

contract labor instead of full-time employees.

As I said, while I support extending the benefits, I believe it is essential that we address the underlying problems of job creation and unemployment. The FUTA tax only makes those problems worse, especially for small businesses. This is why Republicans wanted to offer an amendment that paid for the benefits extension without the FUTA tax on job creation. Why would the majority leader be frightened of this? Why would he not want to even debate this obviously legitimate question? That is one of the reasons action on this bill has been delayed. This bill could have been completed 2 weeks ago.

I have heard some of my colleagues from the other side come down and say: Why are Republicans holding up the extension of unemployment benefits? I voted for cloture to proceed. I voted for cloture to proceed to the substitute. I am not holding up anything. But the majority leader is not holding up his part of the bargain, which is to at least allow some amendments—three or four—that Republicans have offered. We can't even offer this amendment to offer an alternative way to pay for what almost all of us want to do and will end up voting to do.

I find it disappointing that a very good Republican idea, an obviously legitimate debate to have, whether workers themselves should have to pay for the extension of these benefits and whether that puts more people on the unemployment rolls, to have to pay for the extension of benefits as time goes on here—I am very disappointed that not only have we not had the opportunity to offer that amendment but colleagues from the other side have actually come to the floor and complained that Republicans are somehow to blame for the extension of unemployment benefits not being permitted. When Republicans are not allowed to offer these kinds of amendments, then, yes, we will insist upon a debate which points out a better idea for solving a problem that every one of us wants to solve, the fact that we are not even being allowed to offer the amendment in order to have that debate and challenge our colleagues from the other side to see whether they want to continue to support this program with a tax on workers or they would like to find a better way, the way the Republican Party has proposed.

The PRESIDING OFFICER. The majority whip.

Mr. DURBIN. I ask unanimous consent to speak as in morning business.

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

VA HOSPITAL IN MARION, IL

Mr. DURBIN. Mr. President, I will respond to the Senator from Arizona after I speak to an important issue in my home State.

My first comment relates to an important VA hospital in Marion, IL. In

the fall of 2007, there was an alarming number of deaths at the Marion VA hospital, causing a thorough investigation to be initiated in Washington. At the end of the investigation, they found that nine veterans who had gone into this hospital for surgery had died under what were considered extraordinary circumstances. The investigation went deeper. As it went deeper, they found clear evidence of malpractice on the part of doctors at this veterans hospital and mismanagement by those who brought these doctors to the hospital and by those responsible for supervising them in their activities.

As a result of that startling and shameful disclosure in the treatment of the veterans, the surgical unit was basically closed—at least inpatient surgery and many other medical activities were restricted until the investigation was complete, changes were made, and new personnel were brought in so that veterans receive the kind of protection and care they deserve.

That investigation resulted in several doctors being dismissed. After the most cursory examination, we found that doctors had been brought to this hospital—at least a particular doctor who had been the subject of malpractice complaints in another State had not been thoroughly reviewed in terms of his background before he was brought into this veterans hospital, and he, in fact, was performing surgeries at this hospital beyond his competency and beyond his authority. That was a fact.

We started this thorough review with new people at the Marion VA Center.

I might say to the Presiding Officer and those following this debate, southern Illinois is a long way from Chicago. It is 400-plus miles away from Chicago. It is an area I know well. It is where my family roots are. It is an area once represented in Congress by Paul Simon, when he was a Member of the House, and then, of course, he later served in the Senate. Paul Simon used to say southern Illinois is the land of grits and gospel music. There are parts of southern Illinois that are south of Richmond, VA, in terms of latitude, to give an idea. It is the South.

I say that because I want to let people know, in following this particular development, that for many of the people who live in southern Illinois, in small towns in southern Illinois, in northern Kentucky, and in eastern Missouri, the Marion VA Medical Center is critically important. It is a long drive from where they live to St. Louis or to Indianapolis or some other place. They count on the Marion VA hospital. We told these veterans they could count on it, that it would be there to help them when they needed it. So this scandal which came out 2 years ago caught everyone's attention and focused all of us on solving this problem as quickly as possible.

We responded in the Senate. I had a colleague in the Senate then, a fellow Senator by the name of Barack Obama.

He and I introduced a bill that went after the systemic weaknesses at the VA medical center structure that allowed these deaths to occur. Our bill imposed an accountable quality management system on VA medical centers, on regional networks that monitor and manage the medical centers, and the VA health care system as a whole. We proposed designating a person at each level who would be directly responsible for quality management and only quality management of health care for veterans. The Veterans' Affairs Committee, under the leadership of Chairman AKAKA of Hawaii and Senator RICHARD BURR, a Republican, approved the legislation last Congress and reported it out of committee and to the full Senate, where it died on the floor.

Yesterday, I was shocked to learn that a new inspector general's investigation of the Marion VA Center in August of this year by a medical doctor and his team found that problems identified 2 years ago have not been addressed at the Marion VA Medical Center. Despite this national scandal and the concern we all had about the treatment of veterans, many of the concerns and many of the issues that led to the deaths of these innocent veterans have still gone unheeded. In 2 years' time, the medical center responsible for treating veterans living in southern Illinois has not been able to meet the required standards in facilities safety, patient safety, peer review treatments, and, yes, limiting surgeries to those surgeons who are only approved and licensed to perform them. These continued failures are shocking and inexcusable.

I and my staff and my colleagues in the House have pressed the VA and the medical center itself repeatedly about bringing this center up to the highest standards. We have visited the facility, convened meetings with employees, administrators, and written letters. We have done all we can think of to make sure our veterans have access to the highest levels of medical care in Marion, IL. We have been told time and time again that Marion's quality of care is being closely monitored and all appropriate steps are being taken to rectify the problem. I don't know what went wrong here, but I know now that these efforts have failed.

The inspector general's report of this August is an indictment of all of the efforts undertaken by the previous administration and this administration to remedy the problem. I am deeply disappointed that yet another report identifies entrenched and serious problems at Marion.

In the report finally released yesterday, the inspector general details appalling failures of quality management and patient safety standards. I have read the report. Some failures they found are the same ones they found 2 years ago: physicians performing procedures without required privileges and authority; review of treatment records

that is not regular or systematic; where there were reviews of treatment records, no one followed up on questionable treatment decisions as they were made; and, in fact, substandard, unacceptable record keeping of the deaths after treatment.

Other failures in patient care the inspector general found: not complying with guidelines for patients with a history of methicillin-resistant staff infection, known as MRSA. It is a deadly infection that can claim lives. They found an example where an individual who had a history of this infection was left in an environment where he was exposed to other innocent patients. Totally unacceptable. Not grounding electrical equipment in bathrooms, raising the danger of patient electrocutions at one of our veterans hospitals. That is what the inspector general found.

After 2 years to focus on bringing the Marion VA Center up to the basic standards we should expect of every VA facility, those in the direct line of command at Marion have violated the public trust and should be relieved of their duties until serious questions about this management have been answered and resolved.

Secretary Shinseki called me on the phone last night, and we had a lengthy conversation about Marion. When I first met the general and told him I would support him because of his service to our country and his obvious leadership skills, I talked about the Marion center. I told him it had to be high on his priority list. He said he would take the initial step of removing the Marion director and naming a replacement with a long and respected record of leadership.

I wish this new director the best and offer all the help I can to provide and assure veterans in southern Illinois they will receive the best possible care. However, since the problems at Marion have not been fixed, more comprehensive and immediate action is required.

Yesterday's inspector general report is only one of several revelations of quality-of-care issues in VA facilities to gain notice this year. In June, the inspector general reported that several VA facilities were not properly cleaning endoscopy equipment, potentially exposing veterans to infection. In July, weak oversight led to errors in cancer treatments at the Philadelphia Veterans Affairs Medical Center, resulting in mistreatment of several veterans. Taken together, the series of problems raise serious questions about how quality of care in the veterans health system is monitored and enforced.

Since that initial, awful discovery of these unnecessary, shameful deaths in Marion, IL, 2 years ago, we have asked a lot of questions about quality of care that have gone unanswered. We have learned some things. We have learned that VA health care quality assurance programs at every level—Federal, regional, and local—could be better. Where good policy is in place, not all health care officials and practitioners

are following the guidance fully. The shortage of health care professionals means VA hospitals are not doing all they can to weed out mistake-prone doctors.

I wish to go back to the legislation Senator Obama and I introduced in the last Congress. This bill would create a network of health quality assurance officers. The idea is we need one designated person at each VA facility, in their VISNs and in VA's headquarters, to pay attention, strictly, to quality and patient safety issues.

So the bill establishes quality management officers at the national, VISN, and medical center levels. These officers would be responsible for peer-review mechanisms and for confidential reporting systems, so VA employees can literally blow the whistle when they see things happen that endanger the lives and treatment of our veterans.

The bill also requires potential VA physicians to disclose their employment history—that is not too much to ask—including negative elements in their resume, before they are hired.

It also mandates that directors of the regional Veterans Integrated Service Networks—or VISNs—investigate and personally approve the candidates.

Again, this year, as it did in the previous Congress, the Senate Veterans' Affairs Committee has reported the bill. They agree with me. They know it is a bipartisan bill, and they support it on a bipartisan basis. This year it is part of the Caregiver and Veterans Omnibus Health Services Act of 2009.

Where is this bill? Why wasn't it passed before this inspector general came and found the same problems at Marion VA today that led to the deaths of nine innocent veterans 2 years ago? What happened to the bill after it was reported to the Veterans' Committee?

Well, I can tell you. The bill is sitting on the Senate calendar. It is being held by one Senator who opposes moving to the veterans bills. He says it costs too much money. Well, what is a veteran's life worth? We lost nine 2 years ago. The latest report is that there is another one whose death has not been investigated, which has not had the appropriate level of review we would expect in a veterans facility, and this Senator says it is too much to ask that we would put someone in place at that Marion VA, and every VA facility, who would focus on patient safety.

I want to tell you, that is unacceptable. Putting a hold on a bill that, if it is not passed, could endanger the lives of veterans is absolutely unacceptable. I hope this Senator will have second thoughts now that this inspector general's report is out. We need this quality management network in the veterans health system. If this were in place and working properly, we could catch those who are taking shortcuts and compromising the quality of care our veterans deserve.

But we also have to acknowledge that policies are only as effective as

the people who implement them. Good practices depend on the professionals on the ground, so we have to educate and hold professionals accountable, as well as enacting appropriate quality control measures. We have to make veterans hospitals attractive employers so the scarcity of doctors does not create a perverse incentive to overlook potential shortcuts.

In the overwhelming majority of cases, the Veterans' Administration of the United States of America provides veterans with care of the highest quality. VA personnel—and I have met hundreds of them—similar to all health care workers, enter their professions because of a genuine personal desire to heal the sick and mend the wounded, particularly those women and men who have served our country. They do outstanding work for our veterans every single day, and they deserve our gratitude for that effort. We want to help them provide the very best care for veterans everywhere in America.

I wish to thank Chairman AKAKA and Senator BURR for noting that quality management in the VA needs to be restructured to ensure accountability. I agree with them completely. But despite the good work of the VA, and the wonderful people involved in the VA, clearly, at the Marion VA Center our veterans deserve better.

I hope we can pass this bill and put in place the kind of safeguards that are needed so we will never have to face another inspector general's report such as this. You would think after nine veterans have lost their lives, and all the effort that has gone in to understand why—and stop it from occurring—that we would not be facing an inspector general's report that says we are still harboring people who are not of the highest quality, in terms of their talents, and protecting procedures and approaches which jeopardize the lives of many of these veterans.

This bill should be removed from the calendar, brought to the floor, and passed immediately. I hope it will pass in an overwhelming fashion with bipartisan support.

Mr. President, as to the Unemployment Compensation Extension Act, I heard the Senator from Arizona come out and talk about the unwillingness of the Democratic majority to allow the Republicans to offer amendments. He used that as his reason to explain why, for 26 days, the Republicans have held up the extension of unemployment benefits to thousands of people across this country.

During that 26-day period of time the Republicans have stopped us from extending unemployment benefits, 180,000 Americans have seen their unemployment benefits end. We know because many of us have heard from them. They are people who have been out of work for a long time and looking for a job without luck. When the unemployment check ends, they know it because that is the check that puts bread on the table. That is the check that pays

the mortgage and the utility bills. It keeps their family together.

So for almost one calendar month, the Republicans in the Senate have stopped the extension of unemployment benefits. Why? The Senator from Arizona said: Well, because we had some amendments we wanted to offer.

Well, this is a legislative body. It is not unreasonable to offer an amendment. But what he did not say is that some of the amendments had nothing to do with unemployment or the state of the economy. Some people may have heard of this organization ACORN. They have been in a lot of news recently—videotapes of ACORN employees doing bad things. They were fired. Some are being investigated.

We have had about four or five amendments on the floor about ACORN. Are we going to investigate them? I am for that. I put an amendment in to do that. Are we going to cut off all their government contracts? Are we going to limit the work they can do on this agency or that agency? Amendment after amendment after amendment. At a time when we are in the midst of a deep recession, with high unemployment, fighting two wars, debating health care, some Senator thinks this is all about ACORN.

So one of the Senators from Louisiana said: I am going to hold up unemployment benefits for people across America until I can have another chance to have another debate on another ACORN amendment. Well, forgive me, but I think the majority leader was right. That does not relate to unemployment. It does not relate to the state of the economy. It is simply one Senator who is stuck on one theme that has nothing to do with the economy and that Senator was insisting on his amendment or unemployment benefits would not move forward.

So when the Senator from Arizona talks about the decision of the majority not to allow every amendment to be offered and tie up the Senate for days or weeks at a time, it is understandable. I do have to take exception to remarks that were made by my minority whip and friend from Arizona when he said we are not offering amendments to the Republicans on the unemployment compensation benefits bill.

I call his attention to the amendment he voted for yesterday. It was a cloture motion, which means ending debate on a substitute known as the Reid-Baucus substitute. The Reid-Baucus substitute, which is being added to this unemployment benefits bill, includes, within its pages, two Republican amendments, the major Republican amendments that have been offered; one by Senator JOHNNY ISAKSON of Georgia about the home buyers credit. It is in here. A Republican amendment is in here. He and Senator DODD have worked out the details. It is included. The second is an amendment by the Senator from Kentucky, Mr. BUNNING, and it relates to some net op-

erating loss tax treatment, which we think may help some businesses hire people back. Senator BUNNING is a Republican. The amendment was incorporated as a part of it.

So for the Senator from Arizona to argue that we are not allowing any amendments is to ignore the very amendment we voted for yesterday. There are Republican amendments here, and they were worked out, as they should be.

Does that explain why we have waited almost 4 weeks to extend unemployment benefits? The Senator from Arizona takes exception to the idea that we would use the insurance fund that is collected from employers and employees across America for unemployment to extend unemployment benefits. Well, this is an insurance fund we all pay into, in the unlikely event we lose our job, so we can get unemployment insurance.

The Senator from Arizona says we should not do that. It is unfair to collect that tax—or FUTA tax, as they call it—to fund unemployment benefits. I think it is perfectly fair. I have never used it once in my life. I do not mind paying into it. I think it is reasonable. If the day comes when I need it, it is there. So to say we should stop funding this kind of unemployment insurance benefit is, in my mind, to jeopardize a safety net many people count on across America.

I have received calls from people in my State telling their stories. I hope the Senator from Arizona can receive a few of those calls, too, from his State. I am sure there are people who would contact him on this issue.

One lady wrote me and she said:

I am a 57 year old professional woman [with a masters degree] who was laid off in November 2007, before things got really bad. My unemployment ran out in mid September.

When this debate had not started, but it was beginning here in the Senate. She said:

I have closed my 401K, my retirement accounts and have spent all my savings to survive thus far—and without having had the help of unemployment benefits, I would have lost everything I have long ago.

And don't get me started on my health insurance issues.

As Congress debates, people lose everything. Good people who worked their whole lives. Please help pass this bill. It will be too late for me, I am totally tapped out next month, but it will save others.

A man writes me:

I am 60 years old. My wife is 56. We were both laid off. Me first, then her.

We have worked all our lives. Our unemployment benefits have expired.

We were unable to continue paying for Cobra—

Which is a health insurance option for those who are out of work—

so we lost that. So now we have no health coverage for the first time in our lives and no benefits.

We try to stay optimistic, but the reality is things are tough. We look for work, to no avail. What will happen?

Benefits should be extended indefinitely until the job situation improves to the point

where people can get a job. In the meantime we'll take what we can get, and hope something good happens.

This woman, who has never contacted a public official before, writes me and says:

This is my first time writing to any political figure. I will keep my thoughts and concerns short and sweet.

I am currently unemployed, a mother of 3 and live in a suburb in Illinois. I have been looking for work for over 1 year now to no avail.

It is my hope that you will vote YES in the Senate this week to pass the unemployment extension and hopefully there will be no more delays.

My husband and I have been struggling to make ends meet for months now and with the money I would collect from unemployment, my family would be able to stay afloat [until I can get another job].

My son has some major medical issues at this time and even though we carry insurance, it's just not enough to pay the bills.

I pray the Senate makes a positive and quick decision about extending unemployment benefits.

I appreciate your time.

How do you explain to this woman, and others who wrote to me, what we are doing right now on the floor of the Senate? Are we debating a bill on the floor of the Senate? No. We are burning 30 hours off the clock because the Republicans insist we delay this as long as the Senate rules will allow. They do not want us to extend unemployment benefits 1 minute sooner than they can extend this debate. Under the Senate rules, they have extended it now for 26 days. So another 2, 3 or 4 days are necessary before the Republicans use up all the time they could possibly use.

What happens in the meantime? Well, for the three people who wrote me from Illinois, I am not sure. I do not know how they will get by in the meantime. I hope they will. But for them, it must be hard to understand why they have to be held captive to the procedural rules of the Senate that I think, in this case, are being clearly abused.

We have adopted now Republican amendments that they have asked for. At least we have cleared them to be adopted. The vote last night had only two dissenters. Two Republican Senators dissented. Everyone else voted for it. This is now, apparently, a wildly popular bill but not popular enough for us to vote on it and get it done. No, we are going to have to wait for another day or two or three under the scenario that has been created on the Republican side.

Last week, one of my Republican colleagues was talking on the floor about how we should be in no rush to do anything on unemployment insurance. He said:

The benefits haven't run out yet. We're going to pass this before the benefits run out. That's not the question.

Well, unfortunately, that is not true. When you hear statements such as that, the Republican delays start to make a little more sense. Americans need help right now, but some Republican Senators do not understand that.

Some Republicans, apparently, do not know that 600,000 Americans have already lost their unemployment insurance benefits—Americans who would be benefited if this bill passed—extending the coverage for an additional 14 weeks across the country and for 20 weeks in areas of higher unemployment.

These 600,000 families have no place to turn. Their benefits are exhausted. The job market is still weak and the Senate talks and talks and talks and, even worse, goes into these quorum calls, where people do not even talk.

We sit in our offices waiting to reach a point where we can take the next vote the Republicans will allow. We finally managed to make a little progress last night to move the bill forward. Now Republicans have said let's wait another 30 hours before we consider what we even passed last night. We have to wait so the Republicans can talk more about whatever it is they think is more important than helping the victims of this recession and dealing with the safety net we desperately need. So America waits and waits some more.

I hope the Senate can finally provide the assistance that hundreds of thousands of Americans are waiting for. There is no excuse for us not to do it right now—today.

MAJOR OPPOSITION TO HEALTH CARE REFORM

Mr. President, the Senator from Tennessee was here earlier. It appears now that the major Republican opposition to health care reform comes down to something very basic, which I never would have guessed.

It turns out the Republicans object to the length of the bill. It turns out they are offended, and are carrying that offense to an extreme, because they believe the Senate bill for health care reform is over 1,000 pages long. I don't know if the Republicans can help me understand this. Maybe there are a number of pages that they think would be appropriate. I don't know if it is 900 or 500. But, apparently, in their mind there is an appropriate number of pages for a bill. When the bill goes beyond a certain number of pages, whatever it says is unacceptable. That, apparently, is the new approach being taken by the Republicans.

Last week, I asked one of the Republican Senators how many pages the Senate Republican health care reform bill comprised. He didn't answer me, because he knows, and I know, that no such bill exists. There is no Senate Republican health care reform bill. Maybe some day there will be. I hope so.

We have taken two major committees of the Senate and put them to work for weeks to devise health care reform bills. Now we are trying to blend those bills into a final product, which is in the works. Yet they come to the floor and complain it is too long. It turns out that one of the committee bills they are objecting to for being too long contained 150 Republican amendments. Guess what. Those amendments comprised 300 pages.

Am I supposed to be outraged that we would have 300 pages of Republican amendments and say they should not be considered because I have in my mind a number I cannot quite disclose to you as to what a maximum number of pages might be for a bill? In a debate as serious as health care reform, have we reached these depths, where the only complaint we can find from the Republican side is that the bill has too many pages in it? I think that is a sad state of affairs.

People across this country, and family after family, know the cost of health care is out of control for businesses, families, individuals, and governments. We cannot sustain it. Health insurance companies will keep piling on premiums and raising costs beyond the reach of families every single day. We have to do something about it now. If it takes 100 pages, good. If it takes 1,000 pages, that is fine, too. Let's get it done.

I keep waiting for the first Republican Senator to stand up and say we are going to join with Democrats in fighting the abuses of health insurance companies, which deny people coverage because of preexisting conditions, which bail out on those who are insured once they get sick, which won't allow you to take your insurance from one job to another, which say that your son or daughter at age 23 is cut off from the family plan.

When will Republicans join us in pushing for real health insurance reform, which gives peace of mind to families across this country? I don't care if that takes 1,000 pages to do it. Let's do it and get it done.

Finally, let's make sure that we push prevention and wellness, so people will have better health outcomes at lower costs, so that more people can qualify for health insurance, so that fewer people turn up in the emergency room without health insurance, or with poor health insurance, desperate for care.

Again, how many pages are acceptable to the Republican side of the aisle? I am waiting to hear.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mrs. HUTCHISON. Mr. President, I am very pleased to be able to speak this afternoon about the health care bill that we all in this country are concerned is coming through Congress at a very rapid pace.

I heard the distinguished Senator from Illinois saying the Republican complaint is how long the bill is. Well, of course, he acknowledged that there is no bill, that we actually don't have a bill that has been introduced yet in the Senate. So I think what we are talking about is the length of the bills that have been put forward by the two committees and will be put together, and it could be 3,000 pages long, if that is what it takes to cover this issue.

The concern Republicans have is, are we going to have time to read it? Are we going to have time for the public to

read it, so that we understand fully, before we start debating, before we start amending, what is in every line of the bill?

The American people expect that we will know what we are voting on when we are talking about taking over one-sixth of our economy in this country. We are talking about the health care industry jobs—doctors, nurses, nurses' aides, hospital personnel, and the doctors' office personnel. We are talking about a lot of the economy of our country. Most importantly, we are talking about the relationship between a patient and a doctor, which is the most personal, most important health care relationship you can possibly have in every family.

I think maybe the distinguished deputy leader on the Democratic side has mistaken the complaints about how big the bill is with how long we have to read the big bill. That is the issue. That is why we want to see the bill in the writing that is going to become law before we are asked to debate it, before we are asked to offer amendments. And we want the public to see it, too.

In fact, there was an amendment offered in the Senate Finance Committee by Senator BUNNING to reassure the American people that there would be 72 hours for this bill to be in the public domain before it would come to the floor. That amendment was defeated.

It is very important to us that we have ample time to determine every part of this bill and how it will affect every American, every American family, and for all of the many people in the health care industry—the doctors, nurses, and all the people who provide health care in our country—to know how it will affect them, too. That is the complaint, for sure.

Today I want to talk about the rising health care costs. We know that today, without any new bill, premiums are going up and Americans are being squeezed. Rising premiums are causing them to be very concerned about how much this health care coverage they have is costing. It is also squeezing small businesses, because their premiums are rising, and it is beginning to be a choice in some American businesses whether they can offer health care coverage anymore.

We do need health care reform because of these rising premiums. You would think that, with the premiums going up and costs going up, and Americans being squeezed in a tough economic time, and employers being squeezed, that the position we would be taking in the Senate regarding health care reform would be to bring down costs. That would be what you would think we would be addressing. You would think we would be talking about offering more affordable coverage to more people.

Texas, unfortunately, has the highest percentage of people today without health insurance coverage in the Nation. So I am very concerned about this issue. Unfortunately, 5.8 million uninsured Texans is the number we have

reached. So this is a huge issue for my State.

Let's look at the health care reform and how it is going to affect the rising premium costs. Inflation causes the premiums to go up every year. So what we should be looking for is a way to cut back on those costs that are hurting people so much.

Here is an example: Individuals and families buying their own insurance could see premiums increase as much as 73 percent under the new Democratic proposals that are being written right now. One study projects premium increases of roughly \$1,500 a year for individuals, and \$3,300 a year for family coverage, in addition to the natural rise in inflation and premiums that would be ongoing anyway. This was from a study delivered by Oliver Wyman. Think about it. All of the taxes on insurance companies, the taxes on an American individual or a family that decides not to take the coverage would add to the cost as well. Then you have the cuts in Medicare that are proposed and the increase in Medicaid that is proposed, which will cost every State and every taxpayer. So you have all these increases in costs, mandates, and taxes.

More alarming is, if you do have insurance today, you may not even be able to keep what you have. The President said if you like what you have, you can keep it. But under the Democrats' proposal that is going through, all plans include a long list of benefits that are required to be in every plan. Some of these may be benefits your family doesn't need or you would not choose as a priority, but they are there. So that will have a cost impact. Millions of Americans will be forced to buy more expensive plans in order to comply with these new Federal laws that are going to reform health care.

When it comes to a small business, you might think: What is this going to do to a small business? Small businesses are now having a hard time because they don't have the big risk pool. So their costs are higher anyway. A small business with 20 employees is going to have higher premiums anyway, and their margins are generally less because they don't have the advantage of having big risk pools and the things that can bring down costs in a bigger business. Small businesses are going to look at these rising costs and probably say, you know, I now have to decide, do I continue to offer health care coverage to my employees or do I back off? And if I back off, of course, people will have to buy their own insurance or pay a fine if they don't.

That is what is going through Congress right now. The Joint Committee on Taxation stated that "the imposition of the excise tax on insurers can be expected to lead health insurance providers and consumers to take measures to minimize their burden from the tax. As insurers pass along the cost to the consumer by increasing prices, the cost of employer-provided insurance will increase."

In the House bill, employers will be penalized if they don't pay for a specific percentage of employee premiums. So even if you are offering health insurance to your employees, you may still be penalized if the House bill prevails, if you don't pay the right percentage of coverage for employees. The Kaiser Family Foundation did a research study and said three out of five businesses in America that offer insurance would still have to pay the 8-percent payroll tax, because their percentages would not meet the Federal standard that would be in the House bill. That is just counterintuitive. It is counterintuitive to say if you are doing the right thing and you are offering health insurance to your employees—you are struggling to do it, but you are doing it—but if it is not the right percentage, if it is not 72.5 percent or 65 percent, then you are not going to qualify anyway, so you are going to have to pay an 8-percent fine of the entire payroll of your company.

This is not the reform we should be going after. What we should be doing is trying to have more affordable health care access for individuals and small businesses. That should be our primary objective.

Here are the principles the Republicans would put forward for health care reform.

Small business pooling: We have offered time and time again on the floor of this Senate the small business health plan that would allow small businesses to pool, to be able to offer their employees a bigger risk pool and, therefore, lower premiums for the employee and the employer. We have offered plans that would allow a State organization or a national organization—the U.S. Chamber of Commerce, the NFIB, the American Institute of Architects, whatever association that you might join as a small business person—to offer all of their members insurance plans that would have a big risk pool so that if you work for a small business, a small architecture firm, you would be able to offer this in the same basic amounts that if you worked for a big architecture firm or big corporation. But that would not cost the government anything, and it would not change anyone's coverage if they like what they have. It would offer more affordable access to more people.

If the Republicans had the ability to offer amendments to the health care bill or to offer a substitute, we would reduce frivolous lawsuits. In States where there are limits on noneconomic damages or you have an arbitration requirement before you go to a lawsuit, we have lowered the cost of medical malpractice insurance to the doctors by as much as 25 percent. Doctors have come back to practicing medicine again because these premiums have been lowered just by reducing frivolous lawsuits. This has been done in my State of Texas, California, and other States have followed suit and, no pun

intended, have lowered the number of lawsuits. It has lowered the cost of the medical malpractice insurance premiums, and doctors have been able to do their work with their patients with much more freedom, knowing they do not need to order unnecessary tests just to cover themselves in case they get sued.

No. 3, why not offer tax incentives? I am a cosponsor of a bill with Senator JIM DEMINT that would offer tax incentives for individuals. There are small businesses and individuals who have no access to affordable coverage. It is just way too expensive. Why not give every individual who purchases their own insurance the same tax break that a corporation gets for offering health insurance to the employees? It is a non-taxable benefit to the employee. Why shouldn't the individual get that same break? Why don't we have a \$5,000-per-family tax credit if you buy your own health insurance for your family, or \$2,000-per-person tax credit so that everyone is on a level playing field? That would be a huge incentive. It is a tax credit, so it would be much less expensive than what we are talking about in this government takeover of health care.

How about creating a transparent, online marketplace for consumers to compare and purchase plans? That is something on which I think we could all agree. I think we could agree that if you had a health exchange where you could go online and companies would offer different kinds of plans, any company that wanted to come in with a credible plan for insurance coverage—again, a bigger risk pool so the company would have to be competitive, and it would have that lower cost—that would be a great boon for consumers and it would not cost the government anything to do that. It would just be a marketplace, a transparent place where people could shop for their plans and get a better deal because there would be more competition.

We should allow the purchase of insurance across State lines. Why don't we allow the insurance companies the ability to pool States and offer individuals better prices for health care coverage? We have options that would be good options for American consumers and would give more access to affordable health care. The more people who have affordable health care, the lower cost to everyone who has health care because when people are covered, they don't go to the emergency room for a fever or a common cold. They go to a doctor's office. They have checkups so they have ongoing care to detect something before it gets so bad that it is more serious, more expensive to treat, and certainly more life-threatening.

Those are the principles the Republicans would put forward. But to have a government takeover that is going to increase costs to everyone who has insurance and cause many people to lose their insurance because the employers back out is not the answer. It is not

the answer. We can do something that would give affordable access to more individuals and their families. That should be the goal of this health care reform. We need health care reform. We do. We don't need a government takeover of our health care system. That is the debate we ought to be having right now.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. KAUFMAN). The Senator from Washington.

Mrs. MURRAY. Mr. President, last week families and businesses across our country finally got some good news. We found out that initial estimates show that our GDP grew at a 3.5-percent rate last quarter and that the Recovery Act created or saved over 1 million jobs across the country, including over 30,000 in my home State of Washington, making us third in the country for job creation.

Those are hopeful signs. But I know many families and many businesses and communities still need help. We have a long way to go before we have fully recovered from the worst economic condition since the Great Depression.

I came out on the floor and spoke twice last week about the urgent need to pass an extension of unemployment insurance that would help over 18,000 people in my home State and millions of Americans across the country. I told the stories about five individuals who had lost their jobs and whose families are now in desperate need of support that the extension would give them to help them stay on their feet—families who right now, as we sit out here and debate this bill, wait for hours and hours for us to get to a final vote, even though we know we have the votes, families who are sitting at the kitchen tables across this country having a very agonizing debate about how to make next month's rent or how to get next week's groceries if their unemployment benefits run out.

Those families do not understand why some of our colleagues are delaying and obstructing our efforts to offer this small measure of financial stability to those families who need it most. These families have been coming to me with their stories, and I am committed to fighting to make sure they have every opportunity to get back on their feet. That is why I am here today to urge my colleagues to support and pass the Worker, Homeownership, and Business Assistance Act of 2009.

I am very proud to be a cosponsor of this bill because it will give our families and businesses in Washington State and across the country the support they need today. This bill will be a lifeline to millions of families, and it will provide tax relief to help our businesses create and save jobs. And it will help extend and expand the homeowners tax credit to continue a badly needed boost to help stabilizing the housing market.

This legislation will help families who need it most by providing every

single unemployed worker who has exhausted his or her benefits an additional 14 weeks of support, regardless of what State they live in, and it would extend unemployment to laid-off workers in States that have been hardest hit by the job losses, including Washington State, by 6 weeks.

Last week I told some of the stories that are pouring into my office from unemployed workers. These are workers who are not asking for a handout. They just need a small measure of support as they work to get back on their feet. These stories have continued to come in this week, and I wish to share a couple excerpts from letters people sent me urging me to do everything I can to make sure this bill finally passes.

Bill and Patricia Profitt from Littlerock, WA, e-mailed me saying:

Please act quickly to pass another extension of unemployment benefits. My wife and I are in danger of losing our house and have run out of unemployment. Please help us.

Donna Dettling from Olympia, WA, said:

My extended benefits will run out in 7 weeks. I am a single mother with three boys and I have been trying for months to get work but have been unsuccessful. If the Senate does not come to an agreement soon, we may end up homeless. Can you please do what you can to push this forward?

Then there is Barbara Headrick from Monroe, WA. She wrote to me and said:

Dear Patty, I am desperate for the Senate to pass the emergency unemployment benefits legislation. I cannot find a job, have no income, and am in danger of losing my house as well as my utilities. Please, please, please urge all the Senators to pass this emergency legislation as soon as possible.

Those are just three quick e-mails from thousands of letters I have received from across my home State of Washington. We owe it to these workers, to their families, and to millions more like them to pass this legislation and not continue to delay it so that they can get the support they need.

These men and women who are writing me and stopping me when I am home did not expect to have to ask for help. They had jobs. They felt secure. But now they are spending their days desperately looking for work that is not available. They are worrying about what will happen to them, and they are worrying about their families when their savings are exhausted and their credit cards are maxed out and the bank will not wait any longer for a mortgage payment.

We cannot continue to go hour after hour after hour delaying this when our working families are pushed to the brink by a financial crisis that they did not create but for which they are paying. We need to pass this legislation.

By the way, this bill is going to do a lot more for our families, businesses, and communities. It will expand and extend the successful home buyers tax credit that will allow our families the opportunity to move into homes and make sure that our weakened housing market continues on the road to recovery.

This is a program that has already helped many families purchase their first homes. This bill will extend the \$8,000 credit to first-time homebuyers through the end of April 2010 and expand the program providing a \$6,500 credit to new purchasers who have lived in their current home for 5 years or more.

These programs will not only help families move into new homes; they will also increase liquidity and provide a shot in the arm to housing markets that still need a lot of support.

I have heard from real estate agents, from homebuilders, from families from every corner of Washington State, and they all tell me they have to have this extension. I received letters from families telling me they want to buy a new home but they cannot close in time to get this credit and they would not be able to afford a new home without it.

Thousands of homebuilders, construction workers, and real estate agents have contacted me telling me how successful this credit has been and how an extension and expansion would create jobs and give the housing market another strong push forward.

This bill will also provide a critical boost to businesses in Washington State by extending their ability to carry back losses they suffered in 2008 or 2009. That is a tax provision that will provide badly needed capital to help our companies avoid layoffs, expand their operations, and create jobs.

We have heard a lot today about this concept of too big to fail. Well, in this time of nationwide economic uncertainty, I believe the millions of families and Main Street businesses that are on the brink are certainly too important to fail, and they deserve every bit of support we can give them to allow them to get back on their feet. So the Worker, Homeownership, and Business Assistance Act of 2009 will help bring these families, businesses, and communities back from the precipice.

I urge our colleagues to support and pass this critical legislation. It is surprising to me that we have to wait hour after hour after hour after hour, when we know the votes are there, simply because somehow delaying this bill is some kind of win for whoever is delaying it. It is not a win for Washington families who have to stay awake one more night worrying about how they are going to buy food or pay their mortgages or keep their families intact.

I urge my colleagues to stop the delaying tactics and allow this bill to come to a vote.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, I would echo the words of Senator MURRAY, who has worked perhaps harder than anyone in this institution to extend unemployment benefits.

I don't get it. Sometimes around here politics has a role. Certainly we have

two political parties, and we have a couple of Independents. In both the House of Representatives and in the Senate that happens. But on this one, on extending unemployment benefits, 90 percent of the country agrees on that. It is not a welfare program, it is unemployment insurance. People pay into it. It is to help people who want to work, who have lost their jobs, and would like to get back into the workplace.

We have been trying to get this passed for 3 weeks, and the fact that this has not passed, I guess, indicates there are some Republicans who, frankly, don't much like unemployment insurance. It is a government program, so they do not like it—just as some number of Republicans don't like minimum wage or they don't like workers compensation or Medicare. They don't believe government has a role in some of these things. That is particularly difficult to swallow when it comes to unemployment insurance.

Senator MURRAY mentioned the number of e-mails she has received from people in her State. I get e-mails and letters from Ohioans—from Lima, Xenia, Springfield, Zanesville, Bellaire, and Ravenna—all the time, from people who didn't know they were going to be unemployed. They have worked hard, played by the rules, paid their taxes, kept their houses nice, kept their neighborhoods strong, and they lost their jobs. They are looking and looking and looking and can't find a job.

With an unemployment rate that is more than 10 percent in my State, all we are saying is give them an extension of unemployment so they can keep looking and keep putting food on the table. Unfortunately, some Republicans—not a majority of Republicans but some number of Republicans—think there is no role for government. They don't like Medicare, they don't like minimum wage or workers compensation, and they don't like unemployment compensation. It is a tragedy because, frankly, I don't think they are representing the people in their States very well.

Almost nobody—almost no real people except for a bunch of people who dress like this and hang around this Chamber and down the hall in the House of Representatives—thinks that way. There are not many people who think unemployment shouldn't be extended.

An hour or so ago, Senator HARKIN had a hearing in the HELP Committee about the increasing health costs facing small businesses. We had a panel of five people who spoke, a couple of them small business owners who have been victimized by these huge health care costs.

I want to start with this—the business model of an insurance company and a health insurance company. Not all of our problems with health insurance in this country—but a big part of our problems—are due to the behavior of the insurance industry. Think of it

this way. The bottom line for the insurance companies is money. They need to make money. They want to make money. They should make money. But their business model is this: Hire a bunch of bureaucrats to figure out how to refuse to sell insurance to people who have preexisting conditions; and on the other end, hire a bunch of bureaucrats to stop from paying claims for people they are insuring when they get sick. That is how they make their money. They do not insure people with preexisting conditions, and then they sometimes do not pay up on claims when people get sick.

Something like 30 percent of health insurance claims on the first round are denied—30 percent. That is almost one in three. Sometimes people fight with their insurance companies and end up getting their claims paid, but why should they have to do that? They pay for insurance year after year after year, and the insurance company makes money on them year after year after year. Then, after they get sick, sometimes their claims aren't paid. Sometimes when they get really sick, the insurance companies do something called rescission—they cut them out and take their insurance away from them.

So when we start with that business model, it is obvious what happens. The CEO of Aetna made \$24 million last year. Insurance company profits over the last 7 years have gone up 400 percent. The salaries of the executives, the CEOs, of the top 10 largest insurance companies in this country average \$11 million. So in order to make that kind of profit, in order to make that kind of CEO salary—not to mention the salaries of other vice presidents and top executives—I guess that is the business model they need. They need to deny people with a preexisting condition from even getting insurance; then, on the other end, hire a bunch of bureaucrats to keep people from getting their claims paid for. That is why insurance reform is so very important. That is why this legislation is so very important.

So today, in our committee—the committee on which Senator SANDERS also sits, who joins me now on the Senate floor—we had this hearing on the increasing health care costs facing small businesses because this whole insurance company model of denying coverage because of preexisting conditions and then denying claims when people file them particularly hurts small businesses. When the insurance companies do that, small businesses in particular are victimized by it. Small businesses pay more for their insurance. If they have 10 employees and one gets very sick, the prices for the whole insurance plan for that small business get so out of whack they often have to cancel coverage or they simply can't afford it.

So what is coming out of this health care hearing and what we are doing in our legislation that is so important.

We have worked on creating this health insurance exchange which will allow small businesses to pool their risks and leverage better deals from insurers. So instead of a small business of 12 people trying to buy insurance, they get to join a health insurance exchange with millions of customers, millions of individuals, tens of thousands of small businesses. Then, if a few people get sick in one small business, their rates don't spike up; they have a much larger pool to keep prices in check.

Small businesses pay about 18 percent more than large companies per capita for their insurance. They pay higher broker fees, higher administrative costs. They have the high cost of medical underwriting. So the result is an unfair competitive disadvantage for small businesses.

One of the other things we do for small businesses in this legislation is to give tax breaks so a small business can take its 20 employees and they can go into the insurance exchange and, if they choose to, they can go into the public option. The public option is there for several good reasons. The public option is just an option. It doesn't mean they can't go into Cigna, Aetna, Blue Cross, or Wellpoint. They can choose Medical Mutual, a not-for-profit in Ohio, or they can choose the public option. The public option will mean competition for insurance companies in southwest Ohio, where two companies have 85 percent of the insurance in that part of Ohio—the Cincinnati area.

When two companies have 85 percent, you can bet they are getting lower quality and they are paying higher cost. If we put the public option in there to compete with them, it will help to drive down cost, stabilize cost, and it will mean better quality insurance. They don't have to choose the public option, but the fact it exists helps.

The other thing the public option will do is to keep these insurance companies much more honest. We are going to outlaw denying coverage due to preexisting conditions. No more discrimination based on disability, on geography, on gender, or any of that.

The pages sitting in front of us—these young men and young women who aren't paying for their insurance yet—if we don't change anything, when the young women finish school and go out into the insurance market, they will pay higher rates than the young men will. So there are all kinds of discrimination that we are going to outlaw in this bill, but we need the public option to make sure these insurance consumer protection reforms are actually in force.

Let me close. Attending today's committee hearing was a businesswoman from Ohio whom I met. Her name is Liz Coriell. She owns a business in Cleves, OH, outside Cincinnati, in the southwestern part of the State. She owns a medical gas servicing company, but she

can't afford health insurance for her workers. Her sons were going to come and work in the business, as her husband does—her husband is 65 and has Medicare, so not a problem for him. She is not 65. Her sons would like to join the business, but they can't get insurance because she can't afford it for this small business.

Why do we have a health insurance system that says to her sons: You can't come and work in your parents' family business because you can't get insurance, so it is not going to work out? Why do we allow that? Why don't we encourage these families to stick together—you know, family values—to help them go into the family business, if they want to, and not be denied.

I come to the floor of the Senate many times—I will not today because Senator SANDERS is waiting to speak—and I share letters I receive from people in Ohio. This one is from Cleveland. This one is from Mansfield where I grew up. Others are from Springfield, Dayton, and all over.

Two things come through in these letters. One is that people thought they had good insurance until they got sick. Then they found out, well, maybe they lost their insurance because they got really sick or maybe they had a baby born with a preexisting condition, and then their insurance was canceled.

The other thing I find is that it is affecting people like Liz from Cleves, OH, in southwestern Ohio. Liz is several years away from Medicare, but she is thinking about several years from now being eligible for Medicare, when she wouldn't have to worry about this. I get letters from people in their early sixties and late fifties who are just anxious and thinking: I am only 2 or 3 or 6 years away from Medicare, and then I will not have these problems with insurance. Then it will be predictable, and it will be stable.

Why can't we do that for everybody now? So whether they are 26 or 46 or 64—not quite eligible—why can't we take away that anxiety and build peace of mind for people so they don't have to worry about whether they can get insurance or whether they are going to be denied or going to have to fight insurance companies to get doctor bills paid? Let's take that anxiety off the table so Americans can concentrate on their small businesses and raising their kids and fixing up their neighborhoods. Let's let them concentrate on giving something back to this society and not always worrying about their health insurance.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, let me begin by congratulating my friend, Senator BROWN of Ohio, for his leadership in this struggle for fundamental reform of the American health care system. He understands, as I do, that there is something absurd about a situation in which we as a nation end up spending almost twice as much per per-

son on health care as any other nation on Earth; yet we end up with tens of millions of people who are uninsured, people who are underinsured, and we have almost 1 million Americans this year who are facing bankruptcy because of medically related illnesses.

As Senator BROWN just talked about, understanding that small businesses are the economic engine of this country, there is something absurd when we have small businesses desperately trying to provide health insurance for their employees but are finding it harder and harder to do so. So I want to congratulate Senator BROWN for the work he is doing on health care.

As I think every American understands, we are in the midst of the worst economic crisis since the Great Depression. I find it interesting that there are some people out there, some economists, including the Chairman of the Federal Reserve, Mr. Bernanke, who have told us "the recession is very likely over." I suggest to Mr. Bernanke, come to the State of Vermont, go to California, go to Nevada, go to Ohio, go to any State in the country and go out on the street and ask people whether they think this recession is over. They will say it may be over for the large banks that were bailed out by taxpayers but it is not over for working families. In fact, according to the latest Washington Post/ABC News poll, 82 percent of Americans disagree with Mr. Bernanke. The overwhelming majority of the American people do not believe the recession is over. Of course, they are right. The recession may be over for banks that are now starting to be profitable, for Goldman Sachs, which is paying out huge bonuses to its top executives, but trust me, on Main Street, on family farms all over this country, in factories all over this country, this recession most certainly is not over.

Since the beginning of this recession in December of 2007, 7.6 million Americans have lost their jobs. The official unemployment rate has doubled, going from 4.9 percent to 9.8 percent. But what is extremely important to understand when we look at the economy today is that the official unemployment statistics do not reflect the reality of what is going on in our economy. Official statistics do not include people who have given up looking for work. If you are in a community where 15 or 20 percent of the people are unemployed, you have given up looking for work, but you are not part of the official unemployment statistics. What happens if you want to work 40 hours a week but you can only find a job for 20 hours a week or 25 hours a week? You are also not in the statistics.

The reality is, if you add all those factors together, people who are officially unemployed, people who have given up looking for work, people who are working part time when they want to work full time, what you are looking at is 17 percent of working-age Americans today are in that category,

which adds up to 27 million Americans—an astronomical number. That is an indication of a real catastrophe in our economy.

Mr. Bernanke, I am sorry to disagree with you, but in my view and in the view of the vast majority of the American people, this recession is not over. In fact, in terms of unemployment numbers, it may, in fact, even be getting worse.

On the issue we are dealing with right now, we have to address long-term unemployment. It is one thing to lose your job and get another job a few weeks later. It is another thing not to be able to find a job month after month, and there are millions of Americans in that category.

Today, 5.4 million Americans have been unemployed for over 6 months—the highest on record. Long-term unemployment is a major crisis in this country. It is one we have to address. It is one we have to deal with in terms of extending unemployment benefits. The average length of unemployment is now 27 weeks. That is over 6 months. That is over half a year. That is the longest since the end of World War II.

There are fewer jobs in America today than there were in the year 2000, even though the workforce has grown by 12 million since then. This is a shrinking workforce. We now have the fewest manufacturing jobs than at any time since April of 1941, 8 months before the start of World War II. The importance of that is that manufacturing was the mechanism by which working families were able to carve out a middle-class existence. They had decent wages, decent benefits. They had a union. They may have had a pension program. But today we have the fewest manufacturing jobs since April of 1941.

Home foreclosures are the highest on record, turning the American dream of home ownership into an American nightmare for millions of people.

There is nothing we should be proud of in saying this: Today, in the industrialized world, the United States has the highest rate of childhood poverty. We have the highest infant mortality rate. We have the highest overall poverty rate. At the same time, we have the largest gap between the wealthy and everybody else. What we have seen for a number of years is a collapse in the middle class. It has certainly gone on a lot longer than since the financial collapse. But we have also seen an increase in wealth amongst the top 1 percent. That gap between the very rich and everybody else is growing wider and wider. From a moral perspective, not to mention an economic perspective, we have to address the reality that the top 1 percent today earns more income than the bottom 50 percent. The top 1 percent owns more wealth than the bottom 90 percent. We are becoming two very different countries: people on top with incredible wealth—CEOs on Wall Street making hundreds and hundreds of millions of dollars, billions of dollars in a hedge

fund—yet working people seeing their incomes decline, working longer hours for low wages. Actually, today a two-income family has less disposable income than a one-income family did 30 years ago. That is what is going on in America—poverty increasing, middle-class shrinking, the gap between the very richest and everybody else growing wider.

This is an important point to make. We know what happened on Wall Street a little over a year ago. We know what that collapse has done. We know that the outrageous behavior on Wall Street has precipitated us into this very severe recession. But we should not kid ourselves. If by some miracle tomorrow we manage to go back to where we were before the financial collapse on Wall Street, we would still be in very bad shape. It isn't a question of, weren't things great before the collapse on Wall Street and the development of this major recession—no, things were not great back then.

Let me just mention what happened during the Presidency of George Bush. Let me talk a little bit about what happened during that 8-year period.

When President Bush was in office from the year 2000 to 2008, 8.2 million more Americans slipped out of the middle class and into poverty. That is what happened during that period. I might mention, you may recall—it is really frightening to think about it—how during much of that period the Secretary of Treasury and the President were saying the economy is robust, the gross national product is expanding. But that was the reality for working families—people slipping out of the middle class and into poverty.

During that same period—we are dealing with health care right now. One of the reasons we need a national health care program guaranteeing health care to all people is during that same period, 7.8 million more Americans were uninsured; they lost their health insurance. We are now up to about 46 million people without any health insurance. That number is going up every single day. During the Bush era, close to 8 million Americans lost their health insurance.

During the years 2000 to 2008, 4.5 million manufacturing jobs disappeared. I talked a moment ago about the importance of manufacturing. I know it is not a sexy job, but it was a means by which millions of Americans went to work every day, they produced real products, they had real income. It was a vehicle—manufacturing was and is a vehicle by which working Americans could make it into the middle class.

During the Bush tenure, 3.2 million workers lost their pensions, with the result that about half of American workers in the private sector today have no pension whatsoever. There was a time—I know it is a radical idea to even think about—there was a time when millions of Americans who worked had a defined pension plan, a defined benefit pension plan. They ac-

tually knew they were going to have a pension. Boy, what a radical idea. That does not exist anymore.

During the Bush era, median household income declined by over \$2,100, from \$52,500 to \$50,303. According to an article that appeared a couple of months ago in *USA TODAY*, from 2000 to 2008 middle-class men experienced an 11.2-percent drop in their incomes, a reduction of \$7,700 adjusting for inflation. That is unbelievable. During that period, middle-class men saw an 11-percent drop in their income. Middle-class women in this age group saw a 4.8-percent decline in their incomes as well.

The important point to be made here is when you hear economists talking about the economy in abstract ways—we have 3 percent growth in this quarter; isn't that great? Yes, that is an important fact, but it is not the most important fact. The most important fact is what happens to ordinary people. This is what happens to ordinary people. People who were 45 to 54 years of age lost \$7,700 in the Bush economy. That is true today, it was true then. Focus on what is happening to ordinary people.

With all of that, with the long-term trends in which the middle class has declined, with the fact that since the greed and illegal behavior of Wall Street has gotten us into the deep recession we are in right now, working families all over this country are desperately in need of help, and they are looking to their Federal Government to provide that help. That is why it is so important that we pass an extension in unemployment benefits. I find it hard to understand, why my Republican colleagues continue to delay this legislation being implemented.

We have to do more than that. We have to extend unemployment—that goes without saying—but we have to do more than that. We have to ask ourselves why our economy is in the shape it is right now. That will precipitate a major debate and major discussion, something we as a nation have to have. We have to ask ourselves not just the causation of the recession we are in right now, the role Wall Street has played, but, long term, why since the early 1970s has the middle class continued to shrink? What are the causes of that? Why do we have the highest rate of poverty of any major nation on Earth? Why is it today that people are losing their homes and their pensions and their life savings and their ability to send their kids to college?

Clearly, short term it is imperative that we investigate thoroughly and that we hold accountable those crooks on Wall Street who have done so much damage to the American people. It is simply not acceptable that they be allowed to continue the behavior that drove this country into the severe recession. We need to understand how it happened, we need to hold accountable those people who caused this crisis, and where there is illegal behavior, those people should learn what the penal system of this country is about.

One of the things that really amazes me is that I have yet to see, nor have the American people yet seen, one of those folks on Wall Street whose greed and recklessness has caused this recession, has caused this intense suffering all over this country—have you seen one of those guys go before television, get on TV and say to the American people: I apologize. I am sorry for our greed. I am sorry for the fact that we cost millions of people their jobs and their health care and their savings and their pensions. We are sorry.

I have not seen that. In fact, what we are seeing is these guys on Wall Street spending millions of dollars every day, every week, every month on lobbying in order to make sure we do not bring about the reforms to prevent them from continuing to do what they did, which caused this recession. These guys live in a world of their own, a world of entitlement. They do not seem to understand their actions have widespread consequences in terms of destroying the economic well-being of millions of people. All they seem to think about is, I only made \$100 million last year. I can't get by on that. I need my 18th home or 16th car and 18th country club membership. For them, enough is never enough—more and more greed and more and more selfishness. That is an issue we have to deal with.

It only took a couple of weeks for Congress to give Wall Street the largest bailout in history, some \$700 billion. But the truth is, up until this point we have done very little to make sure this financial crisis does not occur again. These guys want to go right back to where they were. They want the freedom to speculate, the freedom to convert their financial institutions into large gambling casinos. The Federal Government has provided \$182 billion to AIG, \$50 billion to Citigroup, \$50 billion to Bank of America, a \$25 billion bailout to Wells Fargo, a \$25 billion bailout to JPMorgan Chase, and on and on it goes. Yet we have asked them for nothing in return. Here are tens of billions of dollars. What are you going to do? What are you going to do for the American people who have bailed you out?

I know reforming the banking sector is not going to be easy. After all, the banking and insurance lobbyists have spent over \$5 billion on campaign contributions and lobbying activity over the past decade in support of deregulation. They were all over this place telling us, telling the Congress: Just trust us. Deregulate us. Let us do what we want to do. We are going to create wealth for all the American people.

There were some of my colleagues who actually believed that. I happened not to be one of them, but some of them did, and we deregulated and we let them do whatever they wanted to do and we are where we are today.

In 2007 alone, if you can believe this—this is what goes on—the financial sector employed nearly 3,000 separate lobbyists to influence Federal policy-makers. Got that. There are 100 Members of the Senate, 435 in the House—that equals 535 Members of Congress—and they had nearly 3,000 individual lobbyists to influence Federal policy-making. Over a 10-year period, they spent \$5 billion.

And that, my friends, is why the rich get richer and almost everybody else gets poorer. We have to address the issue of Wall Street. Let me make some suggestions as to what we have to do.

We need, in fact, a thorough investigation as to how this happened and we need to hold those people accountable. I hope we can do that. I think the American people are asking questions, and they are right to demand answers. But what we also have to do is to deal with this issue of “too big to fail.” What I have said ever since this financial crisis began is: If a financial institution is too big to fail, that financial institution is too big to exist.

We need to do exactly what Teddy Roosevelt did back in the trust-busting days, and we need to start to break up these huge financial institutions. We cannot continue to be held hostage by them such that if they fail, they take down the entire system with them so we have to prop them up and bail them out.

I would mention, interestingly enough, that is exactly what they are doing right now in the United Kingdom. Let me quote from the Washington Post:

The British government announced Tuesday that it will break up parts of major financial institutions bailed out by taxpayers. The British government, spurred on by European regulators, is set to force the Royal Bank of Scotland, Lloyds Banking Group and Northern Rock to sell off parts of their operations. The Europeans are calling for more and smaller banks to increase competition and eliminate the threat posed by banks so large that they must be rescued by taxpayers no matter how they conducted their business, in order to avoid damaging the global financial system.

And you know what. Our friends in the U.K. are doing exactly the right thing. That is what we should be doing. But that is not just my opinion. A growing number of experts, both on the left and on the right, are coming to the same conclusion.

On October 15, Alan Greenspan, probably the man more than any other individual responsible for the deregulatory efforts which led to this financial crisis, admitted last year that his views on deregulation were wrong. He was quoted in Bloomberg News as saying:

If they are too big to fail, they are too big. In 1911 we broke up Standard Oil—so what happened? The individual parts became more valuable than the whole. Maybe that's what we need to do.

Alan Greenspan, the man whose deregulatory leadership helped create

this disaster, now perhaps understands that that whole philosophy of deregulation, letting big banks do whatever they want, letting them merge with insurance companies, maybe was not quite right.

Former Fed Chairman Paul Volcker, who has advised the Obama administration, supports breaking up big banks so that they no longer pose systemic risks to the entire economy. During a recent article in the New York Times, Volcker says:

People say I'm old fashioned and banks can no longer be separated from nonbank activity. That argument brought us to where we are today.

Absolutely right. The New York Times said that under Volcker's plan:

JPMorgan Chase would have to give up the trading operations acquired from Bear Stearns. Bank of America and Merrill Lynch would go back to being separate companies. Goldman Sachs could no longer be a bank holding company.

In my view, that is exactly what needs to happen. What insanity that when individuals lose their health insurance, tough luck; small businesses go bankrupt, tough luck; but if you are a large financial institution and you acted in a legal greedy way, we say: Hey, no problem. Taxpayers of this country are here to bail you out, because if we don't bail you out, you are going to bring down the entire economy. That is absurd. We have got to end that.

Robert Reich, President Clinton's former Labor Secretary, said:

No important public interest is served by allowing giant banks to grow too big to fail. Wall Street giants should be split up—and soon.

I agree with former Secretary Reich.

Let me touch on a few other issues we have to have the courage to deal with. I get calls all the time. I do a national radio show—get it on the radio show, get it from Vermont. People are saying, We bailed out these large financial institutions and what they then do is say “thank you” and they raised my interest rates on my credit card to 25 or 30 percent.

That is outrageous. That is usury. We need to pass national usury laws. The truth is, today one out of four credit card holders in this country is paying interest rates above 20 percent, as high as 41 percent, more than double what they paid in interest in 1990.

What we need to do is pass national usury legislation. I have introduced legislation that would mandate that the maximum interest rates that could be charged would be 15 percent. The reason I came up with that number is that is exactly what credit unions are doing today, 15 percent, except under unusual circumstances.

I am proud that on that bill we have as cosponsors Senators DURBIN, LEAHY, LEVIN, HARKIN, and WHITEHOUSE. That is what we have to do. It is immoral. It is wrong for these large companies to be charging 25 or 30 percent interest rates.

It goes without saying that as we take a look at Wall Street, we have to reregulate those institutions. We have to take a hard look at bringing back Glass-Steagall in one form or another.

Lastly, we also need more transparency at the Federal Reserve. Last year when Secretary Bernanke came before the Budget Committee, I asked him a very simple question. I said: Mr. Chairman, my understanding is that you have lent out over \$2 trillion at zero interest to some of the largest financial institutions in America. Can you tell me who got the money? I mean, you are putting taxpayer money at risk. Who received this \$2 trillion-plus dollars? And, amazingly enough, what Mr. Bernanke said is: No, I am not going to tell you. It is a big secret. I cannot tell you.

Well, on that day we introduced legislation that would mandate that he tell us, and also we would bring about a GAO audit of the Fed. The Fed, especially since the financial collapse, has assumed an enormous amount of power, and the American people have a right to have more transparency there.

Let me conclude by saying that anybody who thinks this recession is over has obviously not talked to real people. Millions of people are hurting. Millions of people are frightened. They are looking to us for some help in terms of extending unemployment benefits, but they are also looking to us to understand the causation of this problem, and to work on economic ideas which will prevent a continued collapse of the middle class in this country.

We have got a lot of work on our hands, and I look forward to working with you.

I yield the floor.

EMPLOYMENT DISINCENTIVES

Mr. LIEBERMAN. Mr. President, first, let me take this opportunity to commend the chairman and the other members of the Finance Committee on their collective efforts to extend benefits to those unemployed Americans who still face a tough job market in this difficult recession. Second, I would like to engage my good friend and colleague, the Senator from Montana and the chairman of the Committee on Finance, in a colloquy on a subject of utmost importance to the men and women who are currently unemployed. Specifically, I am concerned that under the current unemployment insurance, UI, extensions there may be disincentives for unemployed Americans to seek reemployment.

Mr. Chairman, I believe we can agree that unemployed adults who want to return to work should be given every incentive to return to work even if they accept part-time jobs or lower wages. This benefits not only those individuals and their families but also strengthens our national economy. However, it has come to my attention that many Americans who knew they were doing the right thing by accepting a job, even at greatly reduced wages from their previous employment, would

have been better off turning down meaningful work.

Mr. BAUCUS. I thank the Senator from Connecticut, Mr. LIEBERMAN, for bringing this matter to my attention. We certainly want to avoid a policy that inadvertently discourages Americans from returning to work.

Mr. LIEBERMAN. Mr. President, I became aware earlier this year that some of my constituents in Connecticut are being penalized for working either part time or temporarily after first receiving emergency benefits. Further investigation shows that this problem is becoming more prevalent to varying degrees in many States and possibly all 50 States. Under current EUC extensions, if one receives emergency compensation and a year passes with no recorded work history, those benefits can continue uninterrupted while that person seeks employment. The problem often occurs, however, when a person takes a job, either part-time or short-term work, at much reduced wages compared to their previous employment. Because this lower wage work automatically qualifies them for reduced State benefits, Federal law now requires that they can no longer receive the much needed emergency extended compensation.

In a particular case, one of my constituents, a woman who worked on behalf of Connecticut children for 28 years before losing her job, was receiving the Federal benefits she was entitled to. But when this woman, who is the sole caregiver of her 88-year-old father, took a minimum-wage job 2 days a week, her benefits dropped from \$483 per week to \$38 per week. She would have been better off financially had she not returned to work and instead stayed home to care for her ailing father.

I am also advised by my State's labor department that many other constituents are becoming aware that taking employment at this time may disadvantage them, and some are therefore less inclined to accept employment. I also am told that more and more States are facing this problem and that the problem will grow as this recession continues. I hope the Finance Committee will look into this issue and consider legislative language which I have suggested to address this problem.

Mr. BAUCUS. Again, I thank my colleague for bringing this matter to my attention. You raise a serious concern, and I can assure you my committee will take a look at the issues you raise.

Mr. LIEBERMAN. Thank you, Mr. Chairman.

VOTE EXPLANATION

Mr. ISAKSON. Mr. President, I was unavoidably detained during rollcall vote No. 332 on the motion to invoke cloture on the Reid/Baucus substitute amendment No. 2712 to the unemployment insurance extension bill H.R. 3548.

Had I been present I would have voted yea for rollcall vote No. 332 and ask that the RECORD reflect that.

Mr. CONRAD. Mr. President, section 306(f) of S. Con. Res. 13, the 2010 budget resolution, permits the chairman of the Senate Budget Committee to adjust the allocations of a committee or committees, aggregates, and other appropriate levels in the resolution for legislation that reduces the unemployment rate or provides assistance to the unemployed, particularly in the States and localities with the highest rates of unemployment, or improves the implementation of the unemployment compensation program. In addition, section 306(b) permits the chairman to adjust the allocations of a committee or committees, aggregates, and other appropriate levels for legislation providing tax relief or refundable tax relief. These adjustments to S. Con. Res. 13 are contingent on the legislation not increasing the deficit over either the period of the total of fiscal years 2009 through 2014 or the period of the total of fiscal years 2009 through 2019.

I find that S.A. 2712, an amendment in the nature of a substitute to H.R. 3548, the Unemployment Compensation Extension Act of 2009, fulfills the conditions of the deficit-neutral reserve fund for unemployment mitigation. Therefore, pursuant to sections 306(f) and 306(b), I am adjusting the aggregates in the 2010 budget resolution, as well as the allocation to the Senate Finance Committee.

I ask unanimous consent that the following revisions to S. Con. Res. 13 be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2010—S. CON. RES. 13; REVISIONS TO THE CONFERENCE AGREEMENT PURSUANT TO SECTION 306(f) DEFICIT-NEUTRAL RESERVE FUND FOR UNEMPLOYMENT MITIGATION AND SECTION 306(b) DEFICIT-NEUTRAL RESERVE FUND FOR TAX RELIEF

[In billions of dollars]

Section 101	
(1)(A) Federal Revenues:	
FY 2009	1,532.579
FY 2010	1,614.788
FY 2011	1,935.431
FY 2012	2,137.235
FY 2013	2,298.817
FY 2014	2,520.688
(1)(B) Change in Federal Revenues:	
FY 2009	0.008
FY 2010	-51.198
FY 2011	-153.200
FY 2012	-223.158
FY 2013	-216.520
FY 2014	-112.970
(2) New Budget Authority:	
FY 2009	3,675.736
FY 2010	2,898.207
FY 2011	2,845.866
FY 2012	2,848.108
FY 2013	3,012.328
FY 2014	3,188.867
(3) Budget Outlays:	
FY 2009	3,358.952
FY 2010	3,010.241
FY 2011	2,971.521
FY 2012	2,883.055
FY 2013	3,019.952
FY 2014	3,175.217

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2010—S. CON. RES. 13; REVISIONS TO THE CONFERENCE AGREEMENT PURSUANT TO SECTION 306(f) DEFICIT-NEUTRAL RESERVE FUND FOR UNEMPLOYMENT MITIGATION AND SECTION 306(b) DEFICIT-NEUTRAL RESERVE FUND FOR TAX RELIEF

[In millions of dollars]

Current Allocation to Senate Finance Committee:	
FY 2009 Budget Authority	1,178,757
FY 2009 Outlays	1,166,970
FY 2010 Budget Authority	1,231,628
FY 2010 Outlays	1,232,134
FY 2010-2014 Budget Authority	6,851,258
FY 2010-2014 Outlays	6,850,666
Adjustments:	
FY 2009 Budget Authority	0
FY 2009 Outlays	0
FY 2010 Budget Authority	5,708
FY 2010 Outlays	5,708
FY 2010-2014 Budget Authority	6,639
FY 2010-2014 Outlays	6,639
Revised Allocation to Senate Finance Committee:	
FY 2009 Budget Authority	1,178,757
FY 2009 Outlays	1,166,970
FY 2010 Budget Authority	1,237,336
FY 2010 Outlays	1,237,842
FY 2010-2014 Budget Authority	6,857,897
FY 2010-2014 Outlays	6,857,305

Mr. BUNNING. Mr. President, I support the substitute amendment before us.

The national unemployment rate is now 9.8 percent. In Kentucky, the unemployment rate is 10.9 percent. Millions of Americans are searching for work, and too many families are struggling and uncertain about their future. This is unacceptable.

When Congress passed the so-called stimulus bill earlier this year that cost \$787 billion, not counting increased interest payments on the national debt, our national unemployment rate was 8.1 percent. Clearly, this costly legislation has failed to stop the bleeding of jobs from the American economy.

The bleak job picture makes it necessary to consider another extension of unemployment benefits. But if you talk to Americans who are searching for work, the best unemployment benefit we could extend to them is a high-quality job.

That is why I believe it is so important to include provisions in this bill that will actually create jobs and reduce unemployment. Over 2 weeks ago, I proposed an amendment that would provide net operating loss relief to businesses so they can hire and retain workers.

I also strongly supported Senator ISAKSON's efforts to extend the home buyer tax credit, which is critical for the millions of jobs that depend on the housing industry.

On October 27, I voted against cloture on the motion to proceed to this bill because there was no guarantee that a vote would be allowed on these two crucial provisions to improve the job situation for Americans.

Today, this substitute amendment includes both of these job-creating provisions.

Regarding net operating losses, businesses are generally allowed to offset their income with losses. Under current law, they can carry these losses back for 2 years and carry them forward for 20 years. In a difficult economy where businesses have experienced devastating losses, they may go out of business before they can recover their own money, or they may hang on and gradually recover their money when they return to profitability.

During tough economic times, Congress has extended the net operating loss carryback from 2 to 5 years so businesses can apply for immediate refunds. The logic behind this is that businesses should have access to their own money when it can do the most good and prevent massive layoffs. In an economic crisis, it makes no sense to delay tax refunds until some uncertain, distant point in the future. Businesses may not survive in the future if they do not have access to their own money today.

This relief is especially important in today's climate, where businesses find it increasingly difficult to get credit from banks.

That is why I am pleased that this substitute amendment responded to my call for substantial net operating loss relief, which will allow businesses to create and keep jobs. It also includes Senator ISAKSON's extension and expansion of the home buyer credit, which will stimulate jobs in the housing industry. The crisis in the housing market was a root cause of our economic crisis and it is essential to extend this temporary tax credit to help stabilize the market.

This amendment is not perfect. It is unfortunate that the unemployment benefit extension is financed by imposing taxes on businesses, and the net operating loss and home buyer provisions are offset by delaying tax relief that would make American businesses more competitive internationally. I had proposed an offset to my net operating loss amendment that would not have raised taxes or delayed tax relief, and my amendment would have provided more relief for job creation. However, legislation is rarely perfect, and on balance this amendment provides substantial tax relief and will spur job creation.

I urge my colleagues to support this substitute amendment, which will both extend unemployment benefits and extend tax relief that will reduce the number of unemployed.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

Mr. FRANKEN. Mr. President, I ask unanimous consent to speak as in morning business for up to 45 minutes.

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

HEALTH CARE REFORM

Mr. FRANKEN. Mr. President, I rise today to talk about health reform. This is my first speech from the floor on this subject. I have a lot to say.

By now, we have all heard the stories—at least those of us who have been listening—of those who have fallen through the cracks or, more accurately, the gaping holes. We know why those stories are important. They remind us that there are human beings behind these awful statistics.

Since 2001, 6.6 million Americans have lost their health insurance, and many millions more are underinsured. They have seen their health coverage become more and more expensive and less and less adequate. People suffer because of this. They lose their homes. They go bankrupt. They do not get the health care they need. They get sicker. They experience pain, physical and emotional. And they cannot care for their children. They suffer because of this.

During my campaign for the Senate, I did an event in Fergus Falls, the lovely town in Otter Tail County in west central Minnesota. A woman came up to me. She had a story to tell. She told me her father had gotten diabetes and died pretty quickly. But that was not the worst part of the story. She told me her dad received a lot of supplies from Medicare he had not used. She knew of a woman in town who had diabetes, so she decided to drive these supplies that her dad got for diabetes from Medicare to this woman's house. She did. She asked the woman if she could use any of the test strips and orthopedic shoes and other items. The woman said: Yes, I could use them.

Then this woman, the woman with diabetes, told this other woman that her 24-year-old son had diabetes too. He had had juvenile diabetes as a kid, and now he could not afford insurance because he had a preexisting condition. So this woman from Fergus Falls, this woman with diabetes, shares her insulin with her son, a diabetic mother and a diabetic son sharing insulin because he cannot afford health insurance in our country. Is this the kind of country we want to be? Well, the answer depends on what we do right here right now.

As we talk about reforming our health care system, I wanted to break that phrase "health care system" apart for a second, because we are talking about two things. The truth is we have some great health care in this country and a terrible system. We have dedicated, smart doctors and nurses and researchers and health professionals in this country. They do amazing things.

If you are a member of the Saudi royal family, you can get on your private jet and come to my State for the best health care in the world. The Saudi royal family is willing to travel 7,500 miles to Rochester, MN, for great care from the Mayo Clinic. For a

woman in Fergus Falls, MN, and her adult son, both with diabetes, the same great care is less than 300 miles away, but it is really a world away. That is because if you are an American, you can get great health care too, but only if you make it through the terrible system, and only if you can afford it.

As I travel around Minnesota, when someone comes up to talk to me, I usually hear about three things. First, they say: Health insurance costs too much. What are we going to do about that? Second, they ask: What am I going to do if I get sick or my kid gets sick or my spouse gets sick? And then: Someone in our family has a pre-existing condition. Then I lose my job or I want to change my job or I want to start a small business. How am I going to get health insurance then? And, third, if anything happens to me, something bad, am I going to lose everything? Am I going to go bankrupt?

In my view, the answer to those three questions comes down to two major changes. First, we need to reform our health insurance system so it provides security for every American. Secondly, we need to reform our health care system by putting more focus on prevention and by changing the way health care providers deliver health care so they provide high quality at a lower cost. We can do this. We know we can do this.

Let me take a moment to talk to the skeptics. One of the arguments I often hear from opponents of health care reform is that the majority of Americans are happy with the health care they have, and they are. Because the majority of Americans are healthy right now. The truth is, though, that even those who are happy with their coverage are not going to be happy for so long. Right now the average cost of family health insurance payments, including both the employer's and the family's share, is \$13,375. That is double what it was 10 years ago. If we do nothing, those premiums will double again in the next 10 years, which means a family could be paying more than \$30,000 per year for health insurance. As premiums rise, businesses are forced to drop employees, drop wages or drop coverage to keep up with cost. So even if you are happy with the coverage you have, it may suddenly be the coverage you no longer have because your employer can no longer provide it.

That is exactly what has happened. As premiums go up, so do the number of uninsured Americans. In my State, 355,000 Minnesotans lost employer-based coverage between 2001 and 2008.

There is another problem with the coverage you have. Often you can only find out what is actually covered when you get sick. You can only find out how hard it is to switch or get new coverage once you have been sick. That is why we need health insurance reform that provides true security. It is at those difficult times, when you are nervous and vulnerable and want to focus on dealing with your health

issues, that you realize how little security you have under this current system.

Let me tell you about Liz MacCaskie, who lives in Minneapolis. Liz lost her job in September. She is 58 years old, my exact age. She has been living with diabetes and was just diagnosed with kidney failure. Liz was denied private coverage because of her preexisting condition. The only insurance she can get now comes with a \$5,000 deductible and an \$8 to \$900 monthly charge to maintain coverage. How does paying close to \$20,000 a year for insurance count as insurance? It doesn't. Especially when Liz is trying to live on \$1,000 a month while she takes job training courses and does part-time domestic work. As a result, Liz and her husband have been borrowing money from Liz's brother-in-law to make payments on their house. This is unconscionable.

Right now, if you have been sick, insurance companies can refuse to cover you—or charge you exorbitant premiums.

As an older woman told me at the State fair this summer: At my age, everything is preexisting.

Under our health care reform bill, we will stop insurance companies from denying you coverage or charging you more because of a preexisting condition. That is a very important, very good thing. Right now, if you are a woman who has had a C-section or you have been a survivor of domestic violence, health insurance companies can deny you coverage because having had a C-section or being the survivor of domestic violence is considered by some insurance companies to be a preexisting condition. Isn't that amazing? Is this the kind of country we want to be? The answer depends on what we do right here and right now.

Under our health care reform bill, we will end discrimination against survivors of domestic violence and stop insurance companies from charging women more for their health coverage just because they happen to be women, which health insurance companies are allowed to do now. Right now, if you get sick, your insurance benefits can run out when you need them the most.

Recently, I was contacted by a Minnesotan named Kathy. A few years ago, she was laid off and had to buy her own insurance. She was able to keep up with the cost until October of 2005, when she was diagnosed with Hodgkin's lymphoma. To pay her medical bills, Kathy exhausted her IRA and then had to file for bankruptcy. Kathy's cancer is under control, but her medical costs are over \$10,000 each year. She makes \$22,000 working part-time in a small CPA firm.

This isn't just an individual tragedy, it is a national travesty. Fifty percent of personal bankruptcies in this country are the result of a health care crisis, and 80 percent of those health care bankruptcies are people who have health insurance. I know people are

sometimes surprised to find out that Europe has been doing this better than we have. I have to ask: Do you know how many personal bankruptcies there have been in Germany and in France and in Switzerland because of health care? The answer is zero. Under our health care reform bill, we will eliminate annual and lifetime caps on benefits. Americans will be able to access affordable health care and avoid going bankrupt when they get very sick. That is important. It is very good.

This bill guarantees secure coverage that will be there for all Americans and stay there when people need it. I know you might be thinking: Gee, covering every American, isn't that going to be expensive? Consider this: We already pay for the health care of Americans who don't have insurance. We just pay for it in the most inefficient way possible. Right now people without insurance go to the emergency room for health care, the most expensive possible way to deliver care. Those of us who do have insurance pay for it because it costs every insured family more than \$1,100 a year in additional premiums. This cost shift occurs for two reasons. People are using the emergency room for primary care, meaning they are going whenever they get a cold or an ear infection, which is ridiculously inefficient, or, more likely, they are waiting until they get very sick, in which case it often means their health condition has progressed to a point that is very expensive to treat or maybe ultimately tragic.

According to a Harvard study, nearly 45,000 Americans die because they don't have health insurance. Is this the kind of country we want to be? The answer depends on what we do right here, right now.

The fact is, our irrational health insurance industry not only hurts our families, it also hurts our economy in so many different ways. I recently received a letter from James Solie from Moorhead, MN. He was an Air National Guard member for 32 years. During that time, his daughter was covered under TRICARE, the Department of Defense health care program for members of the uniformed services, their families, and survivors. Now that she is on her own, his daughter gets health care through her employer, one of the big-box stores. Her children were born with cystic fibrosis. Because of their significant health care needs, she can't leave her job.

As James wrote to me:

My daughter is presently a hostage of her family's health insurance needs. She will keep working at that same store until the law is changed.

This is so common, there is actually a term for it. It is called job lock. If this woman had a brilliant idea for a new business or even just wanted to move to a better job, her need for health coverage would prevent her from doing so. That is not only bad for her, multiply it across millions of people and you see how bad it is for our economy.

We are supposed to be the most entrepreneurial society in the world, but because of our health care system, innovators are prevented from starting their own business. Talented or ambitious workers are prevented from moving on to more satisfying, more challenging, more productive jobs. We put at risk the very entrepreneurial spirit that defines us.

German Chancellor Angela Merkel spoke today for a joint session of Congress. She was born in East Germany. When she was a kid, people would smuggle American books and American films into East Germany. Today she spoke on what inspired her the most about it. She said: the American dream.

We are denying millions of Americans their shot at the American dream because of our irrational health insurance system. This bill guarantees that you and your family always have access to stable, portable health insurance, even if you lose your job or get sick or both. It will end the job lock that handcuffs so many Americans.

Of course, guarantees of coverage and portability are hollow promises if they are not accompanied by something else: affordability. Over the last decade, the average health insurance premium for American families, including both the employer's share and the worker's share, has risen from just under \$5,800 to nearly \$13,400. That is an increase of \$7,600 or 131 percent over the last decade. That is more than three times faster than Americans' average wages rose in that same period. Even if you stay healthy, these trajectories are unsustainable. Even if you have coverage, you could still be just a diagnosis or an accident away from bankruptcy.

This has to change right now. If your work-based health plan is expensive, you have no other option, unless you qualify for Medicaid. Under this bill, you will be able to get subsidized insurance if your coverage through work costs you more than a certain percentage of your income. Right now, if your employer doesn't offer you a health plan or you are unemployed, it is prohibitively expensive to buy it on your own. Under this bill, you will be able to access a range of affordable insurance options through a health insurance exchange. This exchange will be similar to a Travelocity for health insurance. All the plans have to meet basic standards, and you can match them up and compare them side by side so you can pick the one best for you and your family.

This isn't going to only help individual Americans. It will help businesses, small businesses. Right now, if you are a business with, say, 11 employees and one of your employees gets sick or pregnant, your premiums are going to go up dramatically. That is because your risk pool is 11 people. But when you choose a policy from the exchange, your risk pool can be a million or two. That is the point of insurance,

to spread the risk over as many people as possible.

In addition, small businesses will also be eligible to receive tax credits to help them purchase coverage for their workers. In Minnesota alone, over 72,000 businesses would be eligible for this assistance. That is what the subsidies and the exchange are all about: increasing the availability of insurance and making it affordable for families and small businesses.

That is also what so much of the debate surrounding a public insurance option is about. A public option creates more choice for consumers and more competition in the marketplace. People who are happy with their current plans would not need to change them. But millions of people who did not have health care options before would finally have an affordable choice. This is what the overwhelming majority of Americans want. It is the right thing to do. I would say to anyone who is against the public option, do not choose it for yourself, but do not deny other Americans that choice.

I remain steadfast in my support for a public option. But we should also recognize a public option is just one of several ways this bill seeks to control health care costs. All these changes, which will create security and promote affordability, will provide necessary and meaningful reforms to the health insurance system. But we need to remember the goal is not just a better insurance system; it is better, more affordable care. That requires not only changing the way insurers behave, it also involves the way we behave and the way our health care providers behave.

Total spending on health care in the economy has doubled over the past 30 years and now is about 16 percent of our GDP. That is almost double the average for western industrialized nations, which are at 8.9 percent. The CBO estimates that the percentage of our GDP spent on health care will double over the next 25 years to 31 percent of GDP if we do nothing.

Fortunately, we have the opportunity right now to act, and we know how to do it. We need to look no further than Minnesota. If my colleagues will indulge me for a bit of some home State pride, Minnesota has taken a national lead in many areas, including cost containment and community health. Part of it is because 90 percent of Minnesotans are covered by non-profit health plans. It is also because we have models such as the Mayo Clinic, Allina, and HealthPartners, where physicians are paid to be part of a team, providing integrated care, centered on the patient as a patient, not as a profit center.

Patient-centered care is the key. The point is not just better, more efficient treatment for patients, it is that people do not want to be patients at all. The goal of health care is to prevent illness and then, if people get sick, to actually make people who are sick

healthier, and then to keep them healthy.

To those ends, we need to see reform in three areas: incentives for better care, more focus on prevention, and a real commitment to contain costs. Let's start with incentives.

Right now, Minnesota providers are punished—punished—under Medicare for providing high-quality care at a low cost. According to the most recent data, Minnesota receives \$6,600 per Medicare beneficiary per year and is second in the country for quality of care.

Texas averages more than \$9,300 per beneficiary, with some of the worst health outcomes in the country. So Minnesotans are effectively paying doctors in Texas for excessive treatments and lousy outcomes.

Now, consider an innovative program I have seen in my home State: the Cardiac Care Program at Duluth St. Mary's Hospital. They aggressively manage patients with heart disease by helping people make lifestyle changes and making sure people get the followup attention they need. As a result, they have reduced hospitalizations by 80 percent and saved \$1 million in 1 year.

But because the current system does not incentivize value, Duluth St. Mary's received no reward for these cost savings. In fact, a hospital that lets its cardiac care patients go unchecked until they need another procedure gets paid a lot for performing that procedure, even though their patients are less healthy.

Under the current Medicare reimbursement system, the good care gets punished and the less effective, more expensive care gets rewarded. We are not providing health care in this country; we are providing sick care. We need incentives for providers to reduce hospitalizations and commit time and resources to prevention. That starts with Medicare payment reform.

This is not an issue of State versus State. If we can get better outcomes at lower costs, it will be better for the entire country because it is the only way we will finally be getting a handle on the runaway cost of health care.

That is why I am so thrilled this health reform bill includes a provision to fundamentally improve the way we pay doctors. Thanks to the efforts of MARIA CANTWELL and my colleague, AMY KLOBUCHAR, and others, for the first time ever we will include what is called the value index in the Medicare payment structure. Doctors who provide high-quality care at a reasonable cost will no longer be punished. Instead, they will be rewarded for being effective partners in their patients' care.

That brings me to lifestyle and prevention. One of the most disturbing trends, for our health and our health care system, is the massive increase in obesity in this country. We know this increase in obesity will lead to increased heart disease and diabetes and

increased health care costs for our country. But that future is not inevitable.

Today, Minnesota spends \$1.7 billion per year on hospital costs for heart disease. But the residents of New Ulm, MN, have decided they are not going to contribute to those statistics anymore. New Ulm is a beautiful town in the heart of the Minnesota River Valley, about 90 miles southwest of the Twin Cities. The town is partnering with Allina Hospitals & Clinics and has made a commitment to reduce heart attacks by 25 percent over the next 10 years. To do this, the residents of New Ulm are working to bring down their high blood pressure and cholesterol, manage their diabetes, stop smoking, and start exercising. They have community cooking classes, workplace wellness initiatives, and free health screenings.

I visited New Ulm during the recess to see what these folks are doing and how determined they are to make changes in their lifestyles. This dedication to prevention and wellness will keep individuals in New Ulm living longer and living healthier. It will also save the health care system about \$10 million over the next 10 years. When it comes to wellness, self-interest and the national interest are aligned.

This bill we are debating right now guarantees that routine checkups and preventive care, such as colonoscopies and mammograms, are covered by all insurance plans at no cost. We need to invest in those things that sometimes seem peripheral to good health but are essential to it: access to healthy foods and a safe environment for physical and social activity to address the alarming rise of obesity and the epidemics of diabetes and heart disease.

I thank my friend TOM HARKIN for his leadership in making sure the Prevention and Public Health Investment Fund is in the health reform bill. This fund will help Americans make the lifestyle choices that lead to better health. These investments will help Americans stay healthier and save money in the long run.

Another way to improve care and bring down its cost is to make sure a greater percentage of every health care dollar actually goes to health care, not wasteful administrative costs or advertising and profit.

While national health care plans spend less than 87 cents of the health care premium dollar on health care, Minnesota's nonprofit plans lead the Nation in keeping administrative costs low, spending 91 cents—91 cents—of every premium dollar on health care. Four cents may not seem like a lot until you remember that is 4 percent of \$775 billion in private health insurance premiums a year.

This percentage—the 91 percent I was talking about—is called the medical loss ratio. It is a measure of how much of each health care dollar actually goes to health care. The medical loss ratio

for insurance plans in Minnesota is 91. Many individual and small health group plans across the country are closer to 60—meaning that 40 cents of every health care dollar goes to administration, advertising, and profits—all things that do not make people healthier.

That is why I have introduced legislation, the Fairness in Health Insurance Act, to mandate that 90 cents of every premium dollar must go to health services, not to unnecessary administrative costs or advertising or bloated executive salaries.

This builds upon the important work of my colleague, JACK REED, who pushed for disclosure of this information in the HELP Committee bill.

My house colleague, KEITH ELLISON, from Minnesota's Fifth District, has introduced similar legislation. The House has made progress on this issue by requiring a medical loss ratio of at least 85 percent for the small and large group insurance markets. And because administrative costs constitute such a high percentage of health costs, I want to go even further. Right now, there are hundreds of different private insurers that have hundreds of different claim forms and codes. Why so many different forms? Because the more complicated it is, the more different each form is, the more likely it will be filled out with an error.

Remember, a form filled out with an error allows the insurer to deny the claim. That is why I have called for every insurer to use a standard form for claims. Minnesota has done this on the State level and is saving money and preventing the headaches that providers have in trying to navigate these hundreds of different forms. Nationally, this is a great way to save a lot of money and a lot of paperwork.

You know who will like this? Doctors. Physicians reported spending the equivalent of 3 work weeks each year dealing with health care plans and having to devote additional resources to hire extra staff, not to provide care for patients but to do extra, endless paperwork.

When time is converted to dollars, the national cost to physician practices of dealing with health plans is between \$23 billion and \$31 billion each year. If we had a uniform billing and claims system, we could save up to \$70 billion per year. Wow.

By moving to electronic medical records, we will reduce the number of duplicated tests. We would make it cheaper and easier for people to stay healthy and out of the emergency room. We would be on a path to lower costs for everyone by making health care patient-centered, not profit-centered.

I am proud of what we are doing in Minnesota—with institutions that are delivering care efficiently and effectively. But I recognize the truth of something one health care economist said to me at a health care roundtable I held in Minneapolis a couple months ago. He said:

Minnesota gets an "A" . . . but only because we're grading on a curve.

There is huge room for improvement all across America. That is why this is an incredible moment of opportunity for those of us in this Chamber and for the entire Nation.

As I said when I rose, we have great health care in this country but a lousy system. If we do not fix the system, millions more Americans will lose the care. Yes, this is complex stuff. That is why it is particularly important that nobody here injects into this debate misinformation that engenders fear. There has been too much of that already, and it has not resulted in anybody getting better care or moving us closer to a consensus.

So let's remember that behind the numbers we talk about are real people—real people who urgently need our help. As the saying goes: Statistics are people with the tears wiped off.

This is our chance to confront the biggest single threat to America's future and the greatest unmet moral obligation in our history all rolled up into one. That is what health care is. This is our chance to answer those questions Americans are asking, our chance to make life better for Liz MacCaskie and James Solie's daughter and Kathy and a mother and her son from Fergus Fall, MN. We have a chance to keep costs down for people who have insurance and finally provide coverage for those who don't. This is our moment to meet this great moral and economic challenge. So let's finish our work and overcome whatever legislative challenges remain.

We all want to look back on this day from an America in which everyone has stable, secure, affordable health care and say it wasn't the easiest thing, but it was the right thing, and together we were able to get it done.

There is so much more to say on health disparities, on fraud, abuse in the system, on mental health parity, on chemical dependency treatment, on chronic care, on rural health, on workforce issues such as the need for more primary care physicians, and so many other important topics. This is just a start, and I will certainly be back to say more.

I yield the floor, and I 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. KAUFMAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CARDIN). Without objection, it is so ordered.

Mr. KAUFMAN. Mr. President, I ask unanimous consent to speak as in morning business for up to 5 minutes.

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

TRIBUTE TO FEDERAL EMPLOYEE DR. STEPHEN ANDERSEN

Mr. KAUFMAN. Mr. President, I rise once again to honor the service of one

of our country's great Federal employees. Today, during these uncertain times, the American people face many challenges—one of them we share in common with all people throughout the world. What I speak of is the threat posed by climate change.

Just this morning, in a special joint session, we heard German Chancellor Angela Merkel on the importance of working together internationally to address climate change. We have come so far in the past three decades but much more needs to be done. So much depends on our ability to address this problem, including the long-term stability of our economy and our national security.

Since its creation in 1970, the Environmental Protection Agency has been at the forefront of reversing climate change. This week's great Federal employee not only spent over 20 years at the Agency, he is also someone we can thank for his leadership in implementing a landmark agreement that has already helped slow down climate change.

When Dr. Stephen Andersen first came to the EPA in 1986, he already had over a decade of experience in the field of climate and ozone protection. During his first year as part of the EPA's Stratospheric Protection Team, he worked with Soviet scientists to negotiate a joint effort to map the ozone by satellite. This was the first-ever United States-Soviet joint mission in space.

The following year saw the adoption of the Montreal Protocol in 1987. This crucial international agreement led to dramatic reductions in the chemicals that contribute to ozone depletion.

Stephen began serving as cochair of the Montreal Protocol Technology and Economic Assessment Panel in 1988. He worked tirelessly to convince hundreds of military and industrial experts to phase out the use of ozone-depleting chemicals on a voluntary basis. Over the course of 20 years, the Montreal Protocol was so successful that it helped prevent annual emissions of 11 billion metric tons of carbon dioxide. According to a crucial study by a team of environmental scientists Stephen himself led, the Montreal Protocol may have delayed the impact of climate change by 7 to 12 years. That doesn't even count the effects of other reductions made as a result of the treaty's influence.

Stephen led an effort a few years ago to encourage several of the world's highest emitting nations to strengthen the original treaty. His leadership led to nine countries agreeing to speed up the elimination of hydrofluorocarbons.

Today, Stephen continues to work on the science of combating climate change. He has focused much of his energy on helping to create voluntary partnerships between the EPA and the business community in order to promote green practices.

Stephen won a Service to America Medal last year for his long and distinguished career as an outstanding public

servant. I hope my colleagues will join me in honoring Dr. Stephen Andersen's service and that of all the dedicated employees of the Environmental Protection Agency. I know that as we continue making progress on this front, they will play an important role in America's global environmental leadership.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland is recognized.

HEALTH CARE REFORM

Mr. CARDIN. Mr. President, I take this time—and will share it with the Senator from Minnesota, Ms. KLOBUCHAR, and the Senator from Delaware, Mr. KAUFMAN—to talk a little bit about health care reform, health insurance reform, and the need for us to act.

Quite frankly, on behalf of middle-income families of America, the very worst option we could do is allow the status quo to continue.

During this time, I am going to be quoting from some letters I received from Maryland families who are hurting today. These are families, some of whom have health insurance but they cannot afford it or they are not certain they are going to have adequate coverage to deal with the needs of their families. They are looking to us to help them deal with the problem of health insurance today.

The first problem, quite frankly, is the fact that it is too expensive. Health insurance in America is too expensive for so many families. As the Senator from Minnesota knows, I use the numbers 6, 12, 23 frequently: \$6,000 is what it cost a family in Maryland 10 years ago for a family health insurance policy. Maybe their employer paid part of it. Maybe they paid part of it. Then, it was \$6,000 for adequate coverage. Today, that number is \$12,000 a family. Many families in Maryland have a hard time affording \$12,000 of their compensation going to pay for their health insurance. By 2016, it is going to be \$23,000 for a family, if we don't do anything about health insurance reform.

Today, of that money families are spending, \$1,100 represents what insured families are paying for people who don't have health insurance. I am frequently asked: What about these 46 million or 47 million Americans who have no health insurance, shouldn't they take care of themselves? I say: Yes, we should have personal responsibility, but today those who have insurance are paying extra costs for those who don't have insurance.

One of the most important points of health insurance reform is to make sure everybody pays their fair load to reduce the cost of those who currently have health insurance.

(Mr. TESTER assumed the chair.)

Ms. KLOBUCHAR. Will the Senator yield for a question?

Mr. CARDIN. Yes.

Ms. KLOBUCHAR. That is a very important point about the hidden tax. When I was county attorney in Min-

nesota, representing one of our biggest hospitals in the State, a lot of people came in who didn't have a doctor. Their doctor was the emergency room. Their doctor still is the emergency room, and it is incredibly expensive. If you could explain that a little more because many people don't understand that when people don't have insurance, we are still paying for them. They call it the hidden tax.

Mr. CARDIN. I thank my colleague for the question. The Senator is right. People who have no health insurance do what they can do. They use the emergency room as their doctor. They use the emergency room when they should not be using it. It is very expensive; it costs a lot of money. By the way, they don't pay their bills. It becomes part of what is known as uncompensated care in our hospitals. What is more serious is, they don't get the preventive health care they need. They get the more intense services than if they had access to our health care system from the beginning. They use the emergency room, as the Senator from Minnesota is referring to, and they don't pay their bills, and that becomes uncompensated care. All of us who pay the hospital bills and pay for our services also pay for what the uninsured are using in the emergency rooms, which adds to the cost of hospital care and adds to the cost of our insurance premiums that we pay for family policies. In Maryland, that amounts to \$1,100 a year. That is what you and I are paying for those who don't have health insurance because they are using the health care system and not paying their bills.

Part of health care reform is that everyone should have access to affordable, quality health care and health insurance.

Mr. KAUFMAN. Will the Senator yield for a question?

Mr. CARDIN. Yes.

Mr. KAUFMAN. Isn't it true that when these people don't get prevention, don't have a doctor, don't get the vaccines and the shots they need and they don't go to the emergency room until they are very sick, what happens is they go to intensive care or something or they have a much more serious illness that can go on for weeks and months under intensive care and the price goes up and up?

Mr. CARDIN. The Senator from Delaware is absolutely right. There have been studies done comparing two individuals with the same health care condition, one with insurance and one without insurance. The person who doesn't have insurance uses more health care services than the one who has health insurance, and it is for the reason the Senator said. The person with health insurance will have a much earlier intervention or gets preventive health care, will take blood pressure medicine or cholesterol medicine or will have tests that discover illness at an early stage or prevents an illness; for example, with colon cancer, a polyp

can be discovered before it becomes cancerous. A person without insurance doesn't get those services. They enter the system in a much more costly way, which may lead to hospitalization that wouldn't have been necessary if they entered the system at an earlier stage, but they cannot because they have no health insurance. So the Senator is right.

One of the things we do is try to help the families who have health insurance. We can end insurance company abuses. That is a very important point. The health insurance reform package we are looking at will end health insurance company abuses. All the bills reported out of the committees do that. You cannot be denied coverage due to preexisting conditions. There will be no more annual or lifetime caps on benefits. They cannot charge more or drop your coverage if you get sick. It requires them to fully cover preventive care and checkups.

I have received—and my colleagues have, I am sure—letters from people in my State. I wish to tell you how important these health insurance reforms will be in helping middle-income families. I have one example, and I am sure my colleagues can cite others. Here is a letter I received last month from Kevin, who lives in Kensington, Montgomery County.

Kevin is a healthy, nonsmoking, 54-year-old father who was laid off and has recently started his own company. He has two high school-aged children. He recently completed the Marine Corps marathon and has been an avid runner and swimmer all his life. I dare say most of us could not do that.

After Kevin was laid off, all four family members applied for coverage in the individual market. However, Kevin and his two children were denied access to comprehensive coverage because of preexisting conditions. Listen to this. Kevin was denied coverage because the insurance company said he had a history of upper respiratory symptoms. Actually, he has only had two chest colds in the last 6 years. Five years ago, tests showed a very small amount of scar tissue in his lungs, but doctors have concluded this is not a health issue or risk. Yet he was denied coverage because of a preexisting condition. It is important to get health insurance reform passed because insurance companies will not be able to discriminate based on preexisting conditions—that don't even exist, in Kevin's case.

Kevin's daughter's coverage excludes benefits related to any injury to any part of her back. This is because she once had a minor slipped disc, which has not caused her pain in more than 2½ years. This is a common condition among teenage girls, but the insurance company is refusing to cover back injury. Her doctor has written to the insurance company stating that she "has no more likelihood of needing medical services than any other patient her age." Yet today, Kevin is denied full coverage for his daughter.

It gets even worse. Kevin's son was also refused coverage for his knee because he was diagnosed with growing pains that required no treatment. This means Kevin's son will not be covered for any injury to his knees at any time in the future.

Kevin writes:

We have a healthy, physically active family. No doubt healthier and in better shape than 98 percent of the families in this country. And we're told that 3 of the 4 of us are too great a risk to be fully covered. . . .

We are victims of a health care system that is horribly broken, and our experience in trying to get health insurance for our family—a family that has no chronic health conditions requiring medical treatment—has turned us into strong supporters of health care reform.

Mr. KAUFMAN. Will the Senator yield?

Mr. CARDIN. Yes. I am glad to yield.

Mr. KAUFMAN. This thing with preexisting conditions is incredible. You hear this everywhere you go. In Dover, DE, we have Angela Austin, a recent mother. She works as a bartender. Most of her earnings come from tips. She doesn't get health insurance from her employer.

When Angela became pregnant, she tried to find private health insurance, but she was repeatedly denied coverage because her pregnancy was considered a preexisting condition. She applied for Medicaid—to find prenatal care for her and the baby—but was denied coverage because she earned \$200 more than the monthly limit allowed.

She called organizations and clinics and was unable to find a payment plan she could afford. Midway through her pregnancy, Angela decided to cut back her work hours so she could qualify for Medicaid. She worked all 9 months of the pregnancy and delivered the baby on May 27.

The Medicaid coverage she got was especially crucial because she had complications from hyperthyroidism and was able to get the necessary prescriptions to control the condition.

The story gets even worse. Angela was so anxious that everything possible be done to ensure a healthy baby, the system threw up roadblocks.

Pregnancy should not be considered a preexisting condition. What is more, no one should be denied coverage because of a preexisting condition. There are many cases where people are totally healthy, and they have been denied coverage because of preexisting conditions. We are going to pass a bill that eliminates not being acceptable for preexisting conditions.

Mr. CARDIN. I think people in this Nation would be shocked to hear about that situation and for someone who is totally healthy being denied full coverage because the insurance company just wants to deny coverage, just wants to pay less claims in the future, so it finds reasons to restrict coverage, even though that person is as healthy as anybody in the general public but is being denied coverage today.

Ms. KLOBUCHAR. Will the Senator yield?

Mr. CARDIN. Yes.

Ms. KLOBUCHAR. I also was listening to this and thinking, about a week ago, I was at an event that Mrs. Obama, the First Lady, put on for breast cancer in honor of Breast Cancer Awareness Month. There were three women there who all had breast cancer. They were all survivors, and they had incredibly low rates of possibly getting breast cancer again because of advances in science. I was stunned to hear of their difficulty. Even though their possibilities of getting breast cancer again were so low, it was still considered a preexisting condition for an insurance policy. A recent example, when you think about it hitting middle-class families—and some of the people watching this on C-SPAN may have seen this on television—a little boy named Alex was denied coverage by his family's health plan. Alex's parents have coverage through their employers, similar to so many middle-class Americans. But their 4-month-old son Alex, who weighed 17 pounds—and my daughter was one of those low percentages when she was born. He weighed 17 pounds at 4 months old, so he was denied coverage. The insurance company claims this was a preexisting condition for the otherwise healthy baby because of his weight.

Here is the interesting part—and I know the Presiding Officer from Montana will appreciate this. After his family went on TV with the little boy, then the insurance company changed its mind and, suddenly, decided to cover him. I guess the lesson is that middle-class families have to go on TV to make their case in order to get coverage or when a woman who has been a victim of domestic abuse is denied coverage—which is considered to be a preexisting condition in eight States—maybe if she was willing to talk about her domestic abuse on TV, there would be a change of heart. That is not good enough—coverage by cable TV—for the majority of Americans. They need stability in the system. They need a guarantee that they are going to have coverage. I thank the Senator from Maryland for raising this important issue.

Mr. CARDIN. If I might mention another family in Maryland, a typical family—Marvin and Lillian, who live in Chevy Chase, who are grandparents. I can relate to that, having two wonderful granddaughters. Marvin is a retired Federal Government employee. Both he and his wife Lillian have Medicare. They are in pretty good shape. However, they are worried about their grandchildren.

They have a grandson who is 14 years old. He has Crohn's disease and dwarfism. He currently has coverage through his parents, but his family is petrified that he will be denied coverage when he is no longer able to receive insurance through his parents. Because of his preexisting conditions, it will be extremely hard for him to find individual coverage while job hunting or adequate coverage while at

school. Without reform, high health care costs will preclude him from starting his own business or working for a small business owner.

Marvin writes:

My grandson's future employment prospects will be limited because he will need an employer with a large group plan to ensure good coverage. If he gets sick without coverage, or very limited coverage, it would be a disaster.

It is truly unacceptable that in America today, because of the way our health insurance system operates, that a person's future and what type of job that person can seek is limited because of a preexisting condition. That does not make this Nation as competitive as we need to be. We can certainly do a much better job on that now.

There are two good points here. One is that we eliminate preexisting conditions. That would be taken care of. We also provide coverage through the age of 26 so that you can keep a child on your family plan coverage through the age of 26. I think this is going to be a very popular issue. This is one area that does not cost a lot of money. Children in their early twenties are not at high risk. It is unlikely this will add greatly to the insurance premium cost—in fact, it will not—but it does give greater assurances for those children who are not yet fully in the workplace—so they do not have the opportunity to get an affordable health insurance product—that they can stay on their parents' policy until age 26. That is another way we are going to help families.

Lastly, the other area we want to be sure is done is when people change jobs. We know this is a very mobile workforce; people change jobs much more frequently today than they did 10 years ago. This bill will make sure you always have health insurance, even if you lose or change your job. You are not going to be locked into a company because you don't want to lose your health benefits. I must tell you, I hear that frequently from people in Maryland. I am sure my colleagues hear it in Minnesota and Delaware. People say: I want to change jobs, but I can't because I don't want to lose my health benefits. That should not be a reason someone shouldn't be able to look for other opportunities. When we get health insurance done, people will be able to get insurance regardless of where they work. There will be affordable coverage for all Americans. That will help middle-income families. That is our objective. That is what we are trying to do.

Another area I want to mention briefly is small businesses. We hear frequently that small business owners have a hard time finding affordable insurance. I will give a couple examples of people from Maryland.

Steven from Annapolis is a self-employed small business owner. Steven's health care premiums have increased by unmanageable amounts. Steven is currently paying 55 percent more for

his family health insurance than he was 14 months ago—a 55-percent increase in 14 months. The premiums for Steven and his family, all of whom are healthy, are approaching \$10,000 annually. In August, his premiums increased 24 percent, after having increased 25 percent in 2008. He wakes up in cold sweats worried about how he can afford such high costs. Steven sent me his most recent health insurance bill, which showed the 24.1-percent increase.

Steven writes:

We are worrying about these problems 24 hours a day. That is no exaggeration.

Small business people wake up in a cold sweat, as I have done many times through the course of this difficult recession, wondering how we are going to meet our client deadlines, pay our bills, and be a good father and husband all at the same time.

For small businesses, if you have one bad experience with health care during the year, you can expect a large premium increase the next year. It is one thing about health insurance being expensive as it is, but if you are a business owner, how can you plan your company budget when you don't know what your health premiums are going to be the next year?

Ms. KLOBUCHAR. Will the Senator yield?

Mr. CARDIN. I will be glad to yield to my friend from Minnesota.

Ms. KLOBUCHAR. One of the things I have learned in the past year meeting with small business owners is this huge disparity. Small businesses pay 20 percent more. The ones that are the bedrock of our entrepreneurial system in this country pay 20 percent more than big businesses for health care. Their employees are in a small business, but the ones who need it the most, the ones who probably make less income, pay 20 percent more for health insurance.

I was up in Two Harbors, MN, visiting a little backpack company that has done such a good job. They now make backpacks for our troops because they are lighter weight and better for their backs. This little company started with a few employees; it now has 15, 20 employees.

When the owner of that company started it, he didn't have kids. He now has two kids—four in their family. He is paying \$24,000 a year for his health insurance. This is a little tiny backpack company in Two Harbors, MN. When the Senator from Maryland was telling us about people having to adjust, they cannot plan, he told me if he had known when he started that much of his profits were going to go into his health insurance, he would not even have started the company to begin with.

This not only hurts our employees, it actually stops small businesses from starting—the incubator of so many of our great ideas in this country and jobs in this country. This is truly something that needs to be solved because it is hurting jobs in this country, the fact that it is so difficult for small business owners to afford health care.

Mr. KAUFMAN. Will the Senator yield for a minute?

Mr. CARDIN. I yield to the Senator from Delaware.

Mr. KAUFMAN. This is another example. It is not just Delaware, Maryland, Minnesota, California, or New York. On the same subject, Ian Kaufman—no relation—moved to Delaware right out of college in 1990. Unfortunately, like far too many Americans today, he got laid off from his job. To get back on his feet, he wanted to start his own business. In the process, Ian picked up COBRA coverage to ensure his family maintained health care insurance. When he first signed up for COBRA coverage, his monthly premium was \$1,800—a lot of money each month. Thanks to the COBRA provisions, however, in the stimulus bill, Ian saw his payments reduced by 66 percent, which made his monthly premiums much more manageable. However, this premium assistance will soon run out, and then he will be back once more to paying \$1,800 a month. In anticipation of higher COBRA payments, Ian applied for coverage at BlueCross BlueShield but was turned down. They never gave him a reason. He suspects—what we were talking about earlier—that there was a preexisting condition of one of his daughters.

Ian worries, like so many Americans, that the high cost of providing health care to his family, in addition to the difficulty of finding a willing policy provider, will affect his ability to stick with his startup business—the point my colleagues were making of starting up a business and being worried about health care.

Unfortunately, Ian's health insurance predicament as a self-employed businessman is not uncommon. There are entirely too many sole proprietors and small businesses that cannot afford health policies for themselves, their families, and any employees they might have, thereby killing the innovators of our system, the people who create the jobs, the people who made America great, the small businesspeople. They cannot go into business because they are worried about health care not just for their employees, but they have to worry about health care for themselves and their families. We have to change that if we are going to get innovation back in the country and small businesses up and running.

Mr. CARDIN. Small businesses are clearly the driving force behind job creation in America. The Senator from Delaware is absolutely right. Innovation comes from small business. They are so discriminated against under our current health care system. Middle-income families, in large measure, work for small businesses, and they are absolutely disadvantaged today because of the system.

The status quo is unacceptable. We need to enact insurance reforms under what we have here. Small companies can benefit the same as large compa-

nies, with much larger pools, much more affordable plans, more choices.

There are really no options for small businesses today. They do not have a lot of companies willing to write the policies. It is interesting, in my State of Maryland, two insurance companies write 71 percent of the private insurance business. If you are a small business owner, you are either going to be with one of those companies or you are not going to be able to find insurance. They can pretty much dictate.

One more example. Robert, who lives in Baltimore, is a married architect who has health insurance with one of our large insurance companies. His insurance for himself and his wife is \$20,000 a year—\$20,000 a year. As a small businessperson—listen to this—not only does he have to pay these high premiums, but if he needs to find a gastroenterologist in order to do a test, there are plenty of gastroenterologists in his neighborhood, but the insurance company will not cover a doctor in that area. He has to travel all the way across town. He says he spends more time finding out who will treat him because he doesn't have a choice of plan. He has to be in this plan. So there is a lot of wasted money in the system he has to go through.

By the way, if you are in a small business, running a small business, you have to spend time on your business. If you don't spend time on your business, you are not going to make it. If you have to spend time to figure out what doctor you can see under the small print in your insurance plan, you are not going to succeed as a businessperson.

There are a lot of good reasons why we need health insurance reform in America. There are a lot of good reasons we need to act, a lot of good reasons middle-income families are depending on us to fix this broken system—it is too expensive, not enough choice. The health insurance reforms coming out of our committees all provide much more choice and option and protection to the people in our communities.

Mr. KAUFMAN. One of the great ironies in this whole health care debate, which is full of ironies, is I talk to so many small businesspeople, and they are scared of the public option. They have been scared by the ads and things on television. As you say, for a small businessperson, the public option is going to be their choice to get the health care they need, simple health care that is laid out for them that makes a lot of sense.

One of the big things we have to get through to people is exactly what the story is here and what really will help them get their health insurance so we can have small businesses built up, get more employees, create more jobs, and create the jobs we need for the country.

Mr. CARDIN. The public insurance option is another choice. There is more competition. It brings down costs. That

is why we support a public option. It is a reliable product you know is going to be there.

If you are living in western Maryland—and there are not a lot of insurance companies there—you know there is a public option, that plan will be there for you. You know it is going to be affordable. You know it is not going to leave town, as some of the private insurance companies did that used to insure Medicare. These plans will be there.

It is also going to act as strong competition for the private insurance companies so they know they have to be competitive. Today, again, it is not competitive. There are not enough companies there.

The private insurance option will offer people, such as Robert whom I mentioned, another option, another choice, an affordable plan. That is what he is looking for. He cannot afford \$20,000 a year. He is looking for a premium much more affordable than \$20,000 a year, and the public insurance option gives him that choice.

One other thing about the public option that needs to be clarified. There are those who say: This is a government takeover. Is Medicare a government takeover? The answer is no. There has not been one Senator come to this floor to say we should repeal Medicare. Medicare has been a very successful program.

By the way, health insurance reform will strengthen Medicare. Why? Because the way to bring down Medicare costs is to bring down health care costs. What we have been doing year after year is picking on Medicare, saying we are going to control health care costs by reducing Medicare. We cannot do it. You have to bring down health care costs to bring down Medicare costs. And what we do is strengthen the Medicare benefits by giving additional benefits, starting to fill that doughnut hole under the prescription drug plan, offering preventive care to our seniors. So we are strengthening the Medicare Program. The doctors and the hospitals are all private, as they would be under a public option. This is a way of providing more competition, quite frankly, keeping the private insurance companies a little bit more competitive and honest as they do their marketing, to make sure we get value for the dollars we are paying for our health insurance premiums.

Mr. KAUFMAN. Again, once more, the irony. Isn't it an incredible irony that people come to the floor and talk about reducing the deficits, reducing the deficits, reducing the deficits, but they don't have health care reform. We know the major cause for the increase in deficits is Medicare and Medicaid, not because they are bad programs but because health care costs explode. There is no way they cannot get greater. That is our biggest challenge in terms of deficit reduction. We have to do something about Medicare and Medicaid costs.

People talk about deficits and then say we don't need health care reform, why don't we slow down, we don't need it now, this is not important. We cannot deal with our deficits if we don't deal with health care costs because without dealing with health care costs, we cannot deal with Medicare and Medicaid. The Senator is absolutely right.

Mr. CARDIN. Health care costs are growing about three times what wages are growing in America today. That means a government that pays for Medicaid and Medicare will continue to pay a larger amount of the budget for health care unless we can get health care costs under control. It also means American families are going to be paying more of their income for health care unless we get health costs under control.

So how do we get health care costs under control? We do it by prevention and we do it by wellness and by streamlining the bureaucratic system, by using health information technology more effectively and by managing diseases. We do it in a way that brings down health care costs and improves access and quality, and that is what we are doing.

The Senator from Delaware is absolutely right. Our goal is quite simple: bring down the escalating cost of health care, provide access to affordable quality health care for every American family, and do it in a fiscally responsible way.

The Senator from Minnesota, Ms. KLOBUCHAR.

Ms. KLOBUCHAR. Well, I thank Senator CARDIN. As I was listening, I was thinking about how I first got involved in this whole debate. My story is like so many moms and middle-class parents. It involved rules, rules that made no sense when it is your family's health at stake.

When my daughter was born, she was very sick. She couldn't swallow. They thought she had a tumor. She was in intensive care overnight. Back then, the insurance companies had a rule that you could only stay in the hospital 24 hours—new moms and their babies. For some people, when you have been in labor for 24 hours and you think your daughter might die for 24 hours, it doesn't make sense. So 24 hours after giving birth, I was kicked out of the hospital. I was wheeled out of the hospital while my daughter was there in intensive care.

I thought to myself: This is never going to happen to anyone again. I went to the legislature with a number of other moms and got one of the first bills passed in the country guaranteeing new moms and babies a 48-hour hospital stay. I still remember the conference committee where we had a number of lobbyists who couldn't say they were against the bill, but they were trying to delay the implementation. They were trying to make it so that it wouldn't take effect for years and years and years.

I finally decided to bring my pregnant friends to that conference com-

mittee so they outnumbered the insurance company lobbyists 2 to 1. When the legislators said: When should this bill take effect, all the pregnant moms raised their hands and said: Now. And that is what was happening.

I can tell Senator CARDIN, this is what the American people are saying. They are saying: Now. They need reform now because of what you have just talked about—the fact that costs have been escalating and escalating, and it is becoming more and more unaffordable for so many middle-class Americans.

In 2008, employer health insurance premiums increased by 5 percent, two times the rate of inflation. Everyone feels it. Everyone knows what I am talking about.

When people throw out all these numbers—and we hear all these numbers from the other side—I believe you only have to know three numbers. Senator CARDIN brought them up before, three simple numbers. They are easy to remember: 6, 12, and 24.

What do the numbers 6, 12, and 24 represent? Well, \$6,000 was the cost of insurance for the average American family 10 years ago. They were paying that in their premiums. They are now paying \$12,000. Some people are paying a lot more, such as the small business owner I talked about in Two Harbors, MN. But the average is \$12,000.

What do the studies show? They show that in 10 years people in Billings, MT, people in Delaware, people in Baltimore, people in the tiniest towns in this country will be paying an average of \$24,000 a year. Do you think they are going to be able to afford that, the average middle-class family, \$24,000 a year? I think every family can look at their own checkbook and figure out that answer. That is why we need health care reform now.

I think of the people I have heard from in my State, such as Jan in Plymouth who wrote the other day about her 20-year-old daughter Jennifer. Jennifer was diagnosed almost a year ago with Hodgkin's lymphoma. She made it through chemotherapy but is still being monitored. She had to continue going to college to keep her health care coverage. Despite having good health care insurance, Jan and her husband had to use their retirement fund to cover the out-of-pocket expenses of Jennifer's chemotherapy. Jennifer has since taken some time off from school to recover and is going to be transferring to a new school soon. Her parents don't know how they are going to keep her insured.

That is why the point was made about this plan allowing parents to keep their kids on their insurance until they are 26 years old. I can't tell you what good news that is to the parents of America who are struggling and who are thinking: Once my kid goes to college, what is going to happen because they would not have a job? How are they going to get insurance?

Now, until they are 26 years old, they are going to get insurance. That would

help this family in Minnesota tremendously.

The preexisting conditions—I talked about three women with breast cancer who were there with the First Lady—unbelievable stories of people who, through no fault of their own, get a disease, they are not sick anymore but they get thrown off their insurance policies; kids who are a little overweight or a little underweight—the only way they can get rid of this thing off their backs and get health insurance is by going on TV? I think we would have to have permanent TV stations going around the clock to cover all these families who want to get their preexisting conditions off their backs. That is not going to work in this country. The better way is to pass health care reform.

The Senator from Maryland brought up the cost, and I can tell you that for a lot of people in Minnesota, that is the No. 1 issue I hear: How can we afford this? What can we do about it? Well, I can tell the Senator from Delaware—and I see the Senator from Illinois, Mr. DURBIN, is here, and he has been working hard on the Medicare fraud issue on the Judiciary Committee, as well as the Senator from Maryland—that 3 to 10 percent of our health care dollars go down the tube to crooks, to con men, and we are not doing anything about this. There is money in the system, and it is just going to the wrong places.

Another way to solve this is with trying to put more quality measures into our system, trying to have high quality care at the lowest cost. People understand if you go to a hotel and you spend more money on a room, you tend to get a better room, a bigger room, with a nicer view. With health care, it is not the case. With health care, some of the highest cost places have the lowest quality care. So one of the things that health reform allows us to do is to put in those high-quality measures.

So we start having incentives. We say to hospitals: If you have less infections in your hospital, which means more people live, you will be treated better in the system. So we will put in incentives so that doctors treat their patients better and, believe it or not, that is the way we are going to save money.

Why is that? So many times the way the system operates, it is about reimbursing for every little test, every little thing you do, instead of looking at the rules or looking at the quality of care that you can get at the end of the road. And that is what we want to do with this legislation. There is a value index in this legislation.

The bill that came out of the Finance Committee, which Senator CANTWELL and I have worked hard on, let's us look at the value to the patient. Let's put patients in the driver's seat so they can get the value, so middle-class families can get the same kind of health care that Members of Congress get, so they can get the kind of value they want out of their health care.

So when we look at how we can pay for this, there are so many ways. We can not only save some money, such as plug that doughnut hole so that seniors can get better deals on their prescription drugs, but we can do it so we can give people higher quality care. We are going to link rewards to outcomes to create the incentives for doctors and hospitals to work together to improve quality and efficiency. That is what we are trying to do.

So I thank Senator CARDIN for bringing up this issue of cost because for so many middle-class families in my State, they understand we want to have not only more affordable care but also high-quality care. They do not like these kinds of mistakes that go on, and there are some things we can do by creating incentives for safer procedures and for better standards for hospitals and for doctors that I think could go a long way toward paying for a lot of what we need to do.

Mr. CARDIN. I thank my colleague from Minnesota. She has been a real fighter for middle-income families and working families in America and in Minnesota and has brought out these issues of how we can improve the standard of living.

I think the point the Senator raises is one that needs to be underscored. Today, working families, middle-income families are seeing an erosion of their income. They are seeing more and more of their compensation going to pay for health benefits. If their employers are paying for it, it means less take-home money for them in their paychecks. If they have to pay the cost, they are seeing more and more of an increase. Again, health care costs are going up three times what wages are going up in America. So middle-income families are falling behind every year, and they are depending on us to speak up for them.

They are also paying a hidden tax—a hidden tax. Middle-income families today are spending \$1,100 a year paying for those who don't have health insurance. We talked about that earlier. That is a hidden tax. We have to get rid of that tax.

One of the things we do in our health insurance reform is to get rid of that tax by saying that everyone has to be responsible for their own health care costs. Why should I pay for someone who today could have health insurance but chooses not to have health insurance?

Ms. KLOBUCHAR. If the Senator will yield, I think it is unfair to middle-class families who are trying to save every penny so they can send their kids to college—and those costs are going up—and to put food on the table and fill their car with gas, to have this hidden tax where they are paying for people who aren't getting health insurance or can't afford health insurance. That is why I think one of the most important things for people to understand about this bill is that we are already paying for these people who don't have

health insurance. So let's make it more efficient and work for everyone so you can get some benefit out of this yourself.

Mr. CARDIN. It is interesting that one of the ways we can save money from the Medicare system is to get everybody to pay their health care bills. Our seniors are paying higher costs under the Medicare system because people use the system who are not Medicare beneficiaries and don't pay for it. So Medicare, every year, pays a premium to our hospitals called DIS—the disproportionate share—for the uncompensated care in the hospitals. The Medicare system is paying for that. Our seniors could be getting better benefits if everyone paid their own way rather than having our seniors subsidize those who have no health insurance.

So these are ways in which we do help middle-income families in America.

Ms. KLOBUCHAR. I was just with a group of seniors this past weekend in Richfield, MN, and they are worried because they hear about these numbers—that by 2017, if we don't do something, Medicare will go in the red. Those seniors are living longer and longer lives, which is a great thing. Hopefully, my mom is watching right now; she is 82 years old. But those who are 65 want to have Medicare when they are 95 years old, and those who are 65 want to make sure Medicare is there for them when they are 90 years old. That is why it is so important to look at this reform and make sure this is working for the seniors.

The doughnut hole, I am so tired of worrying about that problem. These seniors have their health care coverage for their drugs, and then it vanishes and goes down the doughnut hole. One of the great things I like about this health care reform is that it will help them pay for the doughnut hole. I think 50 percent of those costs they will not have to worry about anymore.

Mr. CARDIN. Not only will we be able to help them with the doughnut hole on prescription drugs, we will be able to provide them better health care services with lower copayments and deductibility, and we are providing a stronger system.

Look, I think we all have a common interest. If you are a family that currently has health insurance, if you are a small business owner who is covering your employees, if you are covered under the Medicare system today, you all have an interest in making sure we pass the health insurance reform that is being debated now in the Congress.

For those who have insurance, it will make your coverage more affordable in the future. It will eliminate this hidden tax, and it will enact significant health insurance reforms to protect you against the arbitrary practices of private insurance companies.

If you are a small business owner, it will give you more competition, more reliable premiums without being increased radically on a yearly basis. It

will provide competition so that you can get the same benefits a large company can get with larger pools.

If you are in the Medicare system, it takes some of the cost out of Medicare that you are currently subsidizing for people who are uninsured. It firms up our health care system, which is good for Medicare in the future as far as keeping it safe and sound, and it allows us to expand benefits, such as the prescription drug benefit, and get rid of that doughnut hole.

So we are all in this together. But the only option that we cannot afford to have is the status quo. The letters we have read on the Senate floor from people who are literally being forced out of their current coverage, who are being discriminated against by insurance companies because of preexisting conditions that don't even exist, they are depending upon us to act.

I see the assistant majority leader is here, and I mention that because Senator DURBIN has been one of the real leaders in taking on some of the tough interests in our country—taking on the tobacco companies and dealing with tobacco and children, taking on prescription drugs to make sure we have affordable drugs in America. So I thank him for his leadership because I know he has been one of the real leaders on this issue in the Senate.

I know all of us will do everything we can to help middle-income families. We have worked hard to strengthen Medicare over the years, fought the efforts by those who wanted to privatize Medicare, who wanted to weaken Medicare, and we are committed to making sure that these programs are strengthened, are continued, and that is why we are so passionate about the need for us to take up health insurance reform, for us to make sure we protect middle-income families.

Mr. DURBIN. If the Senator will yield for a question?

Mr. CARDIN. I am glad to yield.

Mr. DURBIN. I thank the Senator from Minnesota, Ms. KLOBUCHAR, and Senator CARDIN from Maryland for their leadership coming to the floor. I have been following the floor all day.

I heard from the other side of the aisle a litany of complaints that they have about health care reform. Leading off in the complaints about health care reform is the number of pages in the bill. The fact is, there is no Senate bill; it is in preparation at this moment. But the Republican side of the aisle, starting with Senator MCCONNELL, the leader, through other Senators, continues to come to the floor and bemoan the fact that this bill may actually reach 2,000 pages in length. I don't know that it will. I don't know that it will not. I don't know that it makes any difference. I don't think people back home really care if this is a short bill or a long bill as long as it is a good bill, as long as it does what needs to be done.

When you get down to the issues we are talking about, we want to make

sure the language is precise. If we are going to fight the health insurance companies—and believe me, they are spending a fortune trying to stop us. But if we are going to fight the health insurance companies to make sure people have a fighting chance when they have a health insurance plan not to be canceled when they have a preexisting condition, so they have a health insurance plan that is there when they need it when they get sick, a health insurance plan that has enough money in it to pay for what they need, pay for preventive care, then let's take the time and write the pages that are necessary. Trust me, the attorneys for the insurance companies will be fighting us in court every step of the way as we try to make these changes.

I was listening to the Senator from Maryland and the Senator from Minnesota. I recall a story I learned when I went home about a good friend of mine whose son has been battling cancer for years. He is a bright young man who developed a melanoma and has gone through extensive radiation and chemotherapy and also surgeries. It has been a valiant effort on his part. Two years ago, his oncologist found a drug that made a difference for him. He was cancer free. He was as happy as he has been for a long time because of this drug.

I think you know how this story is going to end. Just 2 months ago, his health insurance company notified him that they would no longer pay for this drug that he needed. His oncologist sent a letter to the insurance company and said: This drug I am using off-label is working for him. It has arrested the spread of his cancer, saved his life, and you need to continue it.

The insurance company said: No, we will no longer pay for this.

The drug costs \$13,000 a month. There is no way this young man and his young family can pay for this. Even if his dad, mom, and all the relatives mortgage their homes, they just can't pay for it.

It shows you how average people who pay premiums all their lives are at the mercy of an insurance company executive or, worse, an insurance company clerk who decides to just say no. That happens every single day.

I have been waiting for the first person on the Republican side of the aisle to stand up and say: We may disagree on a lot of things, but we sure do agree we have to do something about health insurance reform. The way they are treating Americans is unacceptable. But we never hear that from that side of the aisle.

I hope at the end of the day we will be able to come together in a bipartisan way. We all want to. But there may come a point where we cannot. If standing up to the health insurance companies can only be done on this side of the aisle, so be it. Let's gather the votes, and let's do it. But at the end of the day for that family and many in Maryland and Minnesota, that

is going to be the test of whether health care reform works. Will the costs start coming down? Will you have a fighting chance with the health insurance company when you really need protection? Will it pay for things that mean something to you, such as maintaining a person on diabetes prevention and wellness? Will it start bringing more people into the protection of health insurance so, as Senator CARDIN said, we all are not paying for those who show up as charity cases at the hospital? Those are the bottom-line questions.

I thank the Senator for raising this because I think this goes to the heart of this health care debate.

Mr. CARDIN. A little earlier, I read into the record several letters I received from Marylanders. That was a sampling. I received a lot more. But it just points out—a letter from a Marylander who was denied full coverage, not only for himself but his two children, for preexisting conditions that didn't even exist, frankly—they didn't exist—but the insurance company was in a position where they could write a policy the way they wanted to write it, and this person in Maryland had no choice. There was no other insurance company that person could get. There was no competition there. We need to do something about that. We need to make it clear. I agree with the Senator, if it takes 10 pages or 100 pages or 1,000 pages, we have to make it clear that insurance companies cannot do those types of practices against people in this Nation. They cannot underwrite based upon preexisting conditions.

It seems as though insurance companies want to write insurance policies where no one can make claims. We buy insurance to protect us. Insurance needs to be there. That is one of the reasons we eliminate caps. Insurance should be there to give you the coverage when you need it. If that family needs that medicine to keep that child alive, that is why you have insurance. Insurance should cover that. If it takes 1,000 pages, let's make sure we get it right to protect the people in this Nation.

Ms. KLOBUCHAR. If the Senator will yield, I was thinking, as the Senator from Illinois was talking about the number of pages in bills, when we were in the middle of this country's worst economic crisis since the Depression under the Bush administration and people were trying to figure out what to do, if you remember, the administration came forward with a bill that gave nearly \$1 trillion out to banks, and it was something like 25 pages long, if I remember. I think the people in this country said: Hey, wait a minute, this is a major issue; 25 pages or 10 pages or 3 pages or 100 pages is not enough.

We are dealing with an incredibly complicated issue—with insurance companies that have been running this show for so long. The fact that we are going to spend some time on this bill, as the Senator from Illinois has pointed out—and the Senate bill is not even

done yet. We are still working on this, we are still bringing through these consumer reforms and that which is going to be good for the people of America.

I really am a little tired of hearing about the number of pages. As I said, I think there are 3 numbers that matter here: 6, 12 and 24. Mr. President, \$6,000 is what an average family paid 10 years ago—\$6,000. Now an average family pays \$12,000. What are you going to pay 10 years from now? What are you going to pay if nothing is done here—just keep going the way we are going, with the cost, the waste in the system, the Medicare fraud, and all these things that should not be going on? Mr. President, \$24,000 is what the average family is going to pay. We need to start bringing those costs down, and the only way we take on these companies that have been putting in place these rules that say if a baby is 4 months old and happened to weigh 17 pounds, just a little underweight, you can't get insurance, and his family's insurance company—the only way we are going to help by taking them on, and I don't care how many pages it takes.

Mr. CARDIN. I thank my colleagues, Senator KLOBUCHAR from Minnesota, Senator KAUFMAN from Delaware, and Senator DURBIN from Illinois, for their comments and for their passion on this issue. This is an issue we have to get right for middle-income families in America. They are the ones hurting. They are the ones who cannot afford this current system. They are the ones falling further and further behind every year. These are the ones—subject to the discriminatory practices of private insurance companies—we have a responsibility to protect. These are the ones paying the hidden tax for people who do not have health insurance, many of whom can afford health insurance but choose not to get it. It is our responsibility to act on behalf of middle-income families in America to make sure we have the health care system that is affordable and is available to every person in this country.

What we are doing is to bring down the cost of health care, to make sure we have affordable care for every person, every American, and do it in a fiscally responsible way. I urge my colleagues to make sure we take advantage of this opportunity. Let's make sure we get health care reform done, and done as soon as possible.

I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Ms. KLOBUCHAR. Mr. President, I rise today to talk about extended unemployment benefits. I just received a call this afternoon from one of my State legislators in Minnesota who rep-

resents the Iron Range of Minnesota where my grandpa grew up and worked 1,500 feet underground in the mines in Ely, MN, never graduated from college, and saved money in a coffee can in the basement of his and my grandma's house to send my dad to college, and my dad and brother also worked in the mines.

It is tough times up in Ely, MN. Things go up and down, up and down in the iron ore business. Right now, they are in a downtime. There are some glimmers of hope out there. Some of the mines have started up again, but there is high unemployment up there, high unemployment in the double digits. That is why this is so important, as America has been trying to really pick itself up and get moving again after this economic crisis.

Someone once said that when Wall Street gets a cold, Main Street gets pneumonia. That is what we are still seeing across this country despite the glimmers of hope we see with the GDP, the good numbers there and some of the other good numbers with house sales going up. There are some positives going on in this country, there is no doubt about that. But there are still so many people looking for jobs. I think for every job out there, there are six unemployed people trying to find that job. I have gotten letters from people saying they have applied for hundreds of jobs, sent in their resumes.

That is why it is so important, while Wall Street is starting to do well again, to make sure we are protecting the people in this country who need their unemployment. In the past 125 days alone, over 185,000 Americans lost their unemployment benefits. Each passing day without an extension, more and more Americans are losing the last lifeline they have to keep their heads above water in this difficult economy.

One of the things I really like about the Senate bill—I see the Senator from Illinois is back. I thank him for his leadership, and Senator REID and Senator SHAHEEN and others who have worked on this issue. The Senate bill doesn't say: OK, only certain States are going to be able to get this extension of unemployment benefits. The Senate bill says what the people of my State say: The unemployment rate in Minnesota might be 7.3 percent right now, but in my house it is 100 percent, and I have been trying to find work over and over again.

I don't know what I would have said to the people of my State if I had to come home and say to them: Look, the people of Wisconsin are going to get their unemployment benefits extended, right across the border there, but the people of Minnesota are not.

We were glad to get Brett Favre from Wisconsin. That was a nice pickup. But it doesn't mean they get unemployment benefits and we don't. That is not a fair trade. So we are very glad the Senate bill takes care of States such as

Minnesota and so many other States such as Montana and others across this country.

I urge the Senate to pass this as quickly as possible in the name of all the people in my State and others who have been looking for work.

I will end with a letter I got from a woman named Barbara, from Mahtomedi, MN. She wrote:

My husband has been looking for a job since March and without unemployment to help us out I don't know what will happen. All of us [our kids] have been looking for steady employment for months. We drive old cars, we bought a house within our means that we have been fixing up slowly for ourselves for the past 22 years. We buy everything used or on sale. Please don't let [the people of our State] get left out in the cold [because it is starting to get cold and we need the unemployment until we find a job.]

I thank you for allowing me a few minutes to talk about this important bill pending before the Senate, and I urge the Senate to quickly adopt our unemployment bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois is recognized.

Mr. DURBIN. I thank the Senator from Minnesota because the story she tells are stories that are told in every State. How will we ever explain to people who are struggling from day to day to feed their families while they look for a job why it took us 26, 27, 28 days to extend unemployment benefits in the Senate? Because, on the other side of the aisle there was objection because Senators had ideas of amendments they wanted to offer.

Well, there are plenty of bills for ideas. This was a bill that was providing necessities of life for a lot of people even in their own States. I am glad that it appears we are finally going to move to it tomorrow, 4 weeks after we started the extension of unemployment benefits.

I do not understand how you can be for family values and not stand up for these families when they are facing the toughest challenges in life.

I thank the Senator from Minnesota for her comments.

I ask unanimous consent that on Wednesday, November 4, following a period of morning business, the Senate resume consideration of H.R. 3548, and all postcloture time be considered expired, all amendments to the substitute and bill be withdrawn, no further amendments be in order, and the substitute amendment be agreed to, and the motion to reconsider be laid upon the table; that the Senate then have general debate until 12:15 p.m., with the time equally controlled between the leaders or their designees, the Senate proceed to vote on the motion to invoke cloture on H.R. 3548; and that if cloture is invoked, the postcloture time be considered to have begun running as if cloture had been invoked at 11:45 p.m., Tuesday, November 3.

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

MORNING BUSINESS

Mr. DURBIN. I ask unanimous consent that the Senate proceed to a period of morning business with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER (Mr. UDALL of Colorado.) Without objection, it is so ordered.

REMEMBERING CHARLIE FRIAS

Mr. REID. Mr. President, I rise today to honor Charlie Frias for his positive work in Nevada. For almost five decades Charlie and his wife Phyllis have worked to make Nevada a better place. Whether through their business endeavors or their philanthropy, the Friases have sought to improve their community and make life a little easier for their fellow Nevadans.

Charlie Frias was born in San Antonio, TX, in 1922. As a young man, he worked with his father and grandmother as a delivery boy in the family business. He graduated from Breckenridge High School and then joined the Navy. After being honorably discharged, he returned to San Antonio, TX, and married his wife Phyllis. In 1958, the couple moved to Las Vegas, NV, with little if any resources.

Upon arriving in Las Vegas, Charlie took a job as a taxicab driver with ABC Union Cab Company. He worked diligently for this company that he would come to own by 1962. Charlie quickly acquired three more cab companies and opened the first taxicab service in Mesquite, NV, the Virgin Valley Cab Company. He later went on to further expand into the limousine business by adding Airline Limousine and Las Vegas Limousine to his holdings. At the time of his passing in 2006, Charlie had enjoyed over 40 years of success in the transportation field as well as other business activities.

Mr. Frias's wife, Phyllis, has not played the role of spectator over the years. A constant partner in her husband's entrepreneurial efforts, Phyllis has recently displayed her own business talents through the completion of A Cowboy's Dream Bed and Breakfast in Alamo, NV. I have no doubt that Phyllis' luxury resort will help stimulate Nevada's economy during our period of recovery.

Over the years Charlie and Phyllis did not consign themselves to a profit-driven life. Rather, they have shown a humanitarian spirit and have displayed this by giving back to the people of Clark County and all Nevada. Mr. and Mrs. Frias have sent school bands to participate in events in Washington, DC, purchased buses for Virgin Valley High School, and provided apparel for local high school athletics. One of Charles and Phyllis Frias' greatest beliefs is for every child to have the opportunity to obtain a quality education. Over the years, the Friases established scholarships and funded other programs for students in the education

system, subsequently making it possible for many children to attend college. They established the Phyllis Frias Environmental Studies Scholarship at the University of Nevada, Las Vegas. They have not limited their generosity to education, but have also donated to other cultural and community organizations such as the Mesquite Arts Council, Spring Valley Little League, American Lung Association, Las Vegas Rescue Mission, the Clark County Firefighters Christmas Fund, and many others.

The valiant Mother Teresa once said, "Let us not be satisfied with just giving money. Money is not enough, money can be got, but they need your hearts to love them. So, spread your love everywhere you go." It is safe to say that Charlie and Phyllis Frias have displayed this ideal through their actions. They have devoted their time, energy, love and resources to helping Nevada's kids get a quality education and a better life. For me Charlie Frias stands for the independent spirit of Las Vegas and the west. He is in my Hall of Fame.

I know that A Cowboy's Dream Bed and Breakfast will have a future as bright as the neon Vegas Vic cowboy sign. I salute the Friases for their service to the people of our great State and I wish Phyllis the very best now that Charlie is gone.

HONORING OUR ARMED FORCES

SERGEANT DALE R. GRIFFIN

Mr. BAYH. Mr. President, I rise today with a heavy heart to honor the life of SGT Dale Russel Griffin from Terre Haute, IN. Dale was 29 years old when he lost his life on October 27, from injuries sustained during a roadside bomb attack in Arghandab Valley, Afghanistan. He was a member of the 1st Battalion, 17th Infantry Regiment, 2nd Infantry Division, Fort Lewis WA. Dale was serving as part of operation Enduring Freedom.

Today, I join Dale's family and friends in mourning his death. Dale will forever be remembered as a loving son, and friend to many. Dale is survived by his parents, Dona and Gene, and a host of other friends and relatives.

Prior to entering the service, Dale graduated from Terre Haute South Vigo High School in 1999 where he was an accomplished wrestler gaining All-State recognition. He would later lead the Virginia Military Institute to a fourth place finish in the All-Academy Wrestling Championships in 2000, in which he was named the Tournament's Outstanding Wrestler.

While we struggle to express our sorrow over this loss, we can take pride in the example Dale set as both a soldier and son. Today and always, he will be remembered by family, friends and fellow Hoosiers as a true American hero, and we cherish the legacy of his service and his life.

As I search for words to do justice to this valiant fallen soldier, I recall

President Abraham Lincoln's words as he addressed the families of soldiers who died at Gettysburg: "We cannot dedicate, we cannot consecrate, we cannot hallow this ground. The brave men, living and dead, who struggled here, have consecrated it, far above our poor power to add or detract. The world will little note nor long remember what we say here, but it can never forget what they did here." This statement is just as true today as it was nearly 150 years ago, as we can take some measure of solace in knowing that Dale's heroism and memory will outlive the record of the words here spoken.

It is my sad duty to enter the name of Dale R. Griffin in the official record of the U.S. Senate for his service to this country and for his profound commitment to freedom, democracy and peace. I pray that Dale's family can find comfort in the words of the prophet Isaiah who said, "He will swallow up death in victory; and the Lord God will wipe away tears from off all faces."

May God grant strength and peace to those who mourn, and may God be with all of you, as I know He is with Dale.

TRIBUTE TO JAY FETCHER

Mr. UDALL of Colorado. Mr. President, I want to take this opportunity to recognize a true champion of land protection who also happens to be a member of my staff, Mr. Jay Fetcher.

Jay, who owns a ranch near Steamboat Spring, CO, and who is my northwestern Colorado field director, has been selected by a land preservation group called Colorado Open Lands as the recipient of their 2009 George E. Cramner Award. Every year since 1992, Colorado Open Lands has bestowed this award on someone who has distinguished themselves in open space preservation. According to Colorado Open Lands, recipients of this award are individuals who have gone above and beyond what others have done to preserve and protect open spaces and often achieve these goals through determination and passion for the land. They leave behind a legacy that will be valued and enjoyed for generations. Jay is just such a person, and he is indeed deserving of this prestigious award.

As highlighted in the Colorado Open Lands newsletter announcing this award, Jay's ties to Colorado agriculture and conservation run deep. He grew up on the family ranch, and after receiving a degree in Animal Science from the University of Wyoming, he returned to his family's ranch to take over the operation. In 1980, he received a master's degree in genetics from Colorado State University.

In 1994, the Fetchers decided that they wanted their land near Steamboat Springs to be a ranch forever and to be able to pass it on to their children. After creating their ranch's conservation easement, Jay went to the board of the Colorado Cattlemen's Association and suggested it start a land trust.