You won't see the kind of gaming of the system the private insurance companies are doing now.

According to the Congressional Budget Office, a strong public option in health reform, such as we provide for in the HELP Committee bill, would save the government $25 billion over 10 years—again, because a public plan wouldn't have to turn a profit.

So what does that mean? It means that in the last 7 or 8 years, private insurance companies have seen a 400-percent increase in their profits. How do they make that profit? Well, by hiring a bunch of bureaucrats to stop people from getting coverage if they might get sick. They hire a bunch of bureaucrats, if they do get sick, to keep them from having to pay for it.

At the same time, profits have gone up because those are good investments. Those bureaucrats who deny coverage are good for the industry if they deny a lot of claims, which, of course, they do. But look at the executive salaries, look at the trips they take, look at their sales meetings in Tahiti and their $20 million-a-year salaries. The CEO of Aetna last year made $24 million. The average salary of the CEOs of the 10 largest insurance companies is $11 million. To make $11 million, you have to cut a lot of people off from getting their insurance, you have to keep a lot of people out, you have to deny a lot of preexisting conditions, and you have to deny a lot of claims. And they are very good at that. Again, that is why the public option is so very important. The private insurance industry has avoided risk at the expense of their enrollees when they should have been bearing risk on behalf of their enrollees.

There is no better way to keep the private insurance industry honest than to make sure they are not the only game in town. When they are the only game in town, when there are only two companies in southwest Ohio, you bet executive salaries are high and profits are high and quality is low, and you bet cost is high for those small businesses and individuals and large businesses, too, that are buying that insurance.

Too often, the private insurance industry has cast out the sick instead of covering them. Too often, the industry has promised financial protection and has delivered disillusionment. No small business is safe from unheard-of premium increases, even if they are paying in more than they got out from their insurance company year after year.

There is a small business in Cincinnati, in southwest Ohio, as I mentioned earlier, that I believe has been in business for a quarter century. He would like to take the money he has made and plow it back into the business and take a lot more of his revenues and plow that back into the business to grow his business, but he is spending more and more of his money—all of his discretionary money—on insurance, to the point now where it looks as if, from what insurance companies say, he may not even be able to cover his employees at all in the years ahead.

Tomorrow, the HELP Committee—the committee that held the hearings on discrimination against women in health insurance—is holding a hearing entitled ''Increasing Health Costs Facing Small Businesses'' to examine how exorbitant premium increases are affecting our small businesses. In the past 2 years, half of small businesses that have offered coverage reported switching to plans with higher out-of-pocket costs in response to rising premiums.

So what is happening all over this country, the small businesses—and large businesses—in order to get coverage are forcing their employees to pay more money out of their own pockets for their insurance. Employees are often not getting raises, in part because of the recession, certainly, but also because the company is spending so much money on health insurance and people are having to dip into their own pockets much more. Small businesses make up 72 percent of Ohio's businesses but only 47 percent offered health benefits in 2006, and that was down 5 percent from half a decade earlier.

So it is important that we have this hearing tomorrow, but what really matters is that our health insurance bill will, in fact, give small businesses several options. It will mean they can go into a larger pool, if they would like, where their costs will be less. We know a small business pays much more than a large business pays per employee. Small businesses will get a tax break. Small businesses that have 24 employees, 22 employees, have been paying too much for health insurance. If one or two of their employees gets really sick, you know what happens: their insurance prices spike up and they may even lose their insurance overall or they may get canceled. But if you take the small business and put it into a pool, you are going to see much more evening. You won't see those price spikes when a handful of people get sick because you could spread that around the whole risk pool. That is why this is so important. It is so important for these small businesses to have a public option because it will, again, keep the insurance companies honest. It will mean more competition. It will mean insurance companies have to compete on price.

The people running the public option in every State are not going to be paying $24 million to their CEO. You can bet they are not going to hire a bunch of people to try to keep people off of their insurance rolls. You can bet they are not going to hire a bunch of bureaucrats to stop the insurance companies—the public option—from having to pay. Medicare doesn't disallow or throw people off for a preexisting condition. The public option won't either. Just by existing, the public option will keep the private insurance industry more honest.

Madam President, let me just close—and I think Senator MERKLEY is going to be joining us in a few minutes—with a couple of letters from people who have been victimized, in some sense, by this insurance system.

This is Sheila from Richland County, the county where I grew up, in north central Ohio—the Mansfield, Shelby, Shilo, Plymouth, Lexington area. Sheila writes:

> I moved to Ohio five years ago to be with my granddaughter. I've worked hard all my life, and now, I'm 60 years old still working and paying my own insurance. The other day I learned my health insurance has doubled. I am alarmed because I'm wondering how long I will be able to pay for my benefits. I've talked to some other people my age and they are feeling the same way. I have always worked, never sat down, or expected handouts. But insurance companies are downright greedy. I do have a problem with Seniors being gouged because of age and health issues.

Sheila brings this to mind. There are a lot of letters we received that are

from people like Sheila. She is 60—they might be 63; they might be 58. They are typically from people who worked hard all their lives, as the great majority of people in my State have worked hard, played by the rules, and it is not always so easy, of course. Sheila suggests, as many do, she knows she is Medicare eligible in 5 years. She is 60 now—4-plus years. A lot of letters I get, in addition to people thinking they had good insurance until they got really sick, a lot of letters are from people in their early sixties. They just want to hang on until they are Medicare eligible because they are paying such high premiums. She said her costs doubled.

She knows Medicare, which looks a lot like the public option, is something that will ultimately protect her and will matter as she lives out the last 10, 20, 30 years of her life. That is why it is so important.

Linda, from Muskingum County, the Zanesville area of the State, east of Columbus, eastern Ohio:

I'm 60 years old and a mother of two grown sons. Since my divorce earlier this year, I've had to start my life all over—after 33 years of working hard and paying off bills and our mortgage.

In May, I selected a standard plan from a private insurer. As expensive as it was, I had to pay the $625 a month they quoted.

As of September, I did not receive a policy or information on my benefit plan, despite asking for a copy of my plan and being charged monthly premiums.

The insurance company finally notified me that they misplaced my form and that I would receive some information in August.

In that time—I didn't see a doctor or use the policy in any way, but I still paid the monthly premiums assuming I was covered. But in just 3 months the insurance company increased my premiums from $625 a month to $1,000 a month. The explanation I got was that the insurer was required to increase the premium in order to maintain enough money to fund the plan I selected. The only thing they did was to take my payments for three months for something I wasn't able to use. I don't think it is fair they can increase the premium that quickly or even within a year.

Linda reflects—she is the same age as Sheila. They are both from sort of small, medium-size towns in Ohio. Some of the same problems—60 years old, onerous, very expensive premiums that they seem to have no control over.

Again, what our health insurance bill will do, as we see more competition from the public option, we will see more spreading of the risk so she doesn't have to buy an individual policy like this so if she gets sick she will be covered.

Robert and Monica from Cuyahoga County, Cleveland area, northeast Ohio, write:

Our son Jon will have no health insurance as of March, 2010. He's 25 years old and working on an associates degree in landscape design at a community college. Our son Jon supports himself as a landscaper, despite being deaf. He makes just enough to buy food, pay rent and pay for some of his courses. While he could file Supplemental Security Income, he has never collected a penny of government assistance.

But in March of next year, Jon will be dropped from our health insurance plan. Please help Jon and millions of Americans who are uninsured.

Jon is 25. In many cases people like Jon are dropped from their insurance plan when they are 22. One of the things our bill says is no longer will someone coming home from the Army or coming home from college, someone who moved back in with their parents, whether they are 22, 23 years old, be dropped from their insurance. Under our bill that passed out of the HELP Committee, anyone can stay on their parents' policy until the age of 26. But even at 26, what will happen is much preferable, obviously, to what is happening to Jon.

What is happening to Jon is—his parents say they are dropping him without much prospect, it sounds like, of getting insurance. What our bill says is that anyone who is uninsured, like Jon will be, at whatever age he would become uninsured, anyone will be able to go into the insurance exchange, and Jon will be able to choose from a whole menu—Aetna, Wellpoint, Medical Mutual—or does he want to choose the public option?

Because Jon sounds like he is pretty low income, Jon will get some assistance from the government, from taxpayers, to buy insurance so he will be in this large insurance pool with, more or less, tens of millions of other Americans, which will keep prices in check because of the expanded universal pool of people. But Jon will be in a much better situation because he will have insurance under this legislation.

Melissa, the last one I will read, from Lake County just east of Cleveland, Willowwick, Wickliffe, Eastlake, Madison, that area of Ohio:

I'm a young, college-educated professional who has always had to purchase my own health insurance because employer plans were not available.

Even as a healthy young woman with no health problems and no pre-existing conditions, my monthly insurance costs are very expensive. I teeter on the brink of dropping coverage.

I would love to participate in a public option, and especially want it to be available to family members and people in my community who desperately need it.

Melissa is in a situation like so many. She works for an employer, could be a small business—whomever she works for—that doesn't provide health insurance. It sounds like she has had decent jobs, but they don't provide her health insurance. She has had to buy it herself. It is incredibly expensive, and it is increasingly expensive to buy insurance on your own, even if you don't have a preexisting condition, even if you have not been sick, the way Melissa is. But she would like the option of going into the insurance exchange and going into the public option that would inject competition. It would keep prices more in check. She would be part of a larger pool, and she would have those protections, the consumer protections that our legislation offers.

She, Melissa, is specifically asking to join the public option. That is her choice once this legislation is passed.

I thank you for the time on the floor. I add, this bill we are going to debate in the next couple of weeks, this legislation, in so many ways, makes sense for this country.

First of all, anyone who is satisfied with their insurance can keep what they have, and we will build in consumer protections around it so people can't lose insurance because their costs were too high or a preexisting condition. They might have had a C-section as a young woman or might have been a victim of domestic violence. Losing their insurance for those things will not be allowed anymore.

This will help small businesses with tax incentives and other ways to spread their costs around so I guess they go into a bigger insurance pool. It will help those who do not have insurance. They will have the option to buy it. If they are low- or middle-income Americans, they will get some assistance to pay for their insurance.

Last, this bill will have a public option which will help to discipline the insurance market, will compete with them, will make them more honest, and help to bring prices down as good, old-fashioned American competition does.

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. MERKLEY. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

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

Mr. MERKLEY. Madam President, I rise this evening to address the issue of health care in our society, and specifically the public option. Earlier today I had a chance to listen to some of my colleagues defend the status quo system. They wanted to argue that health care reform should not occur now—maybe sometime later. I guess the 100 years we have spent as a country, working to have affordable, accessible health care for every citizen, the 100 years we spent in that debate isn't enough.

There is a novel by a couple of ladies who were turning 100. They titled their novel ''The Second Hundred Years,'' or ''Our Second Hundred Years.'' That was a beautiful glimpse into the possibility of a life well-filled and a life of anticipated fulfillment as they went into their old age post-100.

We are in a different situation with health care. This 100-year debate should not go on for another 100 years; another 100 years for us to consider the possibility, the principle that every single person in America should have affordable, accessible, quality health care.

I heard earlier today a lot of scare words thrown out to defend the current system and encourage citizens to be

afraid of reform. Those scare words are very unnecessary because citizens in America know our health care system is broken. They know it from their personal experience. So opponents of reform, they don't want to have a plan, they simply want to scare citizens into sticking with the broken status quo.

Indeed, sometimes there is a certain concern about change, what change will bring. Well, let's look for a moment at what the status quo is bringing us. Our health care costs are doubling every 6 to 8 years. That means a lot of folks who could afford health care just a few years ago cannot afford it today. A lot of small businesses that could afford health care 6 to 8 years ago cannot afford it today. A lot of big businesses that are competing internationally were more competitive 6 to 8 years ago than they are today.

I would like to be able to tell you that the rate of increase in the cost of health care has declined but, if anything, it has increased. We are looking at another doubling over the years to come, over the next 6 to 8 years.

I do not know about anyone else, but given how high health care costs are today for the American family, do we want a system, a broken system, that is going to double those costs again in the very near future? Is that a good future for America? Is that affordable health care? Is that accessible health care? Is that an ability to acquire quality health care, which I think every American citizen knows in their heart that, indeed, that is not affordable or accessible or quality health care, to have a system that is doubling every 6 to 8 years.

The other thing we know about health care in America is that folks who have insurance still have a lot of challenges. Well, the first is getting insurance in the first place because our current system allows insurance companies, as incredible as this might seem, to say: No, we do not want you. You have a family history of diabetes. You have a preexisting condition. It might simply be a skin rash. It might be anything. People are turned down for health care day and night in our country.

Well, those are a lot of American citizens who do not get to participate in our health care system. What about those folks who do get insurance and they go along paying their premiums year after year, 10 years, 15 years, and then they finally have a health care problem and they get a letter from their health insurance company that says: We are dumping you off your health care plan. Now that you are sick, we do not want to cover you anymore.

What kind of fairness is there in that for the American citizen, that companies can dump you off your plan when you finally need health care, after you have been paying your premiums month after month, year after year, or decade after decade, and finally you have an illness that needs to be covered and, whoosh, your health care coverage is gone. That is not a fair system for those who have health issues in our Nation.

So we need to reform this system. It starts by ending the unfairness for those who have it. It is called insurance reform. No more blocking folks from being accepted into health care—universal guaranteed access. No more dumping of folks off health care insurance once you become ill—an end to dumping, an end to preexisting conditions.

In other words, health care reform for those who have insurance is all about fairness. There were some other words thrown out earlier today, words such as ''deficit,'' ''government takeover,'' ''increases in premiums.'' All those are scare words designed to mislead the citizens from following the logic of their own experience, their own common sense about the broken health care system we have in America.

But let's consider some other words. How about ''competition.'' It may surprise some to find out we do not have much competition at all in health care here in America. Why is that? It is because the health care insurance industry is exempt from competition. They are allowed to work together as an exemption for antitrust. They are allowed to coordinate and to compare. That works to the benefit of the companies, but it does not work to the benefit of the citizens.

In addition, a lot of markets in this country have a single dominant provider, often 80 percent of the market. That does not work toward competition. What do you get here in America in a market where you have no competition or very little competition? What you get are extraordinarily high costs that are doubling every 6 to 8 years. That is not a system that works for citizens.

So how about we introduce competition. That is as American as apple pie. How can we do that? What we can do is have a health care competitor dedicated to healing, not dedicated to corporate profits. That health care entity, that publicly created structure of health care, indeed healing, they are not trying to maximize their profits at the expense of citizens; they are trying to invest in the citizens to maximize wellness.

It is a completely different model. It is a model about prevention. It is a model about disease management. It is a model about healthy choice incentives. That is the competition that a public option or a community health plan will introduce with health care all over our Nation.

I think lower costs and competition are good things. I think giving citizens more choice is a good thing. Here are some brilliant aspects of this. If you do not have competition right now due to the antitrust provisions or due to the dominance of a single payer, then the citizens can look at the possibility and go: Well, they are all about the same. That is not real competition.

But now, if you introduce a player that is not there to maximize profits, is there to maximize wellness, that is real choice. Nobody would be asked to take a public option or community health care plan choice over a private insurance company. That is why they call it choice. That is why they call it an option. You would get to choose.

Let us empower our citizens through choice in the marketplace. Again, this is red, white, and blue American competition to benefit consumers of health care services.

We have had a lot of conversation about health care this year. It has certainly been an intense conversation since January. We have five bills that have come out of committees. Many folks like to stack up all those bills and say: Look how complicated it is. Look how complicated health care reform is. Well, it is a bit complicated because we have multiple health care systems in our country.

We have a Veterans' Administration system. We have a Medicare system. We have a Medicaid system. We have private insurance companies in the system. We have another system for all those folks who cannot qualify for any of the first ones. It is this: Save your money and hope you have enough when you get sick. If you do not, then I am sorry, you are in trouble.

There are some statistics on this: 45,000 Americans a year die because they do not have access to health care, 45,000. That can be compared to just about virtually anything else that happens in this country. That is a pretty big total. That is a lot of suffering. That is not just folks who get sick and suffer, all those folks who get sick and suffer and die.

We had a gentleman in central Oregon who had a tumor growing on his spine. His doctor asked the private insurance company for an MRI, permission to do imaging so they would understand what was happening. The insurance company, the private insurance company, turned him down. So the patient and his doctor found a second expert. The second expert went over the man and said: He needs to have an MRI. They sent a request to the insurance company. The insurance company turned him down, again.

He died from that tumor on his spine. He actually had health insurance, but he had health insurance with a private insurance company coming between him and his doctor. Some of my colleagues like to say under a public plan the government gets involved. Well, not really. It is you and your doctor. Right now we have insurance companies that come between you and your doctor every single day. Why not give the American citizen this choice to have a different system, a system dedicated to healing, a system that will create competition, a system that will hold the private insurance company's feet to the fire.

That is the community health care plan or the public option. I will conclude with this notion, that competition that lowers costs, increases choice, and improves service is a wonderful direction for health care reform to go. We have made many steps in that direction. But we have not gotten that bill to the President's desk. Let's do that. Let's get that bill that increases choice, improves service, and lowers costs, let's get that bill to the President's desk by Christmas.

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

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

ORDERS FOR TUESDAY, NOVEMBER 3, 2009

Mr. MERKLEY. Madam President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m. tomorrow, November 3; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate recess from 10:15 a.m. until 11:30 a.m. to allow for a joint meeting of Congress; that following the joint meeting, the Senate resume consideration of H.R. 3548, the Unemployment Benefits Extension Act of 2009; further, that the Senate recess from 12:30 p.m. until 2:15 p.m. to allow for the weekly caucus luncheons; and finally, that the time during any adjournment, recess, or period of morning business count postcloture.

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

PROGRAM

Mr. MERKLEY. Madam President, German Chancellor Angela Merkel will address a joint meeting of Congress tomorrow at 10:30 a.m. Senators are encouraged to gather in the Senate Chamber at 10 a.m. so we may proceed as a body to the Hall of the House of Representatives at 10:15.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

Mr. MERKLEY. If there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 7:04 p.m., adjourned until Tuesday, November 3, 2009, at 10 a.m.