The problem is, by doing so, these preset rates overstate the actual cost of providing care by 30 percent. We pay more than it costs to provide care by about 30 percent, in many cases. These overpayments also clearly promote inefficiencies in Medicare. Also, these payments have not been proven to increase the quality of care seniors receive. In the estimate I saw, about half the Medicare Advantage plans have care coordination and half don't. Half are no better than ordinary fee-for-service plans. Because of this broken, irrational payment system, some plans receive more than $200 per enrollee per month and others receive about $36 per enrollee per month.

Again, the payment rates are set by statute, relating to fee for service in the area. It is broken. It doesn't make sense. It causes great dislocations and differences in the payment rates. Frankly, under this broken system, all beneficiaries are not receiving the same care. I believe all beneficiaries should be able to have access to the best care, not just those who happen to live in States with high payment rates.

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

Mr. BAUCUS. Madam President, I ask unanimous consent to continue for an additional 5 minutes.

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

Mr. BAUCUS. Madam President, I have said these Medicare Advantage plans are overpaid. Nobody disagrees with that. They are overpaid. The Senator from Oklahoma, Mr. COBURN, when I asked him a few days ago if he thought they were overpaid, said: Yes, they are overpaid. The MedPAC advisory board tells us: Yes, they are overpaid.

Here is a statement made by Tom Scully, former Administrator of the Center for Medicare and Medicaid Services:

I think Congress should take some of it away. There's been huge over-funding.

There are lots of other citations from Wall Street analysts and others in the industry saying clearly the Medicare Advantage plans are overpaid. Frankly, we, in Congress, put a statutory provision in law that has caused this overpayment. Clearly, we should fix it.

In addition, something that is pretty alarming is, according to a study I saw, only about 14 cents on the dollar of extra payments to Medicare Advantage plans goes to beneficiaries—only 14 cents—which means 86 cents on the dollar goes to the company, not to the beneficiaries, not to the enrollees but to the companies—''the companies'' meaning the officers, directors, administrative costs, marketing costs, rate of return. It is to the company, any ordinary, garden variety company. Therefore, it behooves us to find a better way to pay Medicare Advantage companies so it is efficient, there is not waste, and payments go primarily to enrollees, to beneficiaries.

How do we do that? This legislation moves away from the current archaic system which sets statutory amounts in effect. Rather, we say, OK, why not have these companies bid? Let them compete based on costs in their regions. One region of the country is different from another region of the country. We are going to say what is fair here to get rid of a lot of waste and overpayments is provide that Medicare Advantage plans can compete in their area based on cost.

The plan will be paid the average bids that are based on competition in the area. We, the authors of this bill, think that is a far better way of paying for Medicare Advantage.

Will that reduce payments to beneficiaries? Certainly no. All guaranteed benefits are guaranteed in this legislation. In fact, I am going to check up on another statistic. I heard somewhere under this legislation there will be an increase of enrollees—not a decrease, an increase of enrollees. I am going to track that down because I want to be sure I am accurate.

I will conclude. I want to talk more about this issue later. There may be a separate amendment on this subject offered on our side. By and large, it is wrong to continue a current system that dramatically overpays and where 86 percent of the overpayment goes to the company and only 14 cents goes to the beneficiaries. We have to come up with a fair way of paying Medicare Advantage. I think a fair way is to have the companies competitively bid based on cost in their areas. That way they are going to get reimbursed at a level that is relevant to their area, and it is also relative to the cost they incur when they run their plans. I will have more to say about that later.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:34 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. FRANKEN).

SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009—Resumed

The PRESIDING OFFICER. The Senator from California is recognized.

Mrs. BOXER. Mr. President, I ask unanimous consent that the time between 2:15 p.m. and 4:15 p.m. be equally divided between the two leaders, or their designees, in alternating 30-minute blocks of time, with the majority controlling the first 30 minutes and the Republicans controlling the second 30 minutes; further, that no amendments be in order during this time.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mrs. BOXER. Mr. President, since this is the 30 minutes of time for our side, I ask that I be recognized for 10 minutes, Senator MURRAY for 5 minutes, Senator LAUTENBERG for 5 minutes, Senator HARKIN for 5 minutes, and Senator CARDIN for 5 minutes.

We have many Members who wish to come and speak, and I would urge them to contact us. I will just take a minute to get my notes in order, so I suggest the absence of a quorum, and the time should be taken off our time.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mrs. BOXER. Mr. President, we are in the middle of a very important debate about whether we are going to move forward and make sure our people in America have health care. That is what it is about. I am going to throw out a few numbers that are always on my mind as I talk about this issue. One of them is 14,000. Every day, 14,000 Americans lose their health insurance. It is not because they did anything wrong. A lot of times it is just because they get sick and their insurance company walks away from them or they may reach the limit of their coverage, which they didn't realize they had, and they are done for. They could lose their job and suddenly they can't afford to pay the full brunt of their premium. They could get sick and then all of a sudden are now branded with a PC—and that is not a personal computer, it is a preexisting condition—and they can't get health care.

So we are in trouble in this country, with 14,000 Americans a day losing their health care, and a lot of them are working Americans. As a matter of fact, most of them are working Americans. Sometimes a child, for example, will reach the age where they can no longer be covered through their parents' plan, and the child might have had asthma. When they go to the doctor, they beg the doctor not to say they have asthma. I have doctors writing to me saying that parents are begging them: Please, don't write down that my child has asthma; say she has bronchitis because when she goes off my medical plan, she is going to be branded with a preexisting condition. So 14,000 Americans a day, remember that number.

Then, Mr. President, 66 percent, that is the percentage—66 percent—of all bankruptcies that are due to a health care crisis. People are going bankrupt not because they didn't manage their money well or they didn't work hard and save but because they are hit with a health care crisis and either they had no insurance or the insurance refused them. The stories that come across my desk, as I am sure yours, are very heartbreaking. So people are going bankrupt. They lose their dignity, they lose everything because of a health care crisis.

Yesterday, I brought up a couple of numbers—29 out of 30 industrialized nations. That is where we stand on infant mortality. We are not doing very well. It is no wonder; more than 50 percent of the women in this Nation are not seeking health care when they should. They are putting it off or they are never getting it. No wonder we don't do well with infant mortality.

Now, why don't women do this? Because they either don't have insurance or they do not have good enough insurance or they can't afford the copay or they are fearful. They are fearful that maybe if they go this time, the insurance company will say: No more.

We rank 24 out of 30 industrialized nations for life expectancy. My constituents are shocked to hear that. They are shocked at the infant mortality ranking, and they are shocked at the life expectancy ranking. I have heard my Republican friends try to rationalize this: Well, it is because our population is diverse—and all the rest. This is the most powerful, richest Nation on Earth. There is no reason we have to be 24 out of 30 in terms of our life expectancy, especially when we know so much of our problem deals with about five diseases—diseases such as diabetes, which can be prevented and certainly treated.

The last number I will talk about is 45 percent. The average family in America, by 2016, if we do nothing, will be paying 45 percent of their income on premiums. Now, this is disastrous, and 2016 is around the corner by my calculations. So that means more and more of us will not be able to afford insurance, and we are going to show up at hospital emergency rooms. That costs a lot and the outcomes are bad and America will continue on this downward spiral in relation to our health care system.

Why do I take time to talk about this issue? It is because we need to keep our eye on the big picture, and the big picture is not a pretty picture for our people right now. The status quo is not benign, it is not neutral, it is cruel. Every one of us could wake up in the morning having lost a job and having no health care. So what we are doing is going to help every American, and I think one of the best things we do in the underlying bill is to make sure that health care premiums are affordable for everyone. That is the key, and we do it in a number of ways.

But, Mr. President, in the middle of all this, we have an amendment that would roll back the clock on women's rights. I am here to say, as I said last night—and I am happy to see other colleagues joining me—it is unacceptable to single out one group of people—namely the women of this country—and tell them they can't use their own private money to buy an insurance policy that covers the range of reproductive health care. Why are women being singled out? It is so unfair.

We have had a firewall in place for 30 years. It said this: No Federal funds can be used for abortion, but private funds can be used as long as abortion is legal, and it is. Roe v. Wade made it legal in the early stages of a pregnancy. Women have had that right.

Well, this amendment says there is one group of people we are going to treat differently. We are going to take one procedure, that only applies to them, and say they can't buy health insurance for that procedure—only if it is a separate rider, which everyone knows is unaffordable, impractical, and will not work.

I don't see any amendment saying to men that if they want to have a procedure that relates to their reproductive health they can't use their own private money to buy coverage for it. No, it is not in there. We don't tell men, if they want to make sure they can buy insurance coverage through their pharmaceutical plan for Viagra, that they can't do it. No, we don't do that, and I wouldn't support that. It would be wrong. Well, it is wrong to single out women and to say to the women of this country that they can't use their own private funds to purchase insurance that covers the whole range of reproductive health care.

You have to look behind this amendment to understand how pernicious it really is. I have five male colleagues on the other side of the aisle who were on the Senate floor for at least an hour or so talking about this amendment, and one thing about each and every one of them, they want to make abortion illegal. There is no question about it. They want to take away a woman's right to choose, even in the earliest stages of the pregnancy, even if it impacts her health, her ability to remain fertile, or her ability to avoid a very serious health issue such as a heart problem, a stroke. They do not want to have an exception for a woman's health. No question, that is what they want.

The PRESIDING OFFICER. The Senator's 10 minutes has expired.

Mrs. BOXER. I ask unanimous consent for an additional 30 seconds, and then I will turn to Senator LAUTENBERG.

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

Mrs. BOXER. So to sum up my part, the amendment that has been offered by Senators NELSON, HATCH, VITTER, BROWNBACK, et al., hurts women. It singles out one legal procedure and says: You know what. You can't use your own private funds to buy insurance so that in case you need to use it for that legal procedure, you can. So I hope we will vote it down.

I yield the floor, Mr. President, and note that Senator LAUTENBERG is here for 5 minutes. Oh, I am sorry. May I say that the order was Senator MURRAY for 5 minutes to be followed by Senator LAUTENBERG for 5.

The PRESIDING OFFICER. The Senator from Washington is recognized.

Mrs. MURRAY. Mr. President, I thank the Senator from California for her debate, for outlining the serious concerns we have, and I rise today not only in strong opposition to the Nelson amendment but in strong support of women's health care choices, which this amendment would eliminate.

Mr. President, we can't allow a bill that does so much for women and for families and for our businesses and for the future strength of this Nation to get bogged down in ideological politics because in every single sense of the word, health insurance reform is about choices—giving options to those who don't have them: options for better care or better quality, and insurance that is within reach. This bill was never supposed to be about taking away choices, and we cannot allow it to become that.

Mr. President, this bill already does so much for millions of women across America. Already so far, the Senate has passed Senator MIKULSKI's amendment to be sure that all women have access to quality preventive health care services, and that screenings, which are so critical to keeping women healthy, are available. This underlying bill will also help women by ending discrimination based on gender-rating or gender-biased preexisting conditions, on covering maternity care, preventive care and screenings, including mammograms and well-baby care, expanding access to coverage even if an employer doesn't cover it, and giving freedom to those who are forced to stay in abusive relationships because if they leave, they or their children could lose their coverage.

Mr. President, the amendment before us today would undermine those efforts and goes against the spirit and the goal of this underlying bill. All Americans should be allowed to choose a plan that allows for coverage of any legal health care service, no matter their income, and that, by the way, includes women. But if this amendment were to pass, it would be the first time that Federal law would restrict what individual private dollars can pay for in the private health insurance marketplace.

Let me repeat that: If this amendment were to pass, it would be the first time that Federal law would restrict what individual private dollars can pay for in the private health insurance marketplace.

Now, the opponents of this bill have taken to the floor day in and day out for months arguing that this bill takes away choice. This bill doesn't take away choice, Mr. President, but this amendment sure does. This amendment stipulates that any health plan receiving any funds under this legislation cannot cover abortion care, even if such coverage is paid for using the private premiums that health plans receive directly from individuals.

Simply put, the amendment says if a health plan wants to offer coverage to individuals who receive affordability credits—no matter how small—that coverage cannot include abortion.

In this way, the amendment doesn't only restrict Federal funds, it restricts

private funds. It doesn't just affect those receiving some amount of affordability credits, it also impacts people who are paying the entire cost of coverage but who just happen to purchase the same health plan as those with affordability credits.

The bottom line: This amendment would be taking away options and choices for American women.

There is no question this amendment goes much further than current law, no matter what our colleagues on the other side contend. Current law restricts public funds from paying for abortion except in cases of rape or incest or where the woman's life is in danger. The existing bill before us represents a genuine compromise. It prohibits Federal funding of abortion, other than the exceptions I just mentioned, but it also allows women to pay for coverage with their own private funds. It maintains current law; it doesn't roll it back.

This amendment now before us would be an unprecedented restriction on women's health choices and coverage. Health insurance reform should be a giant step forward for the health and economic stability of all Americans. This amendment would be a giant step backward for women's health and women's rights. Women already pay higher costs for health care. We should not be forced into limited choices as well.

We are standing on the floor today having a debate about a broken health insurance system. It is broken for women who are denied coverage or charged more for preexisting conditions such as pregnancy or C-sections or domestic violence. It is broken when insurance companies charge women of childbearing age more than men but don't cover maternity care or only offer it for hefty additional premiums.

The status quo is not working. Women and their families need health insurance reform that gives them options, doesn't take them away.

I urge my colleagues to stand up for real reform. Reject this shortsighted amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, I ask unanimous consent to amend the previous order to give Senator LAUTENBERG 8 minutes, myself 2 minutes, and Senator CARDIN 5 minutes.

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

The Senator from New Jersey.

Mr. LAUTENBERG. Mr. President, throughout my service in the Senate, I have been a strong supporter for health care reform. But we can't allow reform to be used as an excuse to roll back women's rights that they have had for almost half a century. That is why I strongly oppose the amendment offered by my friend, the Senator from Nebraska. I think he is wrong.

What this amendment does is remove a woman's right to make her own decision, as a practical matter. It is to prohibit any of the health plans on the exchange from covering abortion. It will ban coverage even for women who don't get a dime in Federal subsidy.

Women's reproductive rights are always being challenged here in Congress. What about men's reproductive rights? Let's turn the tables for a moment. What if we were to vote on a Viagra amendment restricting coverage for male reproductive services? The same rules would apply for Viagra as being proposed for abortion. Of course, that means no health plan on the exchange would cover Viagra availability. How popular would that demand be around here? I understand that abortion and drugs such as Viagra present different issues, but there is a fundamental principle that is the same: restricting access to reproductive health services for one gender. This amendment is exclusively directed at a woman's right to decide for herself. It doesn't dare to challenge men's personal decisions.

I have the good fortune of being a father of three daughters and grandfather of six granddaughters. I am deeply concerned by the precedent this amendment would set. I don't want politicians making decisions for my daughters or my granddaughters when it comes to their health and well-being, but that is exactly what this amendment does.

Nothing made me happier than when any of my daughters announced a pregnancy. I watched them grow and prosper in their health and well-being, as they were carrying that child. I was fully prepared to support a decision she might make for the best health of that new baby and protecting her health to be able to offer her love and care for a new child, as I saw in my years.

I don't want to stand here and think that somebody is going to make a decision in this room that affects what my granddaughters or my daughters have to think about. If they want to restrict themselves, let them do it. But how can we stand here and permit this to take place when we are trying to make people healthier and better informed? This amendment wants to take away that right.

Right now, the majority of private health insurance plans do offer abortion coverage. This amendment would force private health insurance companies to abandon those policies, eliminate services, and limit a woman's options. The amendment does not, contrary to statements being made here on the floor, simply preserve the Hyde language that has been in place for more than three decades. Make no mistake, this amendment goes well beyond the concept of limiting Federal funds from paying for abortion. This amendment would make it impossible for a woman who pays for her premiums out of her own pocket to purchase a private health plan that offers her the right to choose what is best for her, for her health, and her family's well-being.

We have been working hard for a long time to eliminate discrimination against women in our current health care system. Right now, our health care bill takes a balanced approach to abortion coverage. It preserves existing Federal law. Women have fought since this Nation's founding to have full rights under the law, including suffrage, including many other things. Unfortunately, this amendment would force them to take a step backward. I don't want to see it happen.

I urge my colleagues, please, use your judgment, make your own choices about your own family. Make your decisions as to what you would recommend to a daughter or a wife. But for God's sake, let the woman choose what is best for her.

I urge my colleagues to vote against the amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, I rise in strong opposition to the Nelson-Hatch amendment. Let me start by saying that I support a woman's right of choice as a constitutionally affirmed right. I understand how difficult and divisive this issue is. That is why the underlying bill we have before us carries out the compromise that has already been reached between pro-choice and pro-life supporters. It represents maintaining the prohibition on Federal funds for abortion but allows a woman to pay for abortion coverage through use of her own funds. That is current law, and that is what the underlying bill makes sure we continue.

Many of us believe the health care debate is critically important. It is also controversial. Let's not bring the abortion issue into the bill. The Nelson-Hatch amendment would go beyond that. It would restrict a woman's ability to use her own funds for coverage to pay for abortions. It blocks a woman from using her personal funds to purchase insurance plans with abortion coverage. If enacted, for the first time in Federal law, this amendment would restrict what individual private dollars can pay for in the private insurance marketplace.

When you look at those who are supporting this amendment, you can't help but have some concern that this amendment is being offered as a way to derail and defeat the health care reform bill. Most of the people who are going to be supporting the amendment will vote in opposition to the bill. It is quite clear that the Senate health reform bill already includes language banning Federal funds for abortion services. So supporters of this bill are not satisfied with the current funding ban; they are trying to use this to move the equation further in an effort to defeat the bill. This is really wrong as it relates to women in America.

I am outraged at the suggestion that women who want an abortion should be able to purchase a separate rider to cover them. Why would we expect this overwhelmingly male Senate to expect women to shop for a supplemental plan

in anticipation of an unintended pregnancy or a pregnancy with health complications? Who plans for that? The whole point of health insurance is to protect against unexpected incidents.

Currently, there are five States—Idaho, Kentucky, Oklahoma, Missouri, and North Dakota—that only allow abortion coverage through riders. Guess what. The individual market does not accept this type of policy. It doesn't exist.

Abortion riders severely undermine patient privacy, as a woman would be placed in a position of having to tell her employer or insurer and, in many cases, their husband's employer that they anticipate terminating a pregnancy.

Also, requiring women to spend additional money to have comprehensive health care coverage is discriminatory. We don't do that for services that affect men's reproductive rights.

I hear frequently from my friends on the other side of the aisle that the statements we make; that is, those who support the underlying bill—that this allows individuals who currently have insurance to be able to maintain their insurance builds on what is good in our health care system. This amendment takes away rights people already have. So if you have insurance today as an individual that covers abortion services, if this amendment were adopted, you will not be able to get that. So we are denying people the ability to maintain their own current insurance, if this amendment were adopted.

It is the wrong amendment. The policy is wrong. But clearly, on this bill it is wrong.

I urge my colleagues to accept the compromise reached on this bill. Many of us who would like to see us be more progressive in dealing with this issue and remove some of the discriminatory provisions in existing law understand we will have to wait for another day to do that. Let's not confuse the issue of health care reform. Let's defeat this amendment that would be discriminatory against women. That is wrong.

I urge my colleagues to reject the Nelson-Hatch amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, I thank Senators MURRAY, LAUTENBERG, and CARDIN for participating in our half hour of debate. Our block of time has almost expired. I would like to close the half hour by saying one word that I think is a beautiful word, and that word is ''fairness.'' ''Fairness'' is a beautiful word. It should always be the centerpiece of our work here. We should never single out one group of people as targets. We should treat people the same.

It has been very clearly stated that the Nelson-Hatch amendment, like the Stupak amendment in the House, singles out an area of reproductive health care that only impacts one group, and that is women. It says to women that they can't use their own private funds to buy coverage for the full range of reproductive health procedures. It doesn't say that to a man. It doesn't say to men: You can't use your own funds to cover the cost of a pharmaceutical product that you may want for your reproductive health. It doesn't say that they can't use their own private funds for a surgical procedure they may choose that is in the arsenal that they may choose for their own reproductive rights.

So we say to the men of this country: Look, we are not going to single out any procedure or any pharmaceutical product you may want to use for your reproductive health care. We are saying, if a private insurer offers it, you have the right to buy it. We are singling out women.

Again, let me say this as clearly as I can. We have had a firewall between the use of Federal funds and private funds. Senator REID has kept that firewall in place in the underlying bill. He keeps the status quo of the Hyde amendment. The group here who is coming on the floor continually—mostly men; I think so far all men; there may be some women who have spoken on their behalf, but I have not heard it—are basically saying: Forget the firewall. Forget it. Women, you cannot use your private funds, and government will tell you what you can or cannot do. I will tell you something. That is not what Uncle Sam should do. Uncle Sam should respect women, should respect men. I hope we defeat this amendment.

I yield the floor.

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

The Senator from Wyoming.

Mr. ENZI. Mr. President, I yield up to 10 minutes to the Senator from Arizona.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Mr. President, America's seniors have made clear they value the Medicare Advantage Program. They like their access to private plans, plan choices, lower cost sharing, and all the extra benefits not included in traditional Medicare, such as vision, dental, hearing, and the wellness programs that help them stay fit.

Before the Medicare Modernization Act of 2003, seniors had been decrying their lack of choices. We made sure, under the Medicare Modernization Act, that seniors would be assured health care choices, just as all of us here in the Congress enjoy.

Now that they have access to private coverage and enjoy more benefits and choices, seniors want us to make sure Medicare Advantage stays viable, and they are not happy about the proposed cuts in the majority leader's bill.

I have received more than 500 phone calls since November 1 from constituents who oppose the $120 billion Medicare Advantage cuts proposed by the majority's bill. They know you cannot cut $120 billion from a program without cutting its benefits. A lot of seniors in Arizona are asking, What happened to the President's repeated promise that if you like your insurance, you get to keep what you have? They do not like the idea that under this bill their benefits would be slashed by 64 percent, from $135 of value per month to $49 of value per month, which is exactly what the Congressional Budget Office projects would happen. They do not want the money they paid into Medicare going to fund a new government entitlement program for nonseniors. They are not satisfied with the majority's promise to protect ''guaranteed'' benefits. They want Members of Congress to be straight about our intentions and not engage in semantics. They want an unequivocal promise they will be able to keep exactly what they have now, just as the President promised.

Here is the problem. There is an earmark buried on page 894 of the legislation before us that suggests that senior citizens in Florida must have insisted on this exact kind of protection for their Medicare Advantage as well.

This provision, in section 3201(g), was specifically drafted at the request of the senior Senator from Florida to protect the benefits for at least 363,000 Medicare Advantage beneficiaries in Florida but very few anywhere else. Nothing in the bill grants the same protection that is granted to these senior citizens to those in my State or in the other States in which there are a lot of seniors who have the Medicare Advantage Program.

That is why I support the motion of my colleague, Senator MCCAIN, to commit this bill to the committee and return it without these—actually, what his bill does is to ensure that all seniors, whatever State they are in, enjoy the same grandfathering status as the senior citizens in Florida would have under the Nelson proposal.

The McCain motion to commit is straightforward. First of all, it would help the President keep his commitment that seniors get to keep their insurance if they like it. And it applies to all of America's seniors the same protection granted to Floridians, as I said. Isn't that what all seniors deserve, the security of knowing their current benefits are safe? If our Democratic colleagues are not willing to extend this protection to every Medicare Advantage beneficiary, then I cannot imagine how they can claim to be in favor of protecting Medicare.

I have been sharing letters that I have received from Arizona constituents describing what the Medicare Advantage Program means to them. I thought today I would share some excerpts from a few more of these letters.

A constituent in Surprise, AZ—I hope the Presiding Officer likes the name of that town: Surprise, AZ—just west of Phoenix, says:

I truly hope you will consider keeping the Medicare Advantage plans for seniors. I find the savings a must on my fixed income.

I appreciate the [high quality] doctor care on my MediSun Advantage plan. Prescriptions are included in the cost of my plan, providing further savings for me. Medicare Advantage has made a real difference in my life. Please don't let anything happen to this important program.

A constituent from Fountain Hills, AZ, writes:

I suffer from a specific type of amyotrophic lateral sclerosis, and rely on Medicare Advantage for all of my medical needs. I am asking that you do all that is in your power to protect and provide for the continued funding of this program. In Arizona, we have over 329,000 people who count on Medicare Advantage. Our lives would be devastated without it.

A constituent from Wickenburg, AZ, says:

Please don't let anything happen to my Medicare Advantage. I like my Medicare Advantage plan because I can choose my own doctor in my own town and also choose a specialist if I need one.

I can also get regular check-ups and don't have trouble getting to see the doctor. So, I ask that you don't let the government cut my Medicare Advantage.

A constituent from Mesa, AZ, says:

I am a senior citizen. I am becoming more and more concerned about President Obama's healthcare plans, and I am writing to tell you that I am happy with my Medicare Advantage plan. I request that you do all you can not to cut my benefits.

I have a fairly wide choice of doctors and specialists, who have always treated me with respect, given me the time I feel I need, and have given me excellent care.

I have a fitness benefit, which entitles me to the Silver Sneakers program at our local YMCA; two choices of a dental plan; a vision plan; plus many other options to maintain my level of health or to try to improve it.

Please, I beg you, do whatever you can to maintain our Medicare Advantage plan. Do NOT cut any of our benefits.

We know there are millions of seniors out there who absolutely depend on Medicare Advantage. Many have stories to tell about how this program has improved the quality of their life and their health. I urge my colleagues to support the McCain motion to commit to ensure that all of America's seniors, not just those in certain preferred counties, primarily located in the State of Florida, are grandfathered in these benefits.

Again, to make it very clear, Medicare Advantage benefits are cut by the $120 billion reduction in Medicare under the bill. The Senator from Florida found a way to grandfather the Medicare Advantage benefits for many of his constituents. What the McCain motion to commit does is to apply that same grandfathering to all seniors in all States so that none of the seniors who have Medicare Advantage today would lose any of the benefits they enjoy today.

It seems to me what is good for our senior citizens in Florida ought to be good for our senior citizens in Arizona or any other State in which they reside. I urge my colleagues to consider and to support the McCain motion to commit.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I yield up to 10 minutes to the Senator from Ohio, Mr. VOINOVICH.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. VOINOVICH. Mr. President, I want to spend a minute discussing the very emotional and divisive issue of abortion. I personally believe that all children, born or unborn, are a precious gift from God, and we have a moral responsibility to protect them. It grieves me to think that there have been more than 40 million abortions performed in this country since 1973.

I am pleased to support the Nelson amendment that would apply the longstanding Hyde amendment, which currently prohibits Federal funding to pay for abortion services except in cases of rape, incest, or to save the life of the mother, to the health care reform bill.

The issue of abortion is one that results in very strong emotions on both sides of this issue. Because of the concerns that millions of Americans have with using Federal taxpayer dollars for abortion, Congress enacted the Hyde amendment. As my colleagues know, the Hyde amendment has restricted Federal Medicaid dollars from paying for abortion services since 1977, and has been applied to all other federally funded health care programs, including the Federal Employees Health Benefits Program.

Think about that, this language has been in place since the Ford administration, and has survived through the administrations of Presidents Carter, Reagan, George H.W. Bush, Clinton, and George W. Bush. That is 33 years, and all of a sudden, my colleagues want to change our policy on Federal funding of abortion.

We shouldn't be making this type of sweeping policy change in the health care legislation, and the Nelson amendment is a necessary addition to the bill in order to protect our current policy and the unborn.

I understand that not everyone in this country agrees with my position on abortion, but I am deeply concerned about the possible implications of spending taxpayer dollars on abortions when the issue so deeply divides Americans on ethical grounds.

While as I have said, I don't agree with abortion and believe Roe v. Wade should be overturned, the Nelson amendment does not prohibit anyone from seeking an abortion, it does not overturn Roe v. Wade, and it does not place any new restrictions on access to abortions.

It simply ensures that the taxpayer dollars will not pay for services that cause such deep moral divisions in our Nation. I think it is notable that this amendment is one of the few bipartisan amendments that the Senate will consider as part of this debate.

I am pleased that a similar amendment in the House of Representatives passed with a convincing margin, and I urge my colleagues to support the Nelson-Hatch amendment before the Senate.

I yield the floor.

The PRESIDING OFFICER (Mr. UDALL of Colorado). The Senator from Wyoming.

Mr. ENZI. Mr. President, I yield up to 10 minutes to the Senator from Idaho, Mr. CRAPO.

Mr. CRAPO. Mr. President, I rise today to discuss the Medicare Advantage Program again. It is one that is facing nearly $120 billion in cuts under the Democratic health care bill.

Currently, there are nearly 11 million seniors enrolled in Medicare Advantage, which is about one out of every four seniors in the United States. In my home State of Idaho, that is about 60,000 people or 27 percent of all Medicare beneficiaries in the State.

Medicare Advantage is an extremely popular program. In fact, it is probably the most popular and fastest growing part of Medicare. A 2007 study reported high overall satisfaction with the Medicare Advantage Program. Eighty-four percent of the respondents said they were happy with their coverage, and 75 percent would recommend Medicare Advantage to their friends or family members.

But despite the popularity of the program, the massive cuts in the Reid bill will result in most seniors losing benefits or coverage or both under Medicare Advantage.

I have a chart in the Chamber which I have shown before. You cannot see the individual States too well on it from this distance at this size, but you can see the coloring on the United States in this chart.

If you live in a State that is red, deep red, or the pinkish color—which is almost every State in the Union—then you are going to see your benefits cut under Medicare Advantage under this bill.

Why am I bringing it up again? We have already had a vote on it. In fact, we have had two votes on it. The majority has insisted on keeping these cuts in the bill. The reason I am bringing it up again is because, as we have combed through this 2,074-page bill, we have found out there is a provision in the Reid bill that would protect Medicare Advantage benefits for some people in the United States, for just a few in this country.

During the Finance Committee markup, Senator BILL NELSON of Florida advocated on behalf of Medicare Advantage and the beneficiaries in his home State of Florida. Subsequently, during closed-door negotiations, the legislative language was added to protect those beneficiaries.

This is interesting because one of the responses to us, as we have tried to stop the imposition of these cuts to Medicare, has been this bill will not cut any Medicare benefits. Well, if not, then why does Florida need a special exemption for its citizens? If not, why not support the McCain amendment that would give the same protection to all Medicare Advantage beneficiaries that the bill gives to primarily just a few in Florida?

Specifically, section 3201(g) of the Reid bill, very deep in the bill on page 894, has a $5 billion provision drafted to prevent the drastic cuts in the Medicare Advantage Program from impacting those enrollees who reside primarily in three counties in Florida: Broward, Miami-Dade, and Palm Beach. It seems unfair that taxpayers would foot a $5 billion provision that provides protection for only some of the Medicare Advantage beneficiaries. It certainly proves there are cuts to Medicare Advantage benefits in this bill; again, benefits that one out of four beneficiaries in America receives—one of the fastest, if not the fastest, growing parts of Medicare. Instead of preferential treatment for some, why not extend these same protections for Medicare Advantage to all beneficiaries under Medicare? I know the 60,000 Medicare beneficiaries on Medicare Advantage in Idaho, my home State, want and deserve that same level of protection.

That is why I am here to support the McCain motion to commit, and that is what his motion to commit would accomplish, very plain and very simple.

The McCain motion would extend this grandfathering provision to all beneficiaries in the Medicare Advantage Program so all seniors in this popular and successful program could maintain that same level of benefits that today they enjoy under the current law. Every senior in the Medicare Advantage Program deserves to keep these critical extra benefits, which include things such as dental protection, vision coverage, preventive and wellness services, flu shots, and much more.

In fact, most people who are not on Medicare Advantage in the Medicare Program have to buy supplemental insurance to get access to this coverage. Those in Medicare Advantage, which is one of the reasons it is such a popular program, have the opportunity to get it through their Medicaid services. Why is Medicare Advantage so opposed? Well, some say it is because of the extra costs, except that the extra costs in Medicare Advantage are returned to the government or shared with the beneficiaries. I think the reason might be because Medicare Advantage is one part of the Medicare Program that we have successfully been able to turn over to the private markets for operation. Interestingly, when the private sector gets involved in administering this part of the Medicare Program, the Medicare beneficiaries get more benefits, and it becomes the most popular program in Medicare.

I know my colleague from Pennsylvania, Senator CASEY, has filed an amendment to protect the 864,000 Medicare Advantage beneficiaries in his home State, and I would expect strong bipartisan support for the McCain motion to commit, since I think every Senator representing their constituents in their State wants to see this kind of protection. At the end, the McCain motion to commit is simply an amendment that will protect nearly 11 million seniors today enrolled in the Medicare Advantage Program and help to keep the President's promise when he said if you like what you have, you can keep it. If this bill is not amended in the way it is being proposed to be amended by Senator MCCAIN's amendment, 11 million Americans are not going to be able to keep what they have in the Medicare Program, and that is just a start on the impact of what people in America are going to see under this legislation in terms of a reduction of their benefits and the quality of services they have access to.

I urge my colleagues to support this amendment, and I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. I yield myself the balance of the time.

AMENDMENT NO. 2962 TO AMENDMENT NO. 2786

Mr. President, I rise to speak in support of the Nelson amendment. We have been talking about the McCain amendment, which provides fairness for seniors who have Medicare Advantage so everybody across the country can have the same thing Florida is getting. But the critical amendment I wish to talk about is the Nelson amendment.

This amendment needs to be adopted if we truly want to prevent Federal dollars from being used to pay for abortions. I am asking my colleagues to support a Democratic amendment. This isn't a partisan issue; it is a human issue. Even if you are on the other side, I hope you can agree it is not right to force people to pay for a procedure they may find offensive to the core of their morality. This issue is very personal for many of us. It is for me.

When my wife Diana gave birth to our first child, Amy was 3 months premature. She weighed just 2 pounds and the doctor's advice was: Wait until morning and see if she lives. The doctors couldn't do anything to help this newborn baby. She survived the night.

The next day I took Amy to a hospital in Casper. An ambulance wasn't available so we went in a Thunderbird. It was in a huge blizzard, the same blizzard that prevented us to fly Amy to a hospital in Denver that specialized in that. But we took this car and went to the center of the State to the biggest hospital to get the best care we could find. We ran out of oxygen on the way because the snow slowed us. The highway patrol was looking for us, and they were looking for an ambulance. All along the way, we were watching every breath of that child.

We arrived at the hospital in Casper and put her in the care of doctors. There were several times when Diana and I went to the hospital and found her isolette with a shroud around it. We would knock on the window and the nurses would come and say: It is not looking good. We had to help her to breathe again or: Have you had your baby baptized? We did have Amy baptized a few minutes after birth, as she worked and struggled to live. Watching an infant fight with every fiber of her being, unquestionably showing the desire to live, even though they are only 6 months developed, is something that will show you the value of life. Amy survived and is now a teacher so gifted she teaches other teachers.

Amy's birth changed my whole outlook on life. It reminded me of the miracle of life and the respect we owe that miracle. The Reid bill, as it is currently, does not respect life. But the amendment before us will allow that respect to be given to every American who benefits from that bill.

On September 9, President Obama told a joint session of Congress: ''No Federal dollars will be used to fund abortions.'' I agree. No Federal dollars should ever be used to pay for abortions. To do otherwise would compel millions of taxpayers to pay for abortion procedures they oppose on moral or ethical grounds. Unfortunately, the Reid bill fails to meet that standard set by the President. Section 1303 of the bill provides the Secretary the authority to mandate and fund abortions.

Some have questioned exactly how this bill funds abortions. It is quite simple. The bill funds abortions through the government-run insurance option and through subsidies to individuals to help pay for the cost of private insurance. Both of these options are funded with Federal dollars. Under the community health insurance option, also known as the government-run plan, the Secretary of Health and Human Services could allow the plan to cover abortions. In addition, the new tax subsidies in the bill could also go to private plans that cover abortions. In both these cases, Federal subsidies would be paid to plans that cover abortion.

The Reid bill attempts to use budget gimmicks so its sponsors can argue that Federal funds will not pay for abortions. As the accountant in the Senate, I am not fooled by these gimmicks and neither should anyone else be. If the Reid bill is passed, Federal dollars will be used to pay for abortions.

Money is fungible. That is an interesting word. It means Federal dollars paid into a health plan could be shifted across accounts. We don't have a good accounting system for that. It can replace other spending and those dollars could then go to pay for abortions. There is no way to absolutely prevent Federal dollars from paying for abortions once they are paid to plans that cover abortions.

That is why Federal laws for the last 30 years have explicitly prohibited Federal funding going to such plans. That is right. It is already Federal law, although it comes in, in the appropriations bill, on an annual basis. Federal law currently prohibits funds going to pay for abortions under the Medicaid Program, under FEHBP—that is the program where we get our health insurance; it is the one that provides all the

health insurance for all Federal employees, the same choices of plans—and the TRICARE Program, which is for all our Active military and their families.

Current law recognizes the only way to actually prevent Federal funds from being used to pay for abortion is to offer the coverage of abortion in separate insurance plans and collect separate premiums to pay for that plan. This is what States who want to cover abortion for their Medicaid populations already do. As I said earlier, Medicaid is prohibited from using Federal dollars to pay for abortions. As a result, States set up separate plans and collect non-Federal dollars in separate accounts to pay for those services.

If anyone has any doubts about the impact of the Reid bill, I would point them to the comments made by the senior staff at the U.S. Conference of Catholic Bishops. The associate director, Richard Doerflinger, recently described the Reid bill as ''completely unacceptable'' and said it was the worst health reform bill they had seen so far on life issues.

It is probably worth it to note that the bishops have been longtime supporters of health care reform and covering the uninsured. Similarly, National Right to Life said the Reid bill ''seeks to cover elective abortions in two big new Federal health programs, but tries to conceal that unpopular reality with layers of contrived definitions and hollow bookkeeping requirements.''

There has also been some misinformation out there regarding this amendment, and I wish to take a minute to clear up a couple arguments used against the Nelson amendment. First, it does not prohibit individuals from purchasing abortion coverage with their own private dollars. When similar arguments were made during the House debate on the Stupak language, PolitiFact, a Pulitzer Prize-winning, fact-checking organization, concluded that such statements were false. The Nelson amendment only prohibits Federal funds from subsidizing those plans.

Some have argued the Nelson amendment could cause individuals to lose the abortion coverage they currently receive from their current health insurance plans. That also isn't accurate. I would urge everyone to read section 1251 of the bill. Section 1251 says, clearly and unequivocally, that:

> Nothing in this act or an amendment made to this act shall be construed to require that an individual terminate coverage under a group health plan or health insurance coverage in which such individual was enrolled at the date of the enactment of this act.

According to the sponsors of this bill, this section protects the ability of persons with existing insurance coverage to keep that same coverage. If section 1251 works as its authors describe it, this bill should make no changes to existing insurance plans that cover abortion and should allow individuals to keep the plans they have.

Some have also said this amendment would ban abortion procedures. That, too, is false. The amendment does not ban abortions; it simply prohibits Federal dollars from paying for abortions, which is consistent with the current law.

Many of my Democratic colleagues have argued during the debate that the health care we provide under this bill should be as good as the coverage given to Senators. If they believe that, they should all support applying the same rules regarding abortion coverage that apply to our own health plans. Federal employees' plans are prohibited from covering abortion—all Federal employees, not just Senators.

I will work hard to see that taxpayers are not compelled to fund abortion services. I believe those of us in elected office have a duty to work to safeguard the sanctity of human life, since the right to life was specifically named in the Declaration of Independence. By safeguarding our right to life, our government fulfills the most fundamental duty to the American people. When that right is violated, we violate our sacred trust with our Nation's citizens and the legacy we leave to future generations.

Regardless of what some people think, God doesn't make junk. He makes people in a variety of sizes, shapes, and abilities, and disabilities. There is a purpose even if we cannot understand it. I like the sign just outside Gillette. It says: ''If it's not a baby, you're not pregnant.''

I don't believe Federal funding should be used to pay for abortions, and I will work to ensure that it doesn't happen under this bill. I will vote in support of the Nelson amendment and encourage my colleagues to do the same to protect life and respect the miracle of life that I witnessed with the birth of my daughter Amy.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from California is recognized.

Mrs. BOXER. Mr. President, I ask unanimous consent for the following order: Boxer, 1 minute; Durbin, 5 minutes; Stabenow, 5 minutes; Shaheen, 5 minutes; Dodd, 5 minutes; Menendez, 5 minutes; and Baucus, 4 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mrs. BOXER. Mr. President, I gave birth to two beautiful children, and I am proud to say that I have now four grandchildren—the light of my life. I am just here to say as a mother, as a grandmother, and as a Senator from California that I trust the women of this country. I don't want to tell the women of this country—or tell anybody else anything like this—that they can't buy insurance with their own private money to cover their whole range of legal reproductive health care. We don't do that to the men. We don't say they can't get any surgery if they might need it for their reproductive health care. We don't tell them they can't get certain drugs, under a pharmaceutical benefit, they may need for their reproductive health care. Imagine if the men in this Chamber had to fill out a form and get a rider for Viagra or Cialis and it was public. Forget about it. There would be a rage in this Chamber.

We are just saying treat women fairly. Treat women the same way you treat men. Let them have access to the full range of legal reproductive health care. That is all we are saying. Vote no on this amendment, the Nelson-Hatch amendment, because HARRY REID takes care of the firewall between private funds and Federal funds. We keep that firewall.

Is it OK if Senator DURBIN goes after Senator STABENOW?

Mr. DURBIN. Yes.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

Ms. STABENOW. Mr. President, first, I thank the Senator from California for her passionate advocacy and standing up for all of us, the women of this country. She is a mom, as she said. I, too, am a mom. As hard as it is for me to believe, I am also a grandmother with wonderful 2-year-old Lily and a little grandson Walter, who was born on his daddy's—my son's—birthday in August. Obviously, they are the light of my life, as well.

One of the reasons I feel so passionate about the broader bill on health care reform is that this is about extending coverage to babies so they can be born healthy, and about prenatal care; it is about making sure that in the new insurance exchange we have basic coverage for maternity care. I was shocked to learn that 60 percent of the insurance policies offered right now in the individual market don't offer maternity care as basic care. We happen to think that is incredibly important. We are 29th in the world in the number of babies—below Third World countries—that survive the first year of life. This health care reform bill is about making sure we have healthy babies, healthy moms, and it is about saving lives and moving forward in a way that is positive, expanding coverage, not taking away important coverage for women who, frankly, find themselves in a crisis situation.

That is what we are doing, unfortunately, through the Nelson-Hatch amendment. I have great respect for both of my colleagues who have offered this amendment, and for others who feel deeply about this issue. In the bill that has come before us, I think we respect all sides and keep in place the longstanding ban on Federal funding for abortion services, and no one is objecting to that. No one is trying to change that.

As my friends have said, this is about whether we cross that line into private insurance coverage—whether we say to a woman, to a family: You are going to have to decide whether, when you have a child and you are having a crisis in the third trimester and might need

some kind of crisis abortion services—whether you are going to find yourself in a situation where you are going to need abortion services, and you are going to have to publicly indicate that and buy a rider on insurance because you can't use your own money to buy an insurance policy.

Here is what we know now. We know five States have riders right now—Idaho, Kentucky, Oklahoma, Missouri, and North Dakota. There is no evidence there are any riders available in the individual market. So even though, technically, they say you can buy additional coverage, it is not offered or available. We are told by the insurance carriers that, in fact, it probably will not be available.

We all know what this is about. This is about effectively banning abortion services coverage in the new insurance exchange we are setting up, which could, in fact, have a broader implication of eliminating the coverage for health plans outside the exchanges. So that is what this is about, which is why it is so important.

Again, we are agreeing on the elimination or banning of Federal funding for abortions, other than extreme crises circumstances. We have done that in Federal law. This is about whether we go on to essentially create a situation where effectively people cannot get that coverage with their own money.

The Center for American Progress noted that because approximately 86 percent of the people who are going to be offered new opportunities for insurance—small businesses, individuals, in the private market—that because 86 percent of them will, in fact, receive some kind of tax credit or tax cut, in fact, again, we are talking about eliminating this option altogether because the majority of people will get some kind of a tax cut during this process.

I think there are also some broader implications around the tax policy. If we are saying that someone can't purchase an insurance policy of their liking if they are getting a tax credit to help with health insurance, the fact is, what about other tax credits? What about other kinds of ways in which people get tax credits or tax cuts today? The implications of this are extremely broad.

I urge a ''no'' vote. Let's keep Federal policy in place that doesn't allow Federal funding for abortion but respects the women of this country.

The PRESIDING OFFICER. The Senator from Illinois is recognized.

Mr. DURBIN. Mr. President, I rise in opposition to the Hatch-Nelson amendment. For 27 years, it has been my honor to serve in both the House and Senate. During that 27 years, the issue of abortion has been front and center as one of the most controversial and contentious issues we have faced. When I returned home to my congressional district, and now to the State, there have been many strong, heartfelt positions on this issue that are in conflict. Members of the Senate and House meet with people who have varying degrees of intensity on this issue all the time. We are not going to resolve this issue today with this amendment or this bill. We are going to do several things that I think are important.

What we set out to do in health care reform was honor the time-honored principles that we have now accepted. They are these: Abortion is a legal procedure since the Supreme Court case of Roe v. Wade. For over 30 years now, we have said no public funds can be used for an abortion but to save the life of a mother or in cases of rape or incest. We have said that no doctor or hospital will be compelled to perform an abortion procedure if it violates their conscience. Those are the three basic pillars of our abortion policy in this country.

Now comes this debate about health care reform and a question about whether, if we offer health insurance policies through an exchange that offers abortion services, and the people are paying for the premiums for those policies with a tax credit, whether we are indirectly somehow or another financing and supporting abortion. I argue that we are not. We find, on a daily basis, many instances where Federal funds go to a private entity, even a religious entity with clear guidelines that none of the Federal funds can be spent for religious or private purposes.

Organizations far and wide across America live within those bounds. They keep their books clean, and they account for the money received, and no questions are asked. The audits show that they followed the guidelines. This bill before us strictly follows these guidelines, as well. No Federal funds shall be used for any abortion procedure in an insurance policy. It has to be privately funded.

I want to step back and make a slightly different argument too. There are those who have said in the House and in the Senate that unless the Stupak language in the House is adopted, they would seriously consider voting against health care reform. I argue to them that is a wrong position to take if they are opposed to abortion because the health care reform bill before us dramatically expands health care coverage.

Today, there are 17 million women of reproductive age in America who are uninsured. This bill will expand health insurance coverage to the vast majority of them, which means millions more women will have access to affordable birth control and other contraceptive services. This expanded access will reduce unintended pregnancies and reduce abortions. So the family planning aspect of our health care reform will actually net fewer abortions in America—we know this because of the history of the issue—as more women have access to family planning. So those who argue that they either have this amendment or they will vote against health care reform should reflect on the fact that there will be fewer abortions in America with these health care services.

Senator MIKULSKI, in the first amendment we adopted, provided for more preventive services for women across the board. Those services, I believe, would result in more counseling, more contraception, and fewer unintended pregnancies. That is a reality. Every Federal dollar that we spend on family planning saves $3 in Medicaid costs. In 1972, we established a special matching rate of 90 percent for family planning services in Medicaid. Across the board, we know this money, well spent to allow women to decide their own reproductive fate, means there are fewer unintended pregnancies.

I argue that whether your position is for or against abortion, if you believe there should be fewer abortions, you want this health care reform bill to pass—with or without the Stupak amendment. I think that the Stupak amendment goes too far, and I think we have come up with a reasonable alternative that adheres to the three pillars I mentioned earlier on abortion policy in America, and it sets up reasonable accounting on these insurance policies. I think this language in the bill is the right way to move to lessen the number of abortions in America and stay consistent with the basic principles that guide us.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut is recognized.

Mr. DODD. Mr. President, I commend my colleague from Illinois, the Democratic whip of the Senate, for his arguments. He speaks for me when he identifies the pillars of our views on this issue.

I was elected to the House of Representatives in 1974, 2 years after Roe v. Wade, and I have been in Congress now for 35 years. We have lived with those guidelines since then. I know it has not resolved the matter for many people. But it has served us well.

What we have in this bill is a reflection of a continuation of those pillars. Having been the acting chair of the Health, Education, Labor, and Pensions Committee during the markup of the bill—in fact, Senator Kennedy voted by proxy, as they call it in that process—we insisted upon the adoption of a Kennedy amendment that maintained the notion of conscience in these matters. So we would not be forcing individuals to engage in abortion practices if they felt otherwise.

We have long held the view in this Congress, under Democratic and Republican leadership, despite the differences—others have different views on this matter—that clearly public money should not be used. Despite the arguments to the contrary, we have done that again with this bill.

The Senator from Illinois made a point about the measures in the bill that deal with wellness and reproductive rights. We minimize the likelihood of there being a demand for abortion on the part of many.

I appreciate the fact that our leadership has made this matter, the Nelson-Hatch amendment, a matter of conscience. There is no caucus position on this amendment. There never has been and nor should there be, in my view, given the nature of this debate.

I want to mention another argument we fail to understand here, in addition to the eloquent ones made by the Senator from Illinois. We rank 29th in infant mortality in the United States. It is an incredible statistic when you consider the wealth of our Nation. I worked on legislation with our colleague, LAMAR ALEXANDER, on infant births, prescreening, trying to provide resources and help for families with infants who suffer these debilitative and fatal problems.

This legislation takes a major step forward in taking the United States out of the basement when it comes to infant mortality and gets us back to where we ought to be in reducing the tragedy that occurs in infant mortality.

There is a distinction, clearly, between abortion and infant mortality. But this legislation takes a major step in improving quality of life, assisting children who arrive prematurely, as many do in our country today, and many do not survive that prematurity. Today many women are not getting the kind of support they need during their pregnancy, thus increasing the likelihood of premature births occurring, or not getting the screenings that need to occur immediately so you can avoid the terrible problems that can ensue thereafter. This legislation takes a major step in that direction.

While we have done what is necessary for us to do, that is, protect the longstanding distinction between public and private dollars when it comes to abortion, we also have gone so much further. This bill provides support for families when it comes to minimizing the likelihood a child will be lost because they are not getting support services, as well as providing the reproductive services that will assist women during their pregnancies.

My colleagues know I am a late bloomer. I am a parent of a 4-year-old and an 8-year-old. My colleagues talk about being grandparents. I always said I was the only candidate in the country who used to get mail from AARP and diaper services at the same time, having qualified for Medicare and also being a parent of infant children, two little girls, Grace and Christina. I want them to grow up having all the rights of young women in this country. I am hopeful that one day I may even be around to be a grandparent. We fought very hard to make sure those children were going to get the protections they could during my wife's pregnancies, to see to it they would be born healthy and sound. I have a great health care plan, as a Federal employee, to make sure that will happen. I want every American to have that same sense of security when that blessing occurs with the arrival of a child or grandchild. This bill does that.

For all of those reasons, this amendment ought to be defeated. This bill ought to be supported and achieve a great success for our fellow citizens.

I yield the floor.

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

Mrs. SHAHEEN. Mr. President, I rise today to speak in opposition to the Nelson-Hatch amendment.

The Patient Protection and Affordable Care Act we have before us does so many good things. It gives women access to preventive care. It makes health care more accessible to families across the country. It changes the way patients receive the care they need. We must not let the issue of reproductive choice overshadow all of the things this bill gets right.

For over three decades, the Hyde amendment, which prohibits the use of Federal funds to pay for abortions except in cases of rape, incest, or if the life of the mother is at risk, has been the law of this land. Abortion should play no role in this health care debate. The Finance and HELP Committees spent countless hours drafting legislation that is part of the language in our health care bill to make sure it remains neutral on the issue of choice.

The Patient Protection and Affordable Care Act that is currently before us maintains the Hyde amendment prohibiting Federal funding of abortions. As a result, neither the pro-choice nor the pro-life agendas are advanced.

This is clearly explained in an analysis done by the nonpartisan Congressional Research Service. I ask unanimous consent to have printed in the RECORD this analysis.

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

NOVEMBER 30, 2009.

MEMORANDUM

To: Hon. Jeanne Shaheen.

From: Jon O. Shimabukuro, Legislative Attorney, American Law Division, Congressional Research Service.

Subject: Abortion and the Patient Protection and Affordable Care Act.

This memorandum responds to your request concerning abortion and the Patient Protection and Affordable Care Act. The measure was proposed by Senator Harry Reid on November 21, 2009 as an amendment in the nature of a substitute for H.R. 3590, the Service Members Home Ownership Tax Act of 2009. You asked several questions about the Patient Protection and Affordable Care Act and the use of federal funds to pay for abortion services. This memorandum addresses those questions.

1. ''Does the Senate's Patient Protection and Affordable Care Act prohibit affordability and cost-sharing credits from paying for abortions beyond those permitted by the most recent appropriation for the Department of Health and Human Services?''

Division F of the Omnibus Appropriations Act, 2009, provides appropriations for the Departments of Labor, Health and Human Services, Education, and Related Agencies for FY2009. Section 507, included within Division F, prohibits generally the use of appropriated funds to pay for abortions:

(a) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

(c) The term ''health benefits coverage'' means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

This restriction on the use of appropriated funds to pay for abortions is commonly referred to as the ''Hyde Amendment.'' In 1976, Rep. Henry J. Hyde offered an amendment to the Departments of Labor and Health, Education, and Welfare, Appropriation Act, 1977, that restricted the use of appropriated funds to pay for abortions provided through the Medicaid program.

An exception to the general prohibition on using appropriated funds for abortions is provided in section 508(a) of the omnibus measure:

The limitations established in the preceding section shall not apply to an abortion—

(1) if the pregnancy is the result of an act of rape or incest; or

(2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

In other words, funds appropriated to the Department of Health and Human Services (''HHS'') for FY2009 could be used to pay for an abortion if a pregnancy is the result of an act of rape or incest, or if a woman's life would be endangered if an abortion were not performed. Appropriated funds remain unavailable, however, for elective abortions.

Under the Senate measure, the issuer of a qualified health plan would determine whether or not the plan provides coverage for either elective abortions or abortions for which the expenditure of federal funds appropriated for HHS is permitted. If a qualified health plan decides to provide coverage for elective abortions, it could not use any amount attributable to a premium assistance credit or any cost-sharing reduction to pay for such services. The community health insurance option established by the Senate measure would be similarly restricted. H.R. 3590 would allow coverage for elective abortions by the community health insurance option, but amounts attributable to a premium assistance credit or cost-sharing reduction could not be used to pay for such abortions.

2. ''Does the Senate's Patient Protection and Affordable Care Act ensure that the community health insurance option does not use federal funds to pay for abortions beyond those permitted by the most recent appropriation for the Department of Health and Human Services?''

The Senate measure would allow coverage for elective abortions by the community health insurance option, but amounts attributable to a premium assistance credit or cost-sharing reduction could not be used to pay for such abortions.

3. ''Under current law, the Weldon Amendment prohibits Federal agencies or programs and State or local governments who [sic] receive certain federal funds from discriminating against certain health care entities, including individuals and facilities, that are unwilling to provide, pay for, provide coverage of, or refer for abortions. Does the Senate's Patient Protection and Affordable Care Act offer an additional, new conscience protection for individual health care providers

and facilities that are unwilling to provide, pay for, provide coverage of, or refer for abortions?''

Under the Senate measure, individual health care providers and health care facilities could not be discriminated against because of a willingness or unwillingness to provide, pay for, provide coverage of, or refer for abortions, if their decisions are based on their religious or moral beliefs. Section 1303(a)(3) of the Senate measure states: ''No individual health care provider or health care facility may be discriminated against because of a willingness or an unwillingness, if doing so is contrary to the religious or moral beliefs of the provider or facility, to provide, pay for, provide coverage of, or refer for abortions.''

4. ''Does the Senate's Patient Protection and Affordable Care Act ensure that there is a health plan available in every exchange that does not cover abortion beyond those permitted by the most recent appropriation for the Department of Health and Human Services?''

The Senate measure would require the Secretary of HHS to ensure that in any health insurance exchange (''Exchange''), at least one qualified health plan does not provide coverage for abortions for which the expenditure of federal funds appropriated for HHS is not permitted. If a state has one Exchange that covers more than one insurance market, the Secretary would be required to provide the aforementioned assurance with respect to each market.

Mrs. SHAHEEN. Mr. President, the health reform legislation before us preserves the Hyde language and maintains the status quo in this country. We should keep it so. This should be a debate about health care. It should be about patients and about ensuring they have access to quality care at all stages of their lives, regardless of what may happen in their lives. It is a mistake to make this debate one about abortion.

The amendment that is before us, the Nelson-Hatch amendment, would restrict any health plan operating in the exchange that accepts affordability credits from offering abortion services. In essence, the amendment before us would amount to a ban on abortion coverage in the health insurance exchange regardless of where the money comes from. Put another way, a woman who pays for insurance with money out of her own pocket would most likely not be able to get insurance that covers abortion.

Make no mistake about it, this amendment is much more than a debate on whether Federal funds should be used for abortion, which is already established law. It is established law that is maintained in the Patient Protection and Affordable Care Act before us.

The Nelson-Hatch amendment is a very far-reaching intrusion into the lives of women in how we would get private insurance. It is unprecedented, and it would mean millions of women would lose coverage they currently have.

It is true, as we have heard from those people who support this amendment, that a woman would be able to buy an abortion rider. What we heard from Senator STABENOW and what we have seen from the National Women's Law Center shows us that in the five States that do require such a rider, there is no evidence that such plans exist. And even if they did exist, who would purchase that kind of a rider? No woman expects to need an abortion. This is not something you go into planning ahead of time.

Finally, this amendment would have effects that reach well into the private insurance market. An independent analysis by the School of Public Health and Health Services at George Washington University concluded that a similar amendment adopted in the House—what is commonly known as the Stupak amendment—will have an ''industry-wide effect,'' eliminating coverage of medically indicated abortions over time for all women.'' That means any type of abortion for which there is a medical indication of need would go uncovered.

I ask unanimous consent that ''Introduction and Results in Brief'' of the George Washington University analysis be printed in the RECORD.

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

AN ANALYSIS OF THE IMPLICATIONS OF THE STUPAK/PITTS AMENDMENT FOR COVERAGE OF MEDICALLY INDICATED ABORTIONS

(By Sara Rosenbaum, Lara Cartwright-Smith, Ross Margulies, Susan Wood, D. Richard Mauery)

INTRODUCTION AND RESULTS IN BRIEF

This analysis examines the implications for coverage of medically indicated abortions under the Stupak/Pitts Amendment (Stupak/Pitts) to H.R. 3962, the Affordable Health Care for America Act. In this analysis we focus on the Amendment's implications for the health benefit services industry as a whole. We also consider the Amendment's implications for the growth of a market for public or private supplemental coverage of medically indicated abortions. Finally, we examine the issues that may arise as insurers attempt to implement coverage determinations in which abortion may be a consequence of a condition, rather than the primary basis of treatment.

Industry-wide impact that will shift the standard of coverage for medically indicated abortions for all women: In view of how the health benefit services industry operates and how insurance product design responds to broad regulatory intervention aimed at reshaping product content, we conclude that the treatment exclusions required under the Stupak/Pitts Amendment will have an industry-wide effect, eliminating coverage of medically indicated abortions over time for all women, not only those whose coverage is derived through a health insurance exchange. As a result, Stupak/Pitts can be expected to move the industry away from current norms of coverage for medically indicated abortions. In combination with the Hyde Amendment, Stupak/Pitts will impose a coverage exclusion for medically indicated abortions on such a widespread basis that the health benefit services industry can be expected to recalibrate product design downward across the board in order to accommodate the exclusion in selected markets.

Supplemental insurance coverage for medically indicated abortions: In our view, the terms and impact of the Amendment will work to defeat the development of a supplemental coverage market for medically indicated abortions. In any supplemental coverage arrangement, it is essential that the supplemental coverage be administered in conjunction with basic coverage. This intertwined administration approach is barred under Stupak/Pitts because of the prohibition against financial commingling. This bar is in addition to the challenges inherent in administering any supplemental policy. These challenges would be magnified in the case of medically indicated abortions because, given the relatively low number of medically indicated abortions, the coverage supplement would apply to only a handful of procedures for a handful of conditions. Furthermore, the House legislation contains no direct economic incentive to create such a market. Indeed, it is not clear how such a market even would be regulated or whether it would be subject to the requirements that apply to all products offered inside the exchange. Finally, because supplemental coverage must of necessity commingle funds with basic coverage, the impact of Stupak/Pitts on states' ability to offer supplemental Medicaid coverage to women insured through a subsidized exchange plan is in doubt.

Spillover effects as a result of administration of Stupak/Pitts. The administration of any coverage exclusion raises a risk that, in applying the exclusion, a plan administrator will deny coverage not only for the excluded treatment but also for related treatments that are intertwined with the exclusion. The risk of such improper denials in high risk and costly cases is great in the case of the Stupak/Pitts Amendment, which, like the Hyde Amendment, distinguishes between life-threatening physical conditions and conditions in which health is threatened. Unlike Medicaid agencies, however, the private health benefit services industry has no experience with this distinction. The danger is around coverage denials in cases in which an abortion is the result of a serious health condition rather than the direct presenting treatment.

The remainder of this analysis examines these issues in greater detail.

OVERVIEW OF CURRENT FEDERAL LAW

1. The Hyde Amendment and Medicaid

The Hyde Amendment has been part of each HHS-related appropriation since FY 1977. As set forth in the most recent annual Labor/HHS federal appropriations legislation, the Hyde Amendment provides in pertinent part as follows:

Sec. 507. (a) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated under this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

(c) The term ''health benefits coverage'' means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

Sec. 508. (a) The limitation established in the preceding section shall not apply to an abortion—

(1) if the pregnancy is the result of an act of rape or incest; or

(2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Mrs. SHAHEEN. When we pass this legislation that will reform our health care system, it should not be done in a way that would lose benefits for

women. All women should have access to comprehensive health care, including reproductive health care, from the provider of their choice.

I urge my colleagues to oppose any amendment that threatens reproductive care that women have counted on for over 30 years.

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

Mr. MENENDEZ. Mr. President, health care reform legislation we are considering is good for America, it is good for women and for families. It is a health care reform bill; it is not an abortion bill. In fact, not a dime of taxpayers' money goes to subsidize abortion coverage in this bill. It is, in fact, abortion neutral.

This amendment, however, would change that. It would roll back the clock on a woman's right to choose. It unfairly singles women out and takes away benefits they already have. It singles out our daughters and legislates limits on their reproductive health, their reproductive rights. If we were to do the same to men, if we were to single out men's reproductive health in this legislation, imagine the outcry. Imagine if men were denied access to certain procedures. Imagine if they were denied access to certain prescription drugs. Imagine if the majority had to suffer the decision of the minority. But that is exactly what we are being asked to do to our daughters with this amendment—rolling back the hands of time. I personally find that offensive, as do women across this country.

The language of this bill has been carefully negotiated to ensure that we are preserving a woman's right to choose but doing so without Federal funding. To claim otherwise is hypocritical and misleading.

We need not fight all battles that have nothing to do with the real issue at hand—that millions of Americans do not have health insurance and many are being forced into debt to buy coverage that insurers later deny. But now, instead, we are not only reopening long-settled debates over this issue, we are actually faced with a proposal that would turn back the clock and deny women access to reproductive health care. It is the wrong debate at the wrong time.

Over the years, we have made extraordinary progress in addressing women's reproductive rights. We have debated this issue in the Senate. We have debated it in our churches, in our homes, in our communities, and in the U.S. Supreme Court that has said a woman's right to choose is the law of the land. Let's not turn back the clock.

I respect the deeply held views of my friend from Nebraska and the deeply held views of my friend from Utah. I know we will debate the issue many times in many forums. They will raise their voices in protest of a woman's right to choose, as I will raise mine to protect it. But this is neither the time nor the legislative vehicle for hot-button politics to get in the way of badly needed health care reform.

The language in this bill is clear: It preserves a woman's reproductive rights without any taxpayer funding. Yet we are engaged in a debate in which we are basically being told that neutrality is not good enough; that there needs to be an antichoice bill, not a health care reform bill; that neutrality on the issue is not acceptable; that only effectively banning abortion is acceptable. We are not going to be dragged down that road, and the women of this country will not stand for it. Certainly, this Senator will not either.

The sponsors claim the amendment simply reinforces existing law restricting Federal funding of abortion coverage. Let's be very clear: There is no taxpayer money going to a woman's reproductive choices—none—and to say otherwise is simply wrong.

The fact is, this amendment that clearly takes us back in time would leave our daughters with the same hopeless lack of options their grandmothers faced, and that is not where we ought to be.

This amendment would make it virtually impossible for insurance plans in the exchange to offer abortion coverage even if a woman were to pay premiums entirely out of her own pocket. It would do so by forbidding any plan that includes abortion coverage from accepting even one subsidized customer.

This amendment is nothing more than a backdoor effort to restrict rights women already have. Would I like to see it clearly stated in this legislation that a woman should have a right to choose and all aspects of her reproductive health should be available under every plan? Yes, I would. But am I willing to accept neutrality as a reasonable compromise for the sake of passage of a bill that will provide affordable, accessible health care to every American and not spend a dime of taxpayers' money on women's reproductive choices? I will.

Under this bill, if a plan chooses to provide abortion coverage, only private funds can go toward that care. That is further than I would like to go, but it is neutrality. In this bill, in each State exchange, there would be at least one plan that covers abortion and one plan that does not. That is neutrality. It is fair. Let's accept it and move on.

Under this legislation, women will keep their fundamental right to reproductive health benefits and gain other benefits.

The PRESIDING OFFICER. The Senator has spoken for 5 minutes.

Mr. MENENDEZ. That is what we should do in terms of the underlying bill. Let's vote down this amendment. Let's not turn back the clock.

Mrs. BOXER. Mr. President, I ask unanimous consent that in lieu of Senator BAUCUS's 4 minutes, Senator CASEY take that time.

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

The Senator from Pennsylvania is recognized.

Mr. CASEY. Mr. President, I rise in support of the Nelson amendment for two reasons, and I speak for myself, not for other Members of the Senate. Obviously, I know there is a good bit of disagreement on both sides and even within both sides of the aisle.

But I support this amendment for two reasons. One, I wish to make sure we ensure, through this health care legislation, the consensus we have had as part of our public policy for many years now—that taxpayer dollars don't pay for abortions. I believe we can and should and will get this right by the end of this debate.

The second reason I support this is, I believe it is important to respect the conscience of taxpayers, both women and men across the country, who don't want taxpayer dollars going to support abortions. If there is one or maybe two areas where both sides can agree—people who are pro-life and pro-choice—it is on these basic principles: No. 1, we don't want to take actions to increase the number of abortions in America. I think that is the prevailing view across the divide of this issue. No. 2, we also have to do more to help those women who are pregnant, and I don't believe we are doing enough. We will talk more about that later. Even as we debate this amendment, the third thing I think we can agree on is, no matter what happens on this vote—and this debate will continue, even in the context of this bill—I believe we have to pass health care legislation this year.

There are all kinds of consumer protections in this bill that will help men and women—prevention services that have never been part of our health care system before, insurance reforms to protect families and, finally, the kind of security we are going to get by passing health care legislation for the American people. I believe we can get this decisive issue correct in this bill. We are not there yet, but I believe we can. I believe we must pass health care legislation this month through the Senate and then, from there, get it enacted into law.

I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, before we turn this over to the Republican side, I ask unanimous consent to have printed in the RECORD a letter from religious leaders who support maintaining the underlying bill and who oppose this amendment, and they are: Catholics for Choice, Disciples Justice Action Center, The Episcopal Church, Jewish Women International, Presbyterian Church Washington Office, Religious Coalition for Reproductive Choice, Union of Reform Judaism, United Church of Christ, Justice and Witness Ministries, United Methodist Church-General Board of Church and Society, Unitarian Universalist Association of Congregations.

We are proud to have their support for our position.

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

RELIGIOUS LEADERS SUPPORT MAINTAINING THE STATUS QUO ON ABORTION IN HEALTH CARE REFORM

The undersigned religious and religiously affiliated organizations urge the Senate to support comprehensive, quality health care reform that maintains the current Senate language on abortion services.

We believe that it is our social and moral obligation to ensure access to high quality comprehensive health care services at every stage in an individual's life. Reforming the health care system in a way that guarantees affordable and accessible care for all is not simply a good idea—it is necessary for the well-being of all people in our nation.

The passage of meaningful health reform legislation will make significant strides toward accomplishing the important goal of access to health care for all. Unfortunately, the House-passed version of health reform includes language that imposes significant new restrictions on access to abortion services. This provision would result in women losing health coverage they currently have, an unfortunate contradiction to the basic guiding principle of health care reform. Providing affordable, accessible health care to all Americans is a moral imperative that unites Americans of many faith traditions. The selective withdrawal of critical health coverage from women is both a violation of this imperative and a betrayal of the public good.

The use of this legislation to advance new restrictions on abortion services that surpass those in current law will serve only to derail this important bill. The Senate bill is already abortion neutral, an appropriate reflection of the fact that it is intended to serve Americans of many diverse religious and moral views. The bill includes compromise language that maintains current law, prohibiting federal funds from being used to pay for abortion services, while still allowing women the option to use their own private funds to pay for abortion care. American families should have the opportunity to choose health coverage that reflects their own values and medical needs, a principle that should not be sacrificed in service of any political agenda.

We urge the Senate to support meaningful health reform that maintains the compromise language on abortion services currently in the bill.

Respectfully,

Catholics for Choice, Disciples Justice Action Center, The Episcopal Church, Jewish Women International, NA'AMAT USA, National Council of Jewish Women, Presbyterian Church (U.S.A.) Washington Office, Religious Coalition for Reproductive Choice, The Religious Institute, Union of Reform Judaism, United Church of Christ, Justice and Witness Ministries, United Methodist Church—General Board of Church and Society, Unitarian Universalist Association of Congregations.

Mrs. BOXER. I thank the Chair.

Mr. ENZI. Mr. President, I assume that added a few additional minutes to our time as well.

I yield 10 minutes to the Senator from Nebraska.

The PRESIDING OFFICER. The Senator from Nebraska is recognized.

Mr. JOHANNS. Mr. President, let me start my remarks today, if I could, by offering my words of support and commendation to Senators NELSON and HATCH for offering this amendment. They have long been champions of the pro-life cause, and I applaud them for putting the time and effort into this amendment to get it right, bringing it to the floor, and offering it. I am very proud to stand here today as a cosponsor of this legislation.

Fundamentally, this legislation is simply about doing the right thing. It ensures that current Federal law is upheld. In its most basic form, it says taxpayer dollars are not going to be used, directly or indirectly, to finance elective abortions. In fact, this has been the law of our country now dating back three decades.

Basically, this amendment applies the Hyde amendment to the health care reform bill. It bars Federal funding for abortion, except in the case of rape, incest, or to protect the life of the mother. The Hyde amendment—as we have heard so many times during this debate—finds its genesis in 1977. The language in the Nelson-Hatch amendment is virtually identical to the Stupak language that was included in the House bill, where 240 Representatives in the House supported it and it passed on a vote of 240 to 194.

The Stupak language very clearly prohibits Federal funding of abortions. It says this: No. 1, the government-run plan cannot cover abortions. That seems very straightforward. No. 2, Americans who receive a subsidy cannot use it to buy health insurance that covers abortion. No. 3, the Federal Government cannot mandate abortion coverage by private providers or plans. Then, finally, No. 4, as has been the case for 30 years, private insurance plans may cover abortion, and individuals may purchase a plan that covers it, but taxpayer dollars cannot be in the mix to purchase that.

Compare that to what is in the current Senate bill. The government-run plan can cover abortion. Americans who receive a subsidy can use it to buy a health insurance policy that covers abortion. The Federal Government can and does mandate abortion coverage by at least one provider or plan. There is a stipulation in the current bill that requires the Health and Human Services Secretary to assure the segregation of funds, the tax credit/Federal dollars can't be used.

But the reality is, it is akin to saying: Here, put those Federal dollars in your left pocket. When you are purchasing the abortion coverage, make sure it is your right hand that is reaching into your right pocket. How do you segregate those funds? It is impossible. What it does is to simply erase the line between taxpayer dollars and funding of abortions.

Quoting the National Right to Life:

Senator Reid included in his substitute bill language that some have claimed would preserve the principles of the Hyde Amendment. Such claims are highly misleading. In reality, the Reid language explicitly authorizes direct funding of elective abortion by a Federal Government program.

Well, I feel very strongly we must ensure that Federal dollars are not used to fund abortions directly or indirectly. Health care reform, under the Reid language, has become a vehicle for changing the current law of the land regarding abortion coverage. Here is what some of my constituents have said to me, and I am quoting from a gentleman in Kearney:

It is time to make sure that abortion is explicitly prohibited by any language that may be put forward.

Another Nebraskan said to me:

I know that the pro-life issue is not the only component of the Healthcare bill to consider, but it is probably the most important issue of concern that I have in this bill. Abortion is not health care.

From central Nebraska I heard this:

I'm taking a minute to send a note to say ''thank you'' for standing up for life. Life is precious, whether you are just conceived or over 100 years of age.

Pro-life groups across the board support this amendment—the National Right to Life, Catholic Bishops, Family Research Council, and others. They represent millions of Americans. But the reality is, Americans support this.

In a recent CNN survey, we confirm that 6 in 10 Americans favor a ban on the use of Federal funds for abortion. A recent Washington Post-ABC News poll indicates 65 percent of adults believe private insurance plans paid for with government assistance should not include coverage of abortion.

I was in McCook, NE, a while back, doing a townhall meeting in August. After everybody had left, a gentleman came up to me. He told me something about that I will remember all the years I am in the Senate. First, he spoke about his faith, and then he said: I hope you understand, Senator, I cannot, under any circumstances, agree to anything that would allow my taxpayer dollars, either directly or indirectly, to fund abortions. He said: I cannot go there. He said: Please, do everything you can to stop this from happening.

Today, I stand with that gentleman from McCook, NE, to say we have to stop this.

I applaud my colleague from Nebraska, and I wish to end my comments with this. Senator NELSON stood on this issue and in a recent interview he said this:

I have said at the end of the day, if it doesn't have the Stupak language on abortion in it, I won't vote to move it off the floor.

I think that is a courageous statement. I do not mind standing here and saying I am very pleased to associate myself with Senator NELSON and Senator HATCH on this important amendment.

Mr. President, how much time do I have remaining?

The PRESIDING OFFICER. The Senator has 2 minutes 45 seconds.

Mr. JOHANNS. I yield my 2 minutes 45 seconds to Senator HATCH when he speaks. I yield the floor.

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

Mr. GRASSLEY. Mr. President, I yield 10 minutes to the Senator from Kansas.

The PRESIDING OFFICER. The Senator from Kansas is recognized.

Mr. BROWNBACK. Mr. President, I appreciate this very much. It has been a healthy debate, a big debate, and it is an unusual debate because we haven't debated Hyde around here for 20 years. So this is an unusual debate we are having. Normally, we debate about abortion but not about abortion funding because there has been an agreement in this body for 33 years about that. So this is an unusual debate, but I think it is an important one.

I think it is extraneous, in many respects, to the health care bill itself. Abortion is not health care, and so why we are debating the funding of abortion in a health care bill seems odd to me. But it is in the base bill, and we need to deal with that.

A lot of people are coming forward and saying: Well, OK, which way is this; is it in the bill or not on funding for abortion? I am going to go to an independent fact checker and cite this. This is an independent research and prize-winning fact checker, PolitiFact.com, and they say our opponents' characterization of this amendment was ''misleading'' and that ''the people who would truly pay all their premium with their own money, and who would not use Federal subsidies at all, not barred in any way from obtaining abortion coverage, even if they obtain their insurance from the federally administered health exchange.''

That is an independent group, PolitiFact.com, saying this doesn't limit the ability for somebody on their own to be able to purchase abortion coverage, if they want to do that, but in the base bill, what we are saying is we don't want to put Federal funds in it as the longstanding policy has been here.

As the President himself has said when he spoke to a joint session of Congress, launching the health care debate:

> One more misunderstanding I want to clear up—under our plan, no Federal dollars will be used to fund abortions, and Federal conscience laws will remain in place.

Unfortunately, in the Reid bill, this is not true. This is not true in the Reid bill. What is in the Reid bill is the so-called Capps amendment language, which allows for the Federal funding of abortion.

I wish to describe—and I think a great deal of what is in here has been described, but what is taking place is the Federal subsidization of an insurance program that will have abortion funding in it. According to most groups, that is what is taking place in the Capps language, which is in the base Reid bill.

I say this is an unusual debate that is taking place because we haven't debated Hyde for years around here. I wish to read to you what is our normal status on funding of abortions; that is, that we don't do Federal funding of abortions. I will read to you what the normal status is. The U.S. Conference of Catholic Bishops, which supports this base bill but does not support funding of abortions, describes it this way:

> In every major federal program where federal funds combined with nonfederal funds to support or purchase health coverage, Congress has consistently sought to ensure that the entire package of benefits excludes elective abortions. For example, the Hyde amendment governing Medicaid prevents the funding of such abortions not only using federal funds themselves, but also using the state matching funds that combine with the federal funds to subsidize the coverage. A similar amendment excludes elective abortions from all plans offered under the Federal Employees Health Benefits Program, where private premiums are supplemented by a federal subsidy.

So there it is prohibited as well.

> Where relevant, such provisions also specify that federal funds may not be used to help pay the administrative expenses of a benefits package that includes abortions. Under this policy, those wishing to use state or private funds to purchase abortion coverage must do so completely separately from the plan that is purchased in whole or in part with federal financial assistance.

Here I take a quick aside. That is what we are saying should be done in this bill, but it is not what is done in this bill.

Going on:

> This is the policy that health care reform legislation must follow if it is to comply with the legal status quo on federal funding of abortion coverage. All of the five health care reform bills approved in the 111th Congress violate this policy.

This is from a group, the United States Conference of Catholic Bishops, that supports health care reform but not the abortion funding in it. They say as well that this fails in the Reid bill, that there is explicit funding for abortion in this bill.

I thank my colleagues, particularly on the other side of the aisle, Senators NELSON and CASEY, for being major cosponsors of this amendment. They are the ones who look at this and say: I don't want this in the base bill. This should not be in the base bill. It doesn't belong in the base bill. The language should be different.

I also wish to note that most people across the country don't want this in the base bill. A majority of the country is opposed to the bill overall. They don't think this is the way we should go. They think it is the wrong way. But even people who support the bill itself by and large don't want Federal funding for abortion to be in this bill.

A Pew poll even showed that 46 percent of people who support health care reform want to see the radical abortion language removed, the Capps language in the Reid bill, and all pro-choice Republicans and several pro-choice Democrats supported the measure in the House that put Stupak language in that removed the Federal funding for abortion. The American people feel this way because they know that forcing Federal funding of abortion is fiscally irresponsible and morally indefensible. Those are the two central pieces we are discussing, the fiscal responsibility or irresponsibility of this and the moral indefensibility. At a time of hemorrhaging debt, the Federal Government being supportive and funding elective abortions flies in the face of trying to restrain or bend the cost curve down in this legislation. That is not us being fiscally responsible.

I have shown this chart before, but I think it is so striking. Back when we did do funding for abortions, we funded about 300,000 a year. How is that extra funding going to help us be more fiscally responsible? That is why a majority of the people, pro-life and pro-choice, are saying the Federal Government should not be funding this. I don't believe that is fiscally responsible. And it is morally indefensible.

Whether you are pro-choice or pro-life, we are having 300,000 children who are not going to be here that we are funding the elimination of. Under anybody's definition of looking at that, they would say that is morally indefensible for the Federal Government that has long debated abortion policy, has not debated abortion funding, that that is morally indefensible for us to do something along that line.

There are many issues to debate but thankfully Hyde has not been one of them we have been debating until now. I say to my colleagues the admonition we have had many times, whether you choose this day life or death, blessing or curse, why wouldn't we choose the life route on this one? Even if you have a close call or you are questioning this, why wouldn't we choose the route that says: I am not going to fund 300,000 abortions. I want abortion to be safe, legal and rare, as some people in this body, but that is not rare, 300,000. Why wouldn't we choose the life route that says this is a controversial issue sometime way in the past, not recently. We don't fund these things. So many people in America don't want their money used to pay for abortions. Yet in this base Reid bill, it is there. I urge my colleagues to vote in favor of the Nelson-Hatch-Casey amendment that puts into Hyde language that is the status quo that there is not taxpayer funding going toward abortion and to reject those who would put the Reid language forward that would take us back decades to an era when we did fund abortion procedures.

I yield the floor.

Ms. SNOWE. Mr. President, I rise today to voice my opposition to the Nelson-Hatch amendment. In deliberating how to construct a fair equitable solution to such a divisive question, the one thing that our Group of 6 agreed on during our meetings prior to the markup of legislation in the Finance Committee was that we wanted to remain neutral and preserve the status quo.

I am pleased that Majority Leader REID chose to reflect the Finance Committee's work because I believe that we

achieved that careful balance. Federal funds continue to be prohibited being used to pay for abortions unless the pregnancy is due to rape, incest or if the life of the mother is in danger. Health plans that choose to cover abortion care must demonstrate that no tax credits or cost-sharing credits are used to pay for abortion care.

The Finance Committee adopted this solution primarily because the policy of separating Federal dollars from private dollars has been achieved in other instances and there is a precedent for that approach. Today, 17 States cover abortion beyond the Hyde limitations with State-only dollars in their Medicaid Programs. States and hospitals, which in no way want to risk their eligibility for Medicaid funding, use separate billing codes for abortions that are allowable under the Hyde amendment, and those that are not. And let me emphasize, there have never been any violations among the States in this regard. Moreover, a similar approach has also been taken with Title X family planning funds and the United Nations Population Fund. We ought to hew to current law and what we know already works.

Yet some want to prohibit women from using their own money—beyond taxpayer dollars—towards purchasing a plan in the exchange that covers abortion or limit coverage only through a supplemental policy. I have strong reservations about taking such an approach.

Under the Nelson-Hatch amendment, a woman must try to predict whether or not she will require that coverage. This is an unfair proposition. Half of all pregnancies in this country are unplanned and most women do not anticipate the necessity for abortion coverage. Furthermore, in most cases, women already have that coverage. Today, between 47 and 80 percent of private plans cover abortion services. So for a middle income woman who already purchases coverage in the individual market and could now receive a subsidy, let me be clear about the effect this change would have. This would take away coverage she currently has essentially creating a two tiered system for women who don't have coverage through their employer and instead receive it through the exchange. That is fundamentally wrong, and it is patently unfair.

And the fact is, over time, more and more individuals will receive coverage through the exchange, which means that the number of women who will confront these restrictions will grow. Not only that but this amendment threatens to reach even further than the exchange. According to a study by the George Washington University School of Public Health that reviewed the Stupak/Pitts provisions from the House ''the size of the new market is large enough so that Stupak/Pitts can be expected to alter the 'default' customs and practices that guide the health benefits industry as a whole, leading it to drop coverage in all markets in order to meet the lowest common denominator in both the exchange and expanded Medicaid markets.''

As opposed to the demonstrated evidence from States that separating Federal funds can and does work, we cannot say the same about the availability of supplemental, abortion-only coverage.

In the five States that have similar prohibitions on abortion coverage to the Nelson-Hatch amendment, supplemental coverage is generally not offered—as a result of a lack of market demand for riders. And even if supplemental coverage were available, there are significant privacy concerns. If a woman opted to purchase supplemental abortion coverage, it could be inferred that she plans to obtain an abortion. Confidentiality is vital to women who are making this choice and the possibility that this information could be disclosed is both serious and disturbing. Women may face harassment and intimidation on what should be a private matter between her family and her physician.

The fact of the matter is, whether to undergo an abortion is one of the most wrenching decisions a woman can ever make—and we shouldn't ignore the real life circumstances that lead them to this choice. For some expecting mothers, tragedy strikes when a lethal fetal anomaly is discovered. Other times there may be adverse health consequences to continuing a pregnancy. In these heartbreaking cases, a woman without coverage can face severe financial hardship in paying for these health costs—not to mention emotional anguish from ending a planned pregnancy.

Rather than focusing on abortion, we should concentrate on the significant obstacles women of child-bearing age face under our current health care system. And we have achieved some clear victories for women in this bill. For example, maternity and newborn care is specifically included as an essential health benefit. Pregnancy is typically the most expensive health event for families during their childbearing years and there are significant consequences in a lack of coverage or even minimal coverage. Maternity coverage in the individual insurance market is difficult to find and exceedingly expensive if it is available. Maternity coverage riders alone ranged from $106 to $1,100 per month, required waiting periods of one to 2 years with either no or limited coverage during that period and capped total maximum benefits as low as $2,000 to $6,000. Yet expenditures for maternity care average $8,802.

I am also pleased that we passed the Mikulski amendment, which I was proud to cosponsor, that will enhance preventive services for women. This could include preconception care, where doctors counsel women on nutrition and other health interventions before they become pregnant, as well as proper prenatal care.

This is critical as mothers who receive no prenatal care have an infant mortality rate more than six times that of mothers receiving early prenatal care. Yet 20 percent of women of childbearing age are uninsured and approximately 13 percent of all pregnant women are uninsured.

This bill also at long last ends the discriminatory practice of gender rating. For years, women in this age group seeking insurance coverage have faced clear inequities compared to men. A study conducted by the National Women's Law Center found that insurers who practice gender rating charged 25-year-old women anywhere from 6 percent to 45 percent more than 25-year-old men, and charged 40-year-old women from 4 percent to 48 percent more than 40-year-old men. These critical improvements will enhance both access and health care outcomes for women. This is precisely the direction we should be heading in . . . rather than placing additional obstacles in front of women.

Throughout my tenure in Congress I have opposed Federal funding for abortion. At the same time, as a champion of women's health, I have profound reservations about limiting coverage options for women when they are contributing private dollars. Women who are subject to an individual mandate and are contributing private dollars to the cost of their insurance should not have coverage choices dictated for them by the Federal Government. We are making decisions that will affect women on an intensely personal level and if we fail to craft the right solution, it could have serious implications for women's health and privacy.

I appreciate the Finance Committee's effort to navigate this difficult issue and hope we can concentrate on the task at hand—providing coverage to the 30 million uninsured Americans. In that light, I urge my colleagues to vote against the Nelson-Hatch amendment.

The PRESIDING OFFICER (Mr. CASEY). Who yields time?

Mr. GRASSLEY. I yield such time as is remaining to the Senator from Utah.

Mr. HATCH. Mr. President, I had a longer statement I was going to deliver this afternoon, but after listening to my colleagues speak about the Nelson-Casey-Hatch amendment, I want to take my time to refute some of the arguments they are making about our amendment.

It does not even sound as though they are talking about the same amendment I filed with Senators NELSON and CASEY. Our amendment does nothing to roll back women's rights. When my colleagues on the other side say that, they are simply mischaracterizing our amendment. Our amendment ensures that the Hyde language, a provision that has been in the HHS appropriations legislation for the last 33 years, will apply to the new health care programs created through this bill. We are applying current law

to these programs. That is it. The current Hyde language ensures that no Federal Government funds are used to pay for elective abortion or health plans that provide elective abortion. Today States may only offer Medicaid abortion coverage if the coverage is paid for using entirely separate State funds, not State Medicaid matching funds. They cannot do that under current law. This is a longstanding policy based on a principle that the Federal Government does not want to encourage abortion.

For example, Guttmacher studies show that when abortion is not covered in Medicaid, roughly 25 percent of women in the covered population who would have otherwise had an abortion choose to carry to term. I wanted to explain why the Reid-Capps language in the Reid bill is not the Hyde language. First, the Hyde amendment prohibits funding for abortions through Medicaid and other programs funded through the HHS appropriations bill. However, the public option is not subject to further appropriation and therefore is not subject to Hyde. Directly opposite of the Hyde amendment, the Reid-Capps language explicitly authorizes the newly created public option to pay for elective abortions. The public option will operate under the authority of the Secretary of HHS and draw funds from the Federal Treasury account. Regardless of how these funds are collected, these funds from the Treasury are Federal funds. Funding of abortion through this program will represent a clear departure from longstanding policy by authorizing the Federal Government to pay for elective abortion for the first time in decades.

The Nelson-Hatch-Casey amendment would prohibit funding for abortion under H.R. 3590 except in the cases of rape, incest, or to save the life of the mother. As is the case with the CHIP program and Department of Defense health care, the Nelson-Hatch-Casey amendment would be permanent law rather than an appropriations rider, subject to annual debate and approval. Any funding ban subject to annual approval will be in jeopardy in the future. Even if there are the votes to maintain the Hyde language, procedural tactics and veto threats could be employed and make it impossible to retain an annual ban.

Secondly, the Hyde amendment prohibits funding for health benefits coverage that includes coverage of abortion. This requirement ensures that the Federal Government does not encourage abortion by providing access to it. When the government subsidizes a plan, it is helping to make all of the covered services available. Federal premium subsidies authorized and appropriated in H.R. 3590 are not subject to annual appropriations and they are, therefore, not subject to the Hyde language. Directly opposite of the Hyde language, the Reid-Capps explicitly allows federal subsidies to pay for plans that cover abortion by applying an accounting scheme. Under the accounting scheme, the government is permitted to subsidize abortion coverage provided that funds used to reimburse for abortions are labeled ''private'' funds. This is an end run around the Hyde restriction on funding for plans that cover abortion.

Furthermore, under the accounting scheme, premium holders will be forced to pay at least $12 per year as an abortion surcharge to be used to pay for abortions. The Nelson-Casey-Hatch amendment would ensure that no funds under H.R. 3590 will subsidize plans that cover abortion. However, it does nothing to prohibit individuals from purchasing separate abortion coverage or from purchasing plans that cover abortion without a Federal subsidy.

Another issue I want to raise is the impact the Nelson-Hatch-Casey amendment would have on coverage of elective abortions by private health plans. I heard some of my colleagues say that our amendment would prohibit women from purchasing health plans with abortion coverage, even if they spend their own money. I understand there is a Politifact story with the headline ''Lowey Says Stupak Amendment Restricts Abortion Coverage, Even for Those Who Pay for Their Own Plan.''

That is simply not true. Our amendment would not prohibit the ability of women to obtain elective abortions as long as they use their own money to purchase these policies and not the money of the taxpayers of America, directly or indirectly. Again, our opponents will argue that it does, but if they take the time to read our amendment, they will note on page 3, line 6, that it ensures there is an option to purchase separate supplemental coverage or a plan with coverage for elective abortions. In fact, let me read it to my colleagues so we are all clear on what the language actually says. I am going to read it because I am tired of hearing some of the misrepresentations made on the floor by, I am sure, well-meaning people who are very poorly informed on this amendment. It is easy for me to see why they are poorly informed when I look at this itty-bitty bill.

My gosh, no matter how bright you are, who could know everything in this itty-bitty bill that will break the desk, if I drop it on it.

I am sorry. I scared the distinguished Senator from Iowa with this itty-bitty bill. I should have dropped it a little bit softly. I apologize.

Let me tell you what it actually says.

(2) OPTION TO PURCHASE SEPARATE SUPPLEMENTAL COVERAGE OR PLAN.—Nothing in this subsection shall be construed as prohibiting any non-Federal entity (including an individual or a State or local government) from purchasing separate supplemental coverage for abortions for which funding is prohibited under this subsection, or a plan that includes such abortions, so long as—

(A) such coverage or plan is paid for entirely using only funds not authorized or appropriated by this Act; and

(B) such coverage or plan is not purchased using—

(i) individual premium payments required for a qualified health plan offered through the Exchange towards which a credit is applied under section 36B of the Internal Revenue Code of 1986; or

(ii) other non-Federal funds required to receive a Federal payment, including a State's or locality's contribution of Medicaid matching funds.

Under the Nelson-Hatch-Casey amendment, women are allowed to purchase separate elective abortion coverage with their own money. I wish they would not, but we allow it. Anybody who says otherwise is misrepresenting what this amendment does. I am sure they are not intentionally misrepresenting but nevertheless misrepresenting. So have fair warning.

It is also true that our amendment allows women to purchase a health plan that includes coverage of elective abortions in addition to the supplemental abortion policy as long as they pay for it with their own money. So when those who oppose our amendment say a woman would never want to purchase abortion coverage as a separate rider, they are truly misunderstanding that our language also permits women to purchase an identical exchange plan that includes coverage of elective abortions, in addition to other health benefits. To be clear, under our amendment, a woman may purchase with her own funds either a supplemental policy that covers elective abortions or an entire health plan that includes the coverage of elective abortions.

Today, Federal funds may not pay for elective abortions or plans that cover elective abortions. This is the fundamental component of the Hyde language. And to be clear, the Nelson-Hatch-Casey language does not prevent people purchasing their own private plans that include elective abortion coverage with private dollars.

In addition, our amendment explicitly states that these types of policies may be offered. In other words, our amendment does not restrict these policies from being offered. The only caveat is that they may not be purchased with Federal subsidies. We want to make that clear, and the Reid-Capps language does not.

Let me read that section of the Nelson-Hatch-Casey amendment for my colleagues. It may be found on page 4, line 3, of the Nelson-Hatch-Casey amendment.

(3) Option To Offer Supplemental Coverage Or Plan.—

Now get this:

Nothing in this subsection shall restrict any non-Federal health insurance issuer offering a qualified health plan from offering separate supplemental coverage for abortions for which funding is prohibited under this subsection, or a plan that includes such abortions, so long as—

(A) premiums for such separate supplemental coverage or plan are paid for entirely with funds not authorized or appropriated by this Act;

(B) administrative costs and all services offered through such supplemental coverage

or plan are paid for using only premiums collected for such coverage or plan; and

(C) any such non-Federal health insurance issuer that offers a qualified health plan through the Exchange that includes coverage for abortions for which funding is prohibited under this subsection also offers a qualified health plan through the Exchange that is identical in every respect except that it does not cover abortions for which funding is prohibited under this subsection.

Our amendment has the support of the U.S. Conference of Catholic Bishops, the National Right to Life Committee, the Family Research Council, the Ethics & Religious Liberty Commission of the Southern Baptist Convention, Concerned Women for America, the National Association of Evangelicals, and Americans United for Life Action.

Polls across the country indicate a majority of Americans do not want their tax dollars paying for elective abortions. According to a CNN/Opinion Research Corporation survey, 6 in 10 Americans favor a ban on the use of Federal funds for abortion. Anybody who understands that figure knows there are pro-choice people who also favor a ban on the use of Federal funds for abortion.

It also indicates that the public may also favor legislation that would prevent many women from getting their health insurance plan to cover the cost of an abortion, even if no Federal funds are involved. This poll indicates that 61 percent of the public opposes the use of public money for abortions for women who cannot afford the procedure, with 37 percent in favor of allowing the use of Federal funds.

So my question to my fellow Senators is the following: When is this Congress going to start listening to the American people, people on both sides of this issue, who do not feel that taxpayers ought to be saddled with paying for abortion through their tax dollars, or in any other way, for that matter?

I urge my colleagues to support the Nelson-Hatch-Casey amendment. Do the right thing and support our amendment, which truly protects the sanctity of life and provides conscience protections to health care providers who do not want to perform abortions. That is an important aspect of this issue, and I have waited until the last minute to say something about that issue. Why should people of conscience be forced to participate in any aspect of elective abortions? They should not. People who have deep feelings of conscience should not be forced—that includes nurses, doctors, health care providers, hospitals—they should not be forced to do this, just because of the radicalness of some people who exist in our society today, and some think the radicalness of some in this body and in the other body. It is radical to expect the American taxpayers to pay for elective abortions, especially when such a high percentage—up to 68 percent, according to some polls, and I think even higher—do not want to have Federal dollars used for this purpose.

I appreciate my colleagues. I appreciate what my colleagues stand for. But this is very important stuff.

I ask unanimous consent that a number of constituent letters be printed in the RECORD.

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

CONSTITUENT LETTERS

Senator HATCH: I am absolutely and adamantly opposed to having any of my tax dollars go to fund abortion directly or indirectly. I urge you in the strongest possible terms to vote against any motion to have the Senate consider any bill that does not include specific language like the Stupak Amendment.

Please let me know how you vote on the upcoming motion to proceed to consider any healthcare legislation.

Thank you.

Senator HATCH: I am extremely concerned that the majority of members of all the congressional committees that have considered healthcare legislation have refused to specifically include language that would prohibit allowing any of my tax dollars from directly or indirectly funding abortions.

I am absolutely opposed to being forced to fund abortions in any way with my tax dollars, and I urge you not to support any healthcare bill that does not specifically prevent this. I consider abortion to be the taking of innocent life and a fundamental moral issue. I do not want to be forced to support it in any way. . . .

Thank you.

Senator HATCH: During floor debate on the health care reform bill, please support an amendment to incorporate longstanding policies against abortion funding and in favor of conscience rights. If these serious concerns are not addressed, the final bill should be opposed.

Genuine health care reform should protect the life and dignity of all people from the moment of conception until natural death.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Senator from Nebraska be allowed to speak for up to 10 minutes.

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

The Senator from Nebraska.

Mr. NELSON of Nebraska. Mr. President, I rise to discuss the bipartisan amendment which I have proposed with Senator HATCH, the Presiding Officer, and others. As my good friend and colleague from Utah has so eloquently explained, our amendment mirrors the language offered by Representative STUPAK that was accepted into the House health care bill. Our view is that it should become part of the Senate health care bill we are debating as well.

It is a fact that the issue of abortion stirs very strong emotions involving strongly held principles all across America, from those who support the procedure and those who do not. We are hearing that passion at times here on the Senate floor.

But we are not here to debate for or against abortion. This is a debate about taxpayer money. It is a debate about whether it is appropriate for public funds to, for the first time in more than three decades, cover elective abortions. In my opinion, most Americans and most of the people in my State would say no.

As it is currently written, though, the Senate health care bill enables taxpayer dollars, directly and indirectly, to pay for insurance plans that cover abortion. We should not open the door to do so. As I said yesterday, when we offered the amendment, some suggested the Stupak language imposes new restrictions on abortion. But that is not the case. We are seeking to apply the same standards to the Senate health care bill that already exist for many Federal health programs.

But the bill does set a new standard. It is a standard in favor of public funding of abortion. Our amendment does not limit the procedure, nor prevent people from buying insurance that covers abortion with their own money. It only ensures that when taxpayer dollars are involved, people are not required to pay for other people's abortions.

Some have claimed that the amendment restricts abortion coverage even for those who pay for their own plan. That is not true, according to politfact.com, a prize-winning, fact-checking Web site, which looked at similar claims by a House Member during House debate on the Stupak amendment. PolitFact found, and I quote:

First, she suggests the amendment applies to everyone in the private insurance market when it just applies to those in the health care exchange. Second, her statement that the restrictions would affect women ''even when they would pay premiums with their own money'' is incorrect. In fact, women on the exchange who pay the premiums with their own money will be able to get abortion coverage. So we find her statement false.

The Nelson-Hatch-Casey amendment only incorporates the longstanding rules of the Hyde amendment, which Congress approved in 1976, to ensure that no Federal funds are used to pay for abortion in the legislation.

This standard now applies to Federal health programs covering such wide and broad groups as veterans, Federal employees, Native Americans, active-duty servicemembers, and others—all of whom are covered under some form of a Federal health program.

Thus, this standard applies to individuals participating in the Children's Health Insurance Program, Medicare, Medicaid, Indian Health Services, veterans health, and military health care programs.

I wish to emphasize another point. All current Federal health programs disallow the use of Federal funds to help pay for health plans that include abortion. Our amendment only continues that established Federal policy. Some have said the Hyde amendment already is in effect in this bill. But that is not the case at all. The bill says the Secretary of Health and Human Services may allow elective abortion

coverage in the Community Health Insurance Option—the public option—if the Secretary believes there is sufficient segregation of funds to ensure Federal tax credits are not used to purchase that portion of the coverage.

The bill would also require that at least one insurance plan that covers abortion and one that does not cover abortion be offered on every State insurance exchange.

Federal legislation establishing a public option that provides abortion coverage and Federal legislation allowing States to opt out of the public option that provides abortion coverage eases—let me repeat the word ''eases''—the standards established by the Hyde amendment.

The claim that the segregation of funds accomplishes the Hyde intent falls short. Segregation of funds is an accounting gimmick. The reality is, taxpayer-supported Federal dollars would help buy insurance coverage that includes covering abortion.

I wish to offer some other points about the effect of the Nelson-Hatch-Casey amendment.

Under the amendment, no funds authorized or appropriated by the bill could be used for abortions or for benefits packages that include abortion. The amendment would prohibit the use of the affordability tax credits to purchase a health insurance policy that covers abortion. It would also prohibit Federal funding for abortion under the Community Health Insurance Option.

In addition, the amendment makes exceptions in the cases of rape or incest or in cases of danger to the mother's life.

In addition, the amendment allows an individual to use their own private funds to purchase separate supplemental insurance coverage for abortions, perhaps even what is called a rider to an existing plan.

The amendment allows an individual whose private health care coverage is not subsidized by the Federal Government to purchase or be covered by a plan that includes elective abortions, paid for with that individual's own premium dollars.

Under the amendment, a private insurer participating in the exchange can offer a plan that includes elective abortion coverage to nonsubsidized individuals on the exchange, as long as they also offer the same plan without elective abortion coverage to those who receive Federal subsidies.

On another point, under Federal law, States are allowed to set their own policies concerning abortion. Many States oppose the use of public funds for abortion. Many States have also passed laws that regulate abortion by requiring informed consent and waiting periods, requiring parental involvement in cases where minors seek abortions, and protecting the rights of health care providers who refuse, as a matter of conscience, to assist in abortion.

But perhaps most importantly, there is no Federal law, nor is there any State law, that requires a private health plan to include abortion coverage. But the bill before us, as written, does.

As I have said, the current health care bill we are debating should not be used to open a new avenue for public funding of abortion. We should preserve the current policies, which have stood the test of time, which are supported by most Nebraskans and most Americans. The Senate bill, as proposed, goes against that majority public opinion. I think most Americans would prefer that this health care bill remain neutral on abortion, not chart a new course providing public funds for the procedure. Public opinion suggests so. So does the fact that over the last 30-plus years Congress has passed new Federal laws that have not broken with precedent.

Finally, as President Obama has said, this is a health care reform bill. It is not an abortion bill. So it is time to simply extend the longstanding standard disallowing public funding of abortion to new proposed Federal legislation.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I yield to the Senator from California. At least indirectly it is our understanding that Senator REID will soon come to the floor to speak.

Mrs. FEINSTEIN. As soon as he comes in, I would be happy to yield.

Mr. BAUCUS. That would be my request.

Mrs. FEINSTEIN. Thank you. I appreciate that.

The PRESIDING OFFICER. The Senator from California.

Mrs. FEINSTEIN. Mr. President, simply put, I believe this amendment would be a harsh and unnecessary step back in health coverage for American women.

What this amendment would do, as I read it, is to prohibit any health insurance plan that accepts a single government subsidy or dollar from providing coverage for any abortion, no matter how necessary that procedure might be for a woman's health, even if she pays for the coverage herself.

The proponents of this amendment say their sole aim is to block government funds from being used to cover abortion, but the underlying bill already does that. In the bill before us, health plans that opt to cover abortion services—in cases other than rape, incest, or when the life of the mother is at stake—must segregate the premium dollars they receive to ensure that only private dollars and not government money is used. They argue that segregating funds means nothing—you heard that—and that money is fungible. However, this method of separating funds for separate uses is used in many other areas, and there is ample precedent for the provision.

For example, charitable choice programs allow agencies that promote religion to receive Federal funds as long as these funds are segregated from religious activities. We all know that. We see it in program after program. If these organizations can successfully segregate their sources of funding, surely health insurance plans can do the same. Additionally, the Secretary of Health and Human Services must certify that the plan does not use any Federal funding for abortion coverage based on accounting standards created by the GAO.

This amendment would place an unprecedented restriction on a woman's right to use her own money to purchase health care coverage that would cover abortions. Let me give my colleagues one example. Recently, my staff met with a bright, young, married attorney who works for the Federal Government. She and her husband desperately wanted to start a family and were overjoyed to learn she was pregnant. Subsequently she learned the baby she was carrying had anencephaly, a birth defect whereby the majority of the brain does not develop. She was told the baby could not survive outside of the womb. She ended the pregnancy but received a bill of nearly $9,000. Because she is employed by the Federal Government, her insurance policy would not cover the procedure. Her physician argued that continuing the pregnancy could have resulted in ''dysfunctional labor and postpartum hemorrhage, which can increase the risk for the mother.'' The physician also warned that the complications could be ''life threatening.''

However, OMB found that this circumstance did not meet the narrow exception in which a woman's life, not her health, is in danger. The patient was told: ''The fetal anomaly presented no medical danger to you,'' despite the admonitions of her physician. The best she could do was to negotiate down the cost to $5,000.

Now, this story, without question, is tragic. A very much-wanted pregnancy could not be continued and, on top of this loss, the family was left with a substantial unpaid medical bill. Health insurance is designed to protect patients from incurring catastrophic bills following a catastrophic medical event. But if this amendment passes, insured women would lose any coverage included in the underlying bill, even if she pays for it herself. Why would this body want to do that? I can't support that.

A woman's pregnancy may also exacerbate a health condition that was previously under control, or a woman may receive a new diagnosis in the middle of her pregnancy. It happens. If this amendment passes, women in these circumstances would also learn that their insurance does not cover an abortion. In some cases, it may be unclear whether the woman's health problem meets the strict definition of life endangerment.

The National Abortion Federation has compiled calls they receive on

their hotline which are available to women who need assistance obtaining abortion care. Let me give you a few examples.

Molly was having kidney problems and was in a great deal of pain. She couldn't go to work. She couldn't provide for her two children. When she became pregnant, she made the decision to terminate the pregnancy in order to have her kidney removed to begin her recovery. She knew carrying the pregnancy would create additional health problems and would leave her unable to provide for her family.

Jamie already had severe health problems when she learned she was pregnant. She was a severe diabetic and her low blood sugar levels caused her to suffer from seizures. She was unable to continue her pregnancy but had difficulty affording the procedure.

Another was suffering from a serious liver illness when she became pregnant. Doctors were unsure of the cause, but she was in a great deal of pain. She already had two children. She could not care for them because of this pain. The tests and medications she needed to address her medical condition were incompatible with pregnancy.

None of these women experienced immediate threats to their lives, so under this amendment their circumstances would not meet the narrow exceptions permitted for abortion coverage.

This is a problem. How can one say we are going to provide insurance, but we don't like one aspect of it. We don't want the government to pay for it. OK, OK. But the woman herself can't pay for it. That is the extra step that this legislation takes.

To this day, it is still legal to have an abortion. Women in this situation don't buy insurance for abortion, but they buy a policy that may cover them, married women, should something happen in a pregnancy in the third trimester. If they find a baby is without a brain, she can have an abortion, and it is covered.

One of the problems with this whole debate is everybody sees something through their own lens. They don't see the grief and trouble and morbidity that is out there and the circumstances that drive a woman to decide—married—she has to terminate her pregnancy for very good medical reasons. Nobody considers that. This is all ideologic, and it really, deeply bothers me.

So I can only tell my colleagues I very much hope this amendment goes down.

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

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. NELSON of Nebraska. Mr. President, I would like to summarize the reasons for and the intent of the amendment that Senator HATCH and the Presiding Officer and I, together with others, have proposed to the health care bill.

First of all, I should say the examples our very good friend from California has outlined would not have been covered under the Federal Employees Health Benefits Plan either because the Federal Employees Health Benefits Plan does not provide abortion coverage for such circumstances.

Our amendment mirrors the language that has been offered by Representative STUPAK that was adopted into the House health care bill, and we believe it should be applied to the Senate bill as well. As I said earlier, the issue of abortion certainly prompts strong opinions, fierce passions, and deep-seated principles for millions and millions of Americans, those who support the procedure and those who don't. But our amendment does not take sides on abortion. It is about the use of taxpayer money.

The question before us is whether public funds, for the first time in more than three decades, should cover elective abortions. Numerous public opinion polls have shown that most Americans, including a number who support abortion, do not support public funds paying for abortion. But the Senate bill we are debating allows taxpayer dollars, directly and indirectly, to pay for insurance plans to cover abortion. That is out of step with the majority of Nebraskans and of all Americans.

Our amendment does not impose new restrictions on women despite what some have claimed, and I respect but strongly disagree with them. We are seeking to just apply the same standards to the Senate health care bill that already exist for every Federal health program.

Our amendment does not add a new restriction, but the bill does add a new relaxation of a Federal standard that has worked well for more than 30 years. Under our amendment, abortion isn't limited, nor would people be prevented from buying insurance on the private market covering abortion with their own money.

Our amendment only ensures that where taxpayer money enters the picture, people are not required to pay for people's abortions.

The Nelson-Hatch-Casey amendment incorporates the longstanding standard established by the Hyde amendment which Congress approved in 1976. Today it applies to every Federal health program. That includes plans that cover veterans, Federal employees, including Members of Congress, Native Americans, Active-Duty servicemembers, and a whole host of others.

Some people have called our amendment radical. Nothing could be further from the truth. It is reasonable. It is rational because it follows established Federal law. It is right. Taxpayers shouldn't be required to pay for people's abortions. It is just that simple.

Thank you, Mr. President. I yield the floor, and I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

Mr. REID. Mr. President, there were 45,000 funerals in America this year. These funerals, 45,000 in number, stood out from all the rest. Why? They were tearful, as all funerals are. They filled loved ones with sorrow and grief, as many of us know firsthand. But these 45,000 funerals were avoidable. That is why they were more tragic than most, because 45,000 times this year—nearly 900 times a week, more than 120 times each day, about every 10 minutes in America, every day, without end—someone dies as a direct result of not having health insurance.

That is a sickening number. You would have to be heartless not to be horrified. It doesn't even include those who did have health insurance but died because it was not enough to meet their most basic needs. That is what this is all about.

But it is not even just about death. How many citizens in each of our States are bankrupt and broke because of a broken health care system? How many have to choose between their mother's chemotherapy and their daughter's college tuition? How many have to work two or three jobs to provide for a family they never have time to see, all because of an accident they had or an illness they acquired that some insurance big shot calls a pre-existing condition.

So many of these tragedies could be prevented. If our Nation truly values the sanctity of life, as I believe it does, we will do everything we can to prevent them. That is why we are pushing so hard to make it possible for every American to afford good health. That is why we cannot take no for an answer, and that is why we will not let the American people down.

That value is also evident in the amendment before us. As some know, for many years—nearly 28 years as a Member of the House of Representatives, of the Senate, and as majority leader—I have consistently cast my vote against abortion.

To me, it is not about partisanship of any kind or political points or even polling data. To me, it is a matter of conscience.

I might not be the loudest on this topic, but that doesn't make my beliefs any less strong. I might oppose abortion, but that does not mean I am opposed to finding common ground for the benefit of the greater good. We can find common ground.

My belief in the sanctity of life is why I have repeatedly voted against using taxpayer money for abortion. It is why I have repeatedly voted against covering abortions in Federal employees health insurance plans and repeatedly voted against allowing Federal facilities to be used for abortions.

But I recognize abortion is an emotional issue. Many Senators in this

body disagree, as many citizens in the country disagree, on the issue. But divisive issues don't have to divide us. There is value in finding common ground.

Among this institution's immortals is Senator Henry Clay, who worked under the premise that, as he said:

All legislation is founded upon the principle of mutual concession.

It is in that spirit that I have been able to work with my colleagues to my left and to my right—Congressmen and Senators who are pro-life, such as I am, and those who are pro-choice. One of the ways I have done this is by trying to reduce the rate and number of unintended pregnancies.

Our great country leads the world in many ways. But this area is not one in which we take much pride. The United States has one of the highest rates of unintended pregnancies among all industrialized nations, and that is an understatement. Half of all pregnancies in America—every other one—is unintended. Of those, more than half result in abortions.

I have worked to stop this problem before it starts. In 1997, Senator Olympia Snowe and I started the first of many efforts to improve access to contraception. We said health plans should treat prescription contraception the same way it treats other prescription medications. We even passed a law that ensures that Federal employees have access to contraception. This proves what is possible when Senators have different backgrounds, both of good faith, work with each other rather than against each other.

In this case, a pro-life Democrat and a pro-choice Republican followed common sense and found common ground. I have always been appreciative of Senator SNOWE for her cooperation and her courage. I continue, to this day, to be grateful.

Let's not forget that the historic bill before this body will continue those efforts. By making sure that all Americans can get good health care, we will reduce the number of unintended pregnancies at the root of this issue. That is a goal both Democrats and Republicans can agree is worthwhile.

Let's talk about current law and this bill. In that and many other respects, this bill is a good, strong, and historic one. It is a bill that will affect the lives of every single American, and it will do so for the better. It will—as you have heard me say many times—save lives, save money, and save Medicare.

But you have also heard me say this bill deserves to go through the legislative process. That process includes amendments. It warrants additions, subtractions, and modifications, as the Senate sees fit. This is an appropriate process, one that has served this body well for more than two centuries.

The amendment before us today, offered by Senator NELSON of Nebraska, would make dramatic changes in current law in America. It is worth examining what that law says, how this bill would treat it and what this amendment would require in addition and then evaluating whether it improves the overall effort.

As current law dictates, not a single taxpayer dollar—not one—can be used to pay for an abortion. There are very few—but very serious—exceptions to this rule: Those are explicitly limited to cases in which the life of the mother is in danger and when the pregnancy is the result of rape or incest.

This law is called the Hyde amendment. It has been on the books since the late Republican Congressman Henry Hyde wrote it in 1976. I have great respect for Henry Hyde, and I recall with fondness how this Illinois Republican Congressman came to Nevada and campaigned for me. We worked together at a time when a Republican could campaign for a Democrat and vice versa and not fear retribution and condemnation from his own party.

When we drafted the health reform bill now under consideration, we worked hard to come up with a compromise between pro-life and pro-choice Senators. On one side, there are some Senators who don't believe abortion should be legal, let alone mentioned in any health plan. On the other side, there are Senators who don't want a woman's access to legal abortion to depend on which health plan she could afford, and they wanted that reflected in this bill.

So legislating in pursuit of mutual concession, as Senator Clay advised, we struck a compromise. It is a compromise that recognizes people of good faith can have different beliefs, and instead of trying to settle the sensitive question of abortion rights in this bill, we found a fair middle ground.

That compromise is, we maintain current law. We are faithful to the Hyde amendment, which has been in place now for 33 years. Let me be clear. As our bill currently reads, no insurance plans in the new marketplace we create—whether private or public—would be allowed to use taxpayer money for abortion, beyond the limits of existing law.

But we don't stop there. The bill takes special care to keep public and private dollars separate to make sure that happens. This isn't a new concept. It is worth noting this practice of segregating money is consistent with other existing rules that make sure the public doesn't pay for things it shouldn't. It is consistent with the existing Medicaid practice that gives States the option of covering abortion also at their expense. It mirrors practices already in place to separate church and State by ensuring money the Federal Government gives religious organizations is not used for religious practices. So we are not reinventing the wheel.

Just as current law demands, the bill respects the conscience of both individual health care providers and health care facilities. And once again, it goes further. Our bill not only safeguards a long list of Federal laws regarding conscience protections and refusal rights, it even outlaws discrimination against those health care providers and facilities with moral and religious objections to abortion. That means if a doctor does not believe it is right to perform an abortion, he or she can say no, no questions asked. Health care facilities such as Catholic hospitals, which are the largest nongovernment, nonprofit health care providers in the country, would continue to have the same right to refuse to perform abortions.

Under our bill, at least one plan that does not cover abortion services will have to be offered in each exchange so no one will be forced to enroll in a plan that covers abortion services. This is an improvement since the current marketplace does not provide a similar guarantee.

It is clear that the current bill does not expand or restrict anyone's access to abortion, period. It does not force any health plans to cover abortion or prohibit them from doing so, period. Why? Because this bill is about access to health care, not access to abortions.

I have great respect for Senator BEN NELSON. His integrity and independence reflect on the Nebraskans he represents. His strong beliefs are rooted in his strong values. But he shows, better than most, that one can be steadfast without being stubborn. Senator NELSON has always been a gentleman whose consideration is the true portrait of how a Senator should conduct oneself.

I mentioned that our underlying bill leaves current law where it is. This amendment, however, does not. It goes further than the standard that has guided this country for 33 years. It would place limits not only on taxpayer money, which I support, but also on private money. Again, current law already forbids Federal funds from paying for abortions, and our bill does not weaken that rule one bit. I believe current law is sufficient, and I do not believe we need to go further. Specifically, I do not believe the Senate needs to go as far as this amendment would take us. No one should use the health care bill to expand or restrict abortion, and no one should use the issue of abortion to rob millions of the opportunity to get good health care.

This is not the right place for this debate. We have to get on with the larger issue at hand. We have to keep moving toward the finish line and cannot be distracted by detours or derailed by diversions.

Our health reform bill now before this body respects life. I started by saying I believe in the sanctity of life. But my strong belief is that value does not end when a child is born; it continues throughout the lifetime of every person.

With this bill, nearly every American will be able to afford the care they need to stay healthy or care for a loved one. It respects life.

Those who today have nowhere to turn will soon have security against what President Harry Truman called ''the economic effects of sickness.'' It respects life.

Those who suffer from disease, from injury, or from disability will no longer be told by claims adjustors they never met that they are on their own. It respects life.

It will help seniors afford every prescription drug they need so they do not have to decide which pills to skip and which pills to split. It respects life.

It will stop terrible illnesses before they start and stop Americans from dying of diseases we know how to treat. It respects life.

We will stop terrible abuses, such as insurance companies looking at earnings reports instead of your doctor's report and charging rates that make the health we want a luxury. It respects life.

We will ensure the most vulnerable and the least prosperous among us can afford to go to a doctor when they are sick or hurt, not to the emergency room where the rest of us pick up the bill. It respects life.

This bill recognizes that health care is a human right. This bill respects life.

The issue in this amendment is not the only so-called moral issue in this debate. The ability of all Americans to afford and get the access to care they need to stay healthy is also a question of morality.

The reason I oppose abortion and the reason I support the historic bill is the same: I respect the sanctity of life.

This is a health care bill. It is not an abortion bill. We cannot afford to miss the big picture. It is bigger than any one issue. Neither this amendment nor any other should be something that overshadows the entire bill or overwhelms the entire process.

Throughout my entire public career, I voted my conscience on the subject of abortion. As I said, that decision is based on something personal with me. My vote today will also honor another principle I believe to my very core and that I will believe until my very last day on Earth: We must make it possible for every American to afford a healthy life.

I believe the compromise in our current bill and the current bill itself fully fulfill both of these moral imperatives. And I believe when we are given the trust of our neighbors, friends, relatives, the privilege to lead the opportunity to improve others' lives, we cannot turn our backs. We cannot turn our backs on the tens of millions of Americans who have no health insurance at all—none—not thousands, not hundreds, not millions but tens of millions. We cannot turn our backs on the many who do but live one accident, one illness, or one pink slip away from losing that insurance they have.

One of the most cherished charters this Nation has, drafted by one of our most beloved leaders, declared life to be the first among several of our absolute rights. Jefferson put it even before liberty, even before the pursuit of happiness—life.

If we still truly value life in America—and I believe we do—if we still truly value the life of every American, we cannot turn our backs on the 14,000 of us who lose health coverage every single day of every week of every month of every year in this country—no weekends off, no vacations. How many of the thousands of men, women, and children who today will be kicked out in the cold will next year become one of the tens of thousands who die because of it? If we value the sanctity of life, as I know we do, and fix what is broken, as I know we must, we will not have to find out.

I believe in this bill and what it will do for our country for generations to come, what it will do for our constituents, my children, my grandchildren, and their children and their grandchildren. I will not support efforts to undermine this historic legislation.

Mrs. BOXER. Mr. President, I ask unanimous consent that the Senate proceed to vote in relation to the Nelson-Hatch amendment No. 2962; that regardless of the outcome of the vote with respect to that amendment, there be 2 minutes of debate prior to a vote in relation to the McCain motion to commit, equally divided and controlled in the usual form; that upon the use or yielding back of that time, the Senate proceed to vote in relation to the McCain motion to commit; the McCain motion be subject to an affirmative 60-vote threshold; that if the motion achieves that threshold, then it be agreed to and the motion to reconsider be laid upon the table; that if it does not achieve that threshold, then it be withdrawn; and that no amendment be in order to the motion.

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

Mrs. BOXER. Mr. President, I move to table the Nelson amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion. The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 54, nays 45, as follows:

[Rollcall Vote No. 369 Leg.]

YEAS—54

Akaka	Collins	Kerry
Baucus	Dodd	Kirk
Begich	Durbin	Klobuchar
Bennet	Feingold	Kohl
Bingaman	Feinstein	Landrieu
Boxer	Franken	Lautenberg
Brown	Gillibrand	Leahy
Burris	Hagan	Levin
Cantwell	Harkin	Lieberman
Cardin	Inouye	Lincoln
Carper	Johnson	McCaskill
Menendez	Rockefeller	Tester
Merkley	Sanders	Udall (CO)
Mikulski	Schumer	Udall (NM)
Murray	Shaheen	Warner
Nelson (FL)	Snowe	Webb
Reed	Specter	Whitehouse
Reid	Stabenow	Wyden

NAYS—45

Alexander	Crapo	LeMieux
Barrasso	DeMint	Lugar
Bayh	Dorgan	McCain
Bennett	Ensign	McConnell
Bond	Enzi	Murkowski
Brownback	Graham	Nelson (NE)
Bunning	Grassley	Pryor
Burr	Gregg	Risch
Casey	Hatch	Roberts
Chambliss	Hutchison	Sessions
Coburn	Inhofe	Shelby
Cochran	Isakson	Thune
Conrad	Johanns	Vitter
Corker	Kaufman	Voinovich
Cornyn	Kyl	Wicker

NOT VOTING—1

Byrd

The motion was agreed to.

Mrs. BOXER. I move to reconsider the vote.

Mrs. FEINSTEIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes of debate equally divided prior to a vote in relation to the motion to commit offered by the Senator from Arizona.

Who yields time?

The Senator from Montana.

Mr. BAUCUS. Mr. President, the McCain motion to commit on Medicare Advantage would keep overpayments in the Medicare Advantage program, even though the Medicare Payment Advisory Commission recommends that they be eliminated.

The McCain motion to commit is a tax on all seniors. It would maintain the overpayments to private insurers and require beneficiaries to pay higher Part B premiums. The average couple pays $90 per year just so insurers can reap greater profits under Medicare.

The McCain amendment is a raid on the Medicare trust fund. MA overpayments take 18 months off the life of the Part A trust fund. And according to MedPAC, there is no evidence of greater quality of care. In fact, MedPAC told Congress this year that ''only some'' MA plans are of high quality. MedPAC finds that ''only half of beneficiaries nationwide have access to a plan that Medicare rates above average on overall plan quality.''

The more than 45 million seniors with Medicare deserve better. They do not deserve to subsidize high profits of private insurers. And the more than 11 million Medicare beneficiaries who choose to enroll in private plans also deserve better. They deserve plans that coordinate care. Most plans today do not. They deserve plans that are of high quality. Many plans today do not.

If Senators want to help beneficiaries, they will vote to eliminate overpayments under Medicare Advantage. And they should vote against the McCain motion.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, this amendment is about an earmark. It is about a special deal cut for a special group of people who happen to reside in the State of Florida. I am never so presumptuous. I have lost too many votes trying to eliminate earmarks. But what I am trying to do is allow every American citizen who is enrolled in Medicare Advantage to have the same protection of their Medicare Advantage Program as the Senator from Florida has carved out in this bill. That is all it is about. It is about equality. It is about not letting one special group of people who reside in a particular State get a better deal than those who live in the rest of the country. That is all this amendment is about.

It will probably be voted down on a party-line vote. But what you have done is you have allowed a carve-out for a few hundred thousand people in the State of Florida and have disallowed the other 11 million who have Medicare Advantage from having their health care cut. That is what this is all about.

Mr. BOND. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 42, nays 57, as follows:

[Rollcall Vote No. 370 Leg.]

YEAS—42

Alexander	DeMint	McCain
Barrasso	Ensign	McConnell
Bennett	Enzi	Murkowski
Bond	Graham	Nelson (NE)
Brownback	Grassley	Risch
Bunning	Gregg	Roberts
Burr	Hatch	Sessions
Chambliss	Hutchison	Shelby
Coburn	Inhofe	Snowe
Cochran	Isakson	Thune
Collins	Johanns	Vitter
Corker	Kyl	Voinovich
Cornyn	LeMieux	Webb
Crapo	Lugar	Wicker

NAYS—57

Akaka	Feinstein	McCaskill
Baucus	Franken	Menendez
Bayh	Gillibrand	Merkley
Begich	Hagan	Mikulski
Bennet	Harkin	Murray
Bingaman	Inouye	Nelson (FL)
Boxer	Johnson	Pryor
Brown	Kaufman	Reed
Burris	Kerry	Reid
Cantwell	Kirk	Rockefeller
Cardin	Klobuchar	Sanders
Carper	Kohl	Schumer
Casey	Landrieu	Shaheen
Conrad	Lautenberg	Specter
Dodd	Leahy	Stabenow
Dorgan	Levin	
Durbin	Lieberman	
Feingold	Lincoln	
Tester	Udall (NM)	Whitehouse
Udall (CO)	Warner	Wyden

NOT VOTING—1

Byrd

The PRESIDING OFFICER. On this vote, the yeas are 42, the nays are 57. Under the previous order requiring 60 votes for adoption of the motion, the motion is withdrawn.

Mrs. HUTCHISON addressed the Chair.

The PRESIDING OFFICER (Mrs. SHAHEEN). The Senator from Texas.

Mr. DORGAN. Madam President, will the Senator from Texas yield for a unanimous consent request?

Mrs. HUTCHISON. I will.

Mr. DORGAN. Madam President, I ask unanimous consent that following the presentation by the Senator from Texas that I be recognized to offer an amendment, and following that Senator CRAPO be recognized to offer an amendment, and Senator CRAPO, I believe, wishes to speak 2 or 3 minutes, and following that then I would be recognized as well for a presentation on the amendment I have offered, and following my presentation, the Senator from Minnesota, Ms. KLOBUCHAR, would be recognized, and Senator KAUFMAN would be recognized as part of the colloquy with Senator KLOBUCHAR.

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

The Senator from Texas.

Mrs. HUTCHISON. Madam President, we have spent the last few days highlighting how this health care reform bill is paid for by cutting benefits to seniors, jeopardizing their access to care. Almost $500 billion will be cut from the Medicare Program.

But this bill also imposes $½ trillion in new taxes. These are taxes that hit every American and virtually every health care business or related business in the country.

During an economic downturn, this approach is counterintuitive. These taxes will discourage investment and hiring. We are in one of the worst economic downturns in the history of our country. We do not need to tell anybody that. We are all feeling it. We know people who are suffering right now.

I look at what has been done in the past when we have had economic downturns, and I look at President Kennedy, President Reagan, President Bush. They lowered taxes. What happened? The economy was spurred. Lower taxes have proven to spur the economy. Yet in this bill we see $½ trillion in new taxes on families and small businesses.

Let's walk through some of these taxes.

Employer taxes. Madam President, $28 billion in new taxes is imposed on businesses that do not provide health insurance to their employees. To avoid the tax, an employer has to provide the right kind of insurance—insurance that the Federal Government approves. It is going to be a certain percentage and have certain coverage requirements. Employers who do not provide the right kind of insurance could see a penalty as high as $3,000 per employee.

We should be encouraging people to hire in this kind of environment. That should be job No. 1: creating jobs.

Yet imposing taxes and fines are what is in this bill, and that is not going to encourage hiring; it is going to discourage hiring. That is economics 101.

Individual taxes: There are $8 billion in taxes for those who don't purchase insurance on their own. The tax is $750 per person. Again, because you are insured today does not mean you will avoid the tax. You must have the right kind of insurance—insurance that the Federal Government approves and says is the right amount of insurance.

How about the taxes on high-benefit plans? There are $149 billion in taxes on health insurance plans that the Federal Government says are too robust. These high-benefit plans—Cadillac plans some call them—would be subject to a 40-percent excise tax. To make it worse, the tax is not indexed, so it is a new AMT, a new alternative minimum tax that everyone says was not supposed to encroach on lower income people, but, in fact, it has because it is not indexed for inflation.

So here we are. In this bill, you get taxed if you don't provide enough benefits and you get taxed if you provide too many benefits. So this is beginning to sound like government-run health care to me, and I can only imagine how the unions feel because they are the ones that have these high-benefit plans and here they are under fire because they have too much coverage.

Medicare payroll tax: This is the new payroll tax that is imposed on individuals making more than $200,000 and couples making more than $250,000. That tax raises another $54 billion. This additional payroll tax is a marriage penalty. It is not indexed to inflation, meaning it is another AMT in the making because today, that may sound high—$200,000 and $250,000—but it is a huge marriage penalty, and it could begin then to go down in numbers so that more and more people are affected.

This body voted unanimously during the budget debate—unanimously—that a point of order would be made against legislation that would impose a marriage penalty in the budget. So we have voted unanimously that a budget point of order would stand if there is a marriage penalty in the budget. So now here we are a few months later, and the majority is not only retreating from the opposition to the marriage penalty, but we now have for the first time in our Tax Code—or will when this bill passes—a payroll tax marriage penalty. How on Earth can we do that?

I am going to fight this marriage penalty, and I hope the Senate will vote against this concept. It is a new precedent that could be set in other areas that would say if you are married, you are going to get fewer benefits than if you are single. That is not a precedent we ought to be setting.

Then there is the medical deduction cap. There is a change in our Tax Code that would limit the itemized deduction for medical expenses. We have always had one that said if your medical expenses go above 7.5 percent of your income, that you would be able to deduct anything above that. This bill increases that threshold to 10 percent so that if you are going to get deductions—and this is going to affect people who have catastrophic accidents, really, really high medical bills, debilitating health conditions, or very, very expensive medicine—if you go above 7.5 percent today, you would be able to deduct. But in this bill, it is going to be 10 percent of your income before the government is going to allow you to deduct these added expenses.

Then there is the drug, device, and insurance company taxes: $60 billion in taxes assessed to insurance companies, $22 billion to prescription drug manufacturers, and $20 billion on medical device manufacturers. The experts have said, all of the economists have said these taxes will be paid by the public. Of course they are going to be passed on: higher premiums for every insurance policy that is already there, and higher prices for medications and medical equipment.

So medications you take for diabetes or heart disease, medications or medical devices that you need to fight cancer would all become more expensive because every one of them would have a higher cost because the company is going to pay an added fee just for producing these medicines and equipment.

So many people today are struggling with their medical bills. They are struggling to fill prescriptions. Why aren't we bringing costs down? Isn't medical cost part of the reason for reform because the costs are going up? Wasn't the point of reform to bring the costs down so more people would have affordable options for health care coverage? What happened to that? All of these taxes on individuals and businesses are going to drive prices and costs up.

In closing, the bill before us imposes $½ trillion in new taxes at a time when unemployment is soaring and our economy is struggling. We have $½ trillion in cuts to Medicare which is going to severely hurt our senior citizens and their access to health care, and then $½ trillion in tax increases, taxing marriage, taxing Tylenol, taxing high-benefit plans, taxing low-benefit plans, taxes if you offer employee health care coverage, and taxes if you offer not quite enough. This is a tax-and-spend bill.

Republicans have repeatedly put forward ideas that would reform our health system, bring the costs down without burdening our employers with more taxes that would keep them from helping our economy by hiring more people; ideas that would increase competition and transparency and ensure access to affordable care.

So I hope while our colleagues are meeting to try to get their 60 votes—which we know they are—that maybe they might consider bringing everybody into this process and listening to other ideas that would not be a government takeover of our health care system; that would not be more government mandates, more taxes, cuts from Medicare services. This is a recipe for disaster for our country, and I hope it is not too late for the Democratic majority to say: OK, let's get together and try to put together a bipartisan plan that will not hurt the quality of health care that Americans have known and expected in our country, one that will bring costs down and make health care more affordable, one that will give carrots to our employers not sticks that will switch them if they don't have the right kind of coverage or the government-approved coverage or the right percentage of coverage.

We can do better and I hope we will.

Thank you, Madam President. I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

AMENDMENT NO. 2793, AS MODIFIED, TO AMENDMENT NO. 2786

(Purpose: to provide for the importation of prescription drugs)

Mr. DORGAN. Madam President, I call up amendment No. 2793, as modified, and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from North Dakota [Mr. DORGAN], for himself, Ms. SNOWE, Mr. GRASSLEY, Mr. MCCAIN, Ms. STABENOW, Ms. KLOBUCHAR, Mr. BROWN, Mrs. SHAHEEN, Mr. VITTER, Mr. KOHL, Mr. LEAHY, Mr. FEINGOLD, and Mr. NELSON of Florida, proposes an amendment numbered 2793 to amendment No. 2786, as modified.

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

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

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

Mr. DORGAN. Madam President, my understanding is that the Senator from Idaho is to be recognized next for laying down an amendment.

The PRESIDING OFFICER. The Senator from Idaho.

MOTION TO COMMIT

Mr. CRAPO. Madam President, I have a motion at the desk which I wish to call up and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from Idaho [Mr. CRAPO] moves to commit the bill H.R. 3590 to the Committee on Finance with instructions to report the same back to the Senate with changes that provide that no provision of this Act shall result in an increase in Federal tax liability for individuals with adjusted gross income of less than $200,000 and married individuals with adjusted gross income of less than $250,000.

Mr. CRAPO. Thank you, Madam President.

As the motion which has just been read clearly states, this motion would be to commit this bill to the Finance Committee for the Finance Committee to do one simple thing, and that is to make the bill conform to President Barack Obama's pledge to the American people about health care reform and who would pay for health care reform.

In a speech he has given in a number of different places, President Obama has very clearly stated:

I can make a firm pledge . . . no family making less than $250,000 will see their taxes increase . . . not your income taxes, not your payroll taxes, not your capital gains taxes, not any of your taxes. You will not see any of your taxes increase one single dime.

All this motion does is to commit this bill to the Finance Committee to have the Finance Committee assure that its provisions comply with this pledge.

Now, why would we want to do that? I think most Americans are very aware today that this bill comes at a huge price. There are $2.5 trillion of new Federal spending, $2.5 trillion of new Federal spending that is offset, if you will, by about $500 billion worth of cuts in Medicare and $493 billion worth of cuts in the first 10 years are tax increases, $1.2 trillion of tax increases in the first real 10 years of the full implementation of the bill. There is no question but that much of the tax increase that is included in this bill to pay for this massive increase in Federal spending will come squarely from people in the United States who make less than $250,000 as a family or less than $200,000 as individuals.

All we need to do is to go through this bill to see that by the analysis we have made so far, it appears that at least 42 million households in America will pay a portion of this $1.2 trillion in new taxes, people who are under these income levels to whom President Obama made the pledge.

I will have a greater opportunity tomorrow to discuss this motion in more detail. Tonight I just had a few minutes to make the introduction and to call up the motion, and we will then get into a fuller discussion on how this bill provides a heavy tax burden on the middle class of this country in direct violation of the President's pledge.

So as I conclude, I would simply say this is a very simple amendment. We can debate about whether the bill does or does not increase taxes—I think that is absolutely clear—on those in the middle class. But all the motion would do is to commit this bill to the Finance Committee to have the Finance Committee make the bill comport with the President's pledge.

I will conclude by just reading his pledge one more time. The President, in his words, said:

I can make a firm pledge . . . no family making less than $250,000 will see their taxes increase . . . not your income taxes, not your payroll taxes, not your capital gains taxes, not any of your taxes. . . . you will not see any of your taxes increase one single dime.

That is what this motion accomplishes.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Madam President, the amendment I have offered with many colleagues—over 30 colleagues, Republicans and Democrats, a bipartisan legislation—deals with the issue of prescription drugs; specifically, the importation of FDA-approved drugs that the American people would be able to access for a fraction of the price they are charged in this country.

The American people are paying the highest prices in the world for brand-name prescription drugs.

It is not even close. Let me just show the first chart. I have many. I will show the first one to describe what brings me to the floor of the Senate.

Here are prices for Lipitor. There are so many people who take Lipitor that they probably ought to put it in the water supply—the most popular cholesterol-lowering drug in America, perhaps in the world. Here is what the American people pay for an equivalent quantity: $125. The same quantity costs $40 in Britain, $32 in Spain, $63 in the Netherlands, $48 in Germany, $53 in France, and $33 in Canada. Once again, it is $125 to the American consumer.

Here are the two bottles for Lipitor. It is made in Ireland by an American company and then sent around the world. This happened to go to Canada, and this went to the United States. It is the same pill, same bottle, same company, made at the same manufacturing plant, and it is FDA approved. Difference? The American consumer gets to pay three to four times higher cost. Fair? Not for me.

That is what this amendment is about. This amendment is about freedom, giving the American people the freedom in the global economy to buy the same FDA-approved drug from those countries that have an identical chain of custody as we do in this country, so an FDA-approved drug sold for a fraction of the price—why should we prevent the American people from being able to exercise and see the same savings every other consumer in the world sees?

Let me see whether anybody recognizes this. Prescription drugs are a significant part of our lives. We are bombarded with ads every single day. Let me show a demonstration of the push for consumption of prescription drugs at the highest brand-name prices in the world.

On television, Sally Field says to us—and I have seen it many mornings when I am brushing my teeth—she says this:

I always thought calcium, vitamin D, and exercise would keep my bones healthy. But I got osteoporosis anyway, so my doctor started me on once-a-month Boniva. And he told me something important: Boniva works with your body to help stop and reverse bone loss.

My test results proved I was able to stop and reverse my bone loss with Boniva. And studies show that after one year, 9 out of 10 women did, too.

I've got this one body and this one life, so I wanted to stop my bone loss. But I did more than that; I reversed it with Boniva.

Ask your doctor if Boniva is right for you.

Here is another one:

Some of us need help falling asleep. Some of us need help staying asleep. A good night's sleep doesn't have to be an on/off thing anymore.

From the makers of the most prescribed name in sleep medicine comes controlled release Ambien CR. It's the only one with two layers of sleep relief.

Ambien CR is a treatment you and your doctor can consider along with lifestyle changes and can be taken for as long as your health care provider recommends.

So ask your health care provider about Ambien CR, for a good night's sleep from start to finish.

Here is another one:

Does your restless mind keep you from sleeping? Do you lie awake exhausted? Well, maybe it's time to ask whether Lunesta is right for you.

For a limited time, you're invited to take the 7-night Lunesta challenge. Ask your doctor how to get 7 nights of Lunesta free and see if it's the sleep aid you've been looking for.

Get your coupon at Lunesta.com and ask your doctor today.

Here is another one:

They're running the men's room marathon, with lots of guys going over and over. And here's the dash to the men's room with lots of guys going urgently. Then there's a night game waking up to go.

These guys should be in a race to see their doctors. Those symptoms could be signs of BPH or enlarged prostate. Waking up to go, starting and stopping, going urgently, incomplete emptying, weak stream, going over and over, straining.

For many guys, prescription Flomax reduces urinary symptoms associated with BPH in one week. Only a doctor can tell if you have BPH and not a more serious condition like prostate cancer.

Call 1–877–FLOMAX to see if Flomax works for you and to see if you qualify for $40 off your prescription.

For many men, Flomax can make a difference in one week.

Here is another one:

There are moments you look forward to, and you shouldn't have to miss out on them. Sometimes a bladder control problem can cause unwanted interruptions. It doesn't have to be that way. Overactive bladder is a treatable medical condition.

Enablex is a medication that can help reduce bladder leaks and accidents for a full 24 hours. Ask your doctor about Enablex.

Well, I have a couple dozen more.

Most people understand what this is because they have heard them all—things like: Go ask your doctor if the purple pill is right for you. They don't have the foggiest idea what a purple pill is for. They think that with all these scenes of trees and green grass and convertible cars and pillow clouds in the sky, if life is like that when you are on the purple pill, give me some purple pills. I mean, that is what this advertising is all about.

I don't mean to make light or fun of all of it. Prescription drugs are important in people's lives. I understand that. But you know what, you can only get a prescription drug if your doctor prescribes it and believes you need it. These advertisements are telling people sitting at home watching a television program tonight that you need to get up and go talk to your doctor and see if you don't need some of these pills. It is trying to create consumer demand for something you can get only because a doctor believes you should have it.

Well, that is where we are now with prescription drugs in our country. A lot of people are taking prescription drugs. A lot of these drugs are miracle drugs, and they allow people to stay out of a hospital. They don't have to be in an acute-care hospital bed if they manage the disease—whether it is high blood pressure, high cholesterol—with medicine. That is good, and I understand that. But this consumer demand-driven urge for prescription drugs is pretty unbelievable. Go talk to a doctor and ask that doctor what happens every single day in the doctor's office. Somebody is coming in and saying: I wonder if I shouldn't be taking some of this medicine. I read about it or saw the advertisement about this. I wonder if I shouldn't be taking some of it. It is quite a deal.

You produce all of this demand with dramatic amounts of marketing, promotion, and advertising, and then you jack up the price and keep it up. The question is, Who can afford these prescription drugs? Who can afford them?

So that is what brings me to the floor of the Senate today saying that when the American people are charged the highest prices for brand-name drugs—and this year, it goes up close to 10 percent once again in price—at a time when we have almost no inflation, isn't that pricing prescription drugs out of the reach of too many Americans?

We are now talking about health care reform. There is nothing in any of this legislation in the House or the Senate that addresses this question of the steep and relentless price increases on prescription drugs. There is nothing in any of this legislation that does that. The question is, Shouldn't we be addressing this as well?

I talked about Lipitor. Let me show you Plavix. Do you see the U.S. price? The U.S. consumer pays the highest prices in the world.

Here is Nexium. If you want to buy that, you get to pay $424 in the United States, and it is $41—one-tenth the price—in England, $36 in Spain, and $37 in Germany. The question is this: If Nexium is an FDA-approved drug—and it is—made in plants approved by our FDA—and it is—why should an American citizen not be able to access this drug from here, from here, and from here? It is because the pharmaceutical industry doesn't want them to. They have had enough friends here to keep in place a law that prevents the American people from reimporting these drugs. That is why.

That is what this amendment is about. This amendment says: Give the American people the freedom to access

FDA-approved drugs where they are sold at a fraction of the price.

Madam President, there is a lot to talk about, and I will describe a number of circumstances that have brought us to this point.

This is the place for this amendment—not some other place; this is the place. It is about health care. We have been told over and over again that our problem is that health care is consuming too large a portion of the GDP of this country—roughly 17.3 percent, I believe. All right, part of health care—not the largest part but one of the fastest growing parts is prescription drugs. So if the issue is that health care is rising in cost relentlessly and consuming too large a portion of our GDP because we spend much more on health care than anybody else in the world by far—it is not even close—if that is the case and if one of the fastest rising areas of health care is drug costs, then why would legislation that leaves this Chamber or the House of Representatives not include something that addresses these unbelievable price increases for prescription drugs? How is it that we would allow that to happen? I don't know how we got to this point without having it in the bill, but I aim to try to put it in.

I understand, by the way, that there is tremendous pushback by the pharmaceutical industry. If I had the sweetheart deal they have, I would fight to the finish to try to keep it. I understand that.

By the way, let me just say, as I have always said and nobody hears it very much—certainly the pharmaceutical industry will never hear this—that some of the things the pharmaceutical industry does for this country are laudable. I say, good for you. They talk about the prescription drugs they produce. Good for them. A substantial portion of that comes from research we have done and paid for at the National Institutes of Health with taxpayer funds. But that doesn't matter to me. That information ought to be available to the pharmaceutical industry—and it is—so they can produce these new miracle drugs. I commend them.

My beef is not that they produce pharmaceutical drugs that help people. I am all for that. My beef is the way they price those drugs, saying to the American people: You will pay the highest prices in the world, and there is nothing you can do about it. It is their pricing policy. It is just not fair.

How many in this Chamber have visited with somebody at a town meeting someplace—I have—and they come up to you—in this case, an elderly woman who was close to 80 touched me gently on the elbow and said, ''Senator DORGAN, can you help me?'' She was talking about how many prescription drugs she had to take, how little money she had to pay for them, and how she always had to try to determine what her rent cost was and how much groceries she could buy to determine how much she had left to pay for prescription drugs. How many people have said to you: Yes, I take the drugs my doctor asks me to take, but I cut them in half because I cannot afford the whole dose. We have all heard that. So the question is, Are we going to do something about it?

This is a chart that shows price increases in 2009. Enbrel, for arthritis, is up 12 percent. Singulair, for asthma, is up 12 percent. Boniva is up 18 percent. Nexium is up 7 percent.

I want to talk a bit about the issue of drug prices versus inflation. This chart shows what has happened to the price of prescription drugs, the red line, and the inflation rate in this country, the yellow line. It describes why it is urgent that we do something, why we cannot allow a health reform bill to leave this Chamber and do nothing about the issue of prescription drugs. We must at least address this question of whether the American people should not have the freedom to access these identical drugs where they are sold elsewhere for a fraction of the price.

This year, there was a 9.3-percent increase in brand-name prescription drug prices, at a time when inflation is going down. We have had deflation. That is not justifiable.

Madam President, I know we are going to have a lot of debate here in the Chamber about a lot of things. I will describe tomorrow morning, when I speak, that 40 percent of the active ingredients in U.S. prescription drugs currently come from India and China. And they are worried about somebody from Sioux Falls, SD, buying prescription drugs from Winnipeg. Are you kidding me? Again, 40 percent of the active ingredients in U.S. prescription drugs currently come from India and China. In most cases, the places those active ingredients come from have never been inspected.

I will talk about that, but I am not going to go into it tonight. I will talk about a number of issues related to drug safety of the existing drug supply and how what we have included in this legislation with respect to pedigree, batch lots and track and trace will dramatically improve the existing drug supply in our country and make certain we prevent safety problems coming from the importation of drugs.

I am going to speak about this at some length tomorrow. But I just received a letter from the head of the FDA, Margaret Hamburg, who raises some questions about the amendment. I am not going to read the letter into the RECORD. I will talk more about it tomorrow.

I must say, I am in some ways surprised by the letter and in some ways not surprised at all. Surprised, because this administration, President Obama, was a cosponsor of this legislation last year in the Senate—a cosponsor of my legislation. He was part of a bipartisan group that believed the American people ought to have this right and believed we could put together a piece of legislation that has sufficient safety capabilities and, in fact, dramatically enhances the safety of our existing drug supply.

I am going to show tomorrow that the existing drug supply has all kinds of issues. I will show batch lots of existing drugs that have gone through strip joints, in the back room in coolers, and distributed out of strip joints. I am going to talk about that. But, first, I wish to say I was surprised to get this letter because both the President and the Chief of Staff at the White House were a cosponsor in the Senate and a leader in the House for reimportation of prescription drugs.

I called the head of the FDA yesterday afternoon about this time and said: I have heard rumors that there was a letter coming to Capitol Hill on this issue. She told me she was not aware of such a letter. Twenty-four hours later, apparently she is aware of that letter because she signed it. I am interested in where it was written, but that is another subject I will save for tomorrow as well.

We will be told, as we have been so often, that if you allow the American people to buy prescription drugs that are FDA approved from elsewhere, it will be somehow unsafe. The implication is, we are not smart enough and we are not capable enough of putting together a system that the Europeans have had together for 20 years.

In Europe, they do this routinely. For 20 years, they have had something called parallel trading. You are in Germany and want to buy a prescription drug from Spain? No problem. You are in Italy and want to buy a prescription drug from France? No problem. They have a specific parallel trading system, and it works and works well.

I am going to describe, in the words of someone who has been involved in that system for many years, that the Europeans can do, have done it, do it today with no problems at all. Are people saying they can do it, they are smart enough, they are capable enough, but we are not? Give me a break. That makes no sense to me at all. Of course, we can do this.

It is just that those who do not want to do it have decided this current ''deal,'' which allows the pharmaceutical industry to price as they wish in this country and make certain the American people cannot do anything to get the lesser prices in other countries, lower prices for the identical drug, it means they will price this year up 9.3 percent, just this year alone. They will do whatever they want to price those prescription drugs and too often will price them out of reach of the American people. It is not fair to me. It does not make any sense to me.

I know some will view this as just an attack on the pharmaceutical industry. It is not intended to be that. As I said, I don't have a grievance against that industry at all. The only problem I have is the way they price their product, and I think it is not fair to the American people.

We are dealing with health care, which is a big issue and an unbelievably controversial issue. This is one piece of it—not even the biggest piece—but it is an important piece.

I have a lot to say tomorrow morning, and I will take substantial time. I know there are others who want to speak tonight. I wish to say this. I have watched and listened in this Chamber now for some while. I have not spoken a lot on health care. I have been pretty distressed about some of what has been said on the floor of the Senate. I especially have been distressed with the television ads that have been running that are unbelievably dishonest with respect to the facts. The first amendment allows all that. I would be the last to suggest we ought to alter the first amendment.

This is a great country in which we live. Over the last century, for example, we have made a lot of changes, and in most every case—in most every single case—the changes have been unbelievably painful.

I think of the Presiding Officer and think of the period in which the women in this country wanted the right to vote and were taken to the Occoquan Prison and beaten. Lucy Byrne and Alice Paul, they nearly choked to death one of them; the other hung with a chain from a prison door all night long with blood running down her arms. Why? Because they wanted the right to vote. Think of the pain of that.

Now we look back and say: How could anybody have decided we are all Americans except women do not have full participation because they cannot vote? Think of that. You can go right up the line. Social Security: a Communist socialist plot. Medicare: What are you thinking about? A takeover of health care for senior citizens.

I bet there is not—I was going to say I bet there is not one. I shouldn't say that. I bet there are not more than two or three people in this Chamber, if we said: Let's get rid of Medicare, who would say: Yes, let's do that. Almost everybody believes that providing health care for senior citizens was the right thing to do.

There were no insurance companies in the fifties and early sixties that said: Here is our business strategy. Our business strategy is to go look for old people and see if we can't sell them health insurance because we think that would be a very good deal. They were not doing that. They would not even make health insurance available to a lot of old folks because they know, somewhere toward the end of their lives, they were going to need a lot of health care. One-half of the senior citizens in America had no access to health care. Think of that—lie down on your pillow at night frightened that tomorrow might be the day you have this dreaded disease and you have no coverage to see a doctor or go to a hospital. It is unbelievable.

So some people in this Chamber said: Let's do Medicare. Man, that was radical. People said: Socialist plot, government takeover. But we did it. I was not here. They did it—God bless the ones who did it—and it enriched this country, to say all those who lived their lives and built the roads and built the schools and built the communities and left a better place for us: You are not going to have to lay awake at night frightened about your health care; we are going to provide health care for you.

All these issues have been difficult, draining, wrenching issues, and they have all provoked great criticism and great anger, in many cases. This issue of health care brought to the floor of the Senate—I, perhaps, would have a different view of what is the priority.

I have spent most of my time saying: The economic engine, restart the engine, get people back to work. But that does not mean health care is not important. It is. Health care continues to gobble up more and more of this country's economy. At some point, somebody has to say: How do we stop that? If we are spending much more than anybody else, how do we fix this?

That is what this is about. It is going to take some courage to do it. One piece of it is this issue of prescription drugs and pricing. Some of us have been working on this for a long time. The breadth of the support of this issue in this Chamber extends from the late Senator Ted Kennedy, who sat in that seat back there—and God bless his memory—to JOHN MCCAIN over there; it extends to Senator CHUCK GRASSLEY, DEBBIE STABENOW, AMY KLOBUCHAR—a whole series of Republicans and Democrats who have come together to say: You know what, let's make sure there is fair pricing of prescription drugs for the American people.

We are not asking for anything other than fair pricing. How do you get it? My goal is not to ask the American people to buy their prescription drugs overseas. My goal is to say, if we allow the American people the freedom to do that, the pharmaceutical industry will be required to reprice their drugs in this country. It is as simple as that.

I know others wish to speak. As I said, I have a lot to say tomorrow. I am going to go home kind of upset about this letter today from the FDA, which is, in my judgment, completely bogus. I will read it tomorrow. I am not surprised. I expected this. I heard rumors about it.

Tomorrow my hope is with my colleagues—Republicans and Democrats—we will pass this legislation at last, at long last. Many of us have been working on this issue 6, 8, 10 years. We will pass this legislation. Why? Because this is the place for it. This is the bill that should be amended. This is the time to do this. We cannot walk out of this Chamber and say something happened in that Chamber to deal with health care. But did you do something about prescription drugs? No, no, we couldn't do that, couldn't do that. This is not the way I want this to end, and it is not the way it has to end if enough of us have the courage to take on this fight.

As I said, I will have a lot more to say tomorrow morning. I appreciate the indulgence of my colleagues to listen tonight about why we have offered this legislation.

I started and let me finish by saying this is broadly bipartisan. It is, first and foremost, a Dorgan-Snowe bill. Senator DORGAN—myself—and Senator SNOWE from the State of Maine, but many others—my colleague, Senator GRASSLEY, who is on the floor, Senator MCCAIN, who spent a lot of time on this issue—Republicans and Democrats have come together.

By the way, this has not happened very often on this bill. But this is a bipartisan bill with Republicans and Democrats pulling their oars together to try to get this done.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Madam President, before the Senator from North Dakota leaves and before I speak on another issue, I wish to tell him I am going to speak in support of his amendment. But I would like to ask him a question now, if he will answer it for me—a friendly question, but it is something I don't know absolutely for sure, but I believe that pharmaceuticals are about the only thing a consumer in the United States cannot buy anywhere in the world that they want to buy. We ought to give them that same right we do on everything else. There may be some other items I am not aware of, but I think it is only pharmaceuticals that you cannot import from wherever you want to buy them.

Mr. DORGAN. Madam President, I say to the Senator from Iowa, that and Cohiba cigars from Cuba, I reckon. We have a special embargo with respect to Cuba. With that exception, I don't think there is a legal product the American consumer cannot access anywhere else in the world.

This is about giving the American consumer the freedom that the global economy should offer everybody. The big shots got it. The big interests can do it. How about the American people having the opportunity to shop around the world for the same product and pay a fraction of the price of the charges that are imposed on them in the United States.

Mr. GRASSLEY. I thank the Senator from North Dakota.

I would like to talk about a recent news——

Ms. KLOBUCHAR. Madam President, we had a unanimous consent agreement. I am trying to figure out the order.

The PRESIDING OFFICER. Under the previous order, the next speaker is to be the Senator from Minnesota, followed by the Senator from Delaware.

Mr. GRASSLEY. I ask unanimous consent to speak now, if I may.

The PRESIDING OFFICER. Is there objection?

Mr. KAUFMAN. Will the Senator yield for a question? How long will the Senator be?

Mr. GRASSLEY. Fifteen minutes.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Madam President, I believe our speeches are 10 minutes long. If the Senator from Iowa could wait for 10 minutes, then we will be able to complete our speeches, as recognized by the Chair.

Mr. GRASSLEY. I will let the Senators speak, and I will speak tomorrow because I have to go to a meeting. I will let the unanimous consent agreement stand.

Ms. KLOBUCHAR. I was not aware the Senator from Iowa had to leave. If he can keep it to 10 minutes, that would be helpful.

Mr. GRASSLEY. I cannot keep it to 10 minutes, and I cannot shorten it. So I will let the unanimous consent agreement stand.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. KAUFMAN. Madam President, the Senator from Minnesota and I are going to engage in a colloquy.

We rise to talk about health care fraud enforcement. It is no secret fraud represents one of the fastest growing and most costly forms of crime in America today.

In no small part, our current economic crisis can be linked to financial fraud, starting with unchecked mortgage fraud generated by loan originators through securities fraud that hastened the eventual market crash and maximized its impact on Main Street and the average American investor.

In response, this body passed the Fraud Enforcement Recovery Act, which directed critical resources and tools to antifinancial fraud efforts. I was proud to work on FERA with my friend from Minnesota, a former prosecutor, who understands both the harm that financial fraud causes ordinary Americans and the importance of deterring criminal behavior before it happens.

Ms. KLOBUCHAR. Madam President, I thank Senator KAUFMAN. Before I begin, I wish to, first, acknowledge the amendment that has been offered by Senator DORGAN on drug reimportation, something I support and I know Senator KAUFMAN supports as well. We look forward to talking about that amendment in the days to come.

The bill Senator KAUFMAN referred to, the Fraud Enforcement and Recovery Act, was passed in response to an unprecedented financial crisis.

I was proud to work on that bill in the Senate Judiciary Committee along with Senator KAUFMAN.

But Americans should expect Congress to do more than simply react to crises after their most destructive impacts have already been felt. We are always coming in after the fact and putting out the fire. That is not what we want to do. We owe it to our constituents to be proactive, to seek out and to solve problems on the horizon so that financial disasters can be averted.

In the midst of the debate concerning comprehensive health care reform, we must be proactive in combating health care fraud and abuse. Each year, criminals drain between $72 billion and $220 billion from private and public health care plans through fraud, increasing the costs of medical care and health insurance and undermining public trust in our health care system. Think of all the money wasted—$72 billion to $220 billion each year—drained by criminals, that could be going to our seniors, that could be going for care.

Let me give a couple of examples, Senator KAUFMAN, of the kinds of fraud we need to address. On June 23 of this year, eight individuals were indicted in Miami for cashing $30,000 to $80,000 several times a week at two check-cashing facilities they owned themselves. These crooks defrauded the U.S. health care system by creating a phony clinic that churned out medical bills in five States. They were not providing health care. They were phony clinics. Federal prosecutors announced this on Tuesday.

Some of the purported clinics were empty storefronts with handwritten signs while others existed only as post office boxes, but none provided any actual medical services, according to prosecutors. By the time they were caught, in this one incident, this one group of con men, had bilked the government of $100 million. That is $100 million at a time when our taxpayers are trying to save every dime, while they are holding on to their jobs and trying to pay their bills. This one group of con men—$100 million.

Here is another example. In November of 2007, the Department of Justice indicted a woman for billing Medicare for motorized wheelchairs that beneficiaries didn't need and for children's psychotherapy services never provided. According to the indictment, the woman then laundered the money through a Houston check-cashing business, cashing several Medicaid checks each for more than $10,000. Those are just examples of what we are dealing with.

Mr. KAUFMAN. I say to the Senator, those are sobering examples of the kinds of fraud we must stop. As we take steps to increase the number of Americans covered by health insurance and to improve the health care system for everyone—and we will do that—we must ensure that law enforcement has the tools it needs to deter, detect, and punish health care fraud.

The Finance and HELP Committees, as well as leadership, have worked long and hard to find ways to fight fraud and bend the cost curve down, and they have done a great job. But there is more work to be done. That is why Senator KLOBUCHAR and I, along with Senators LEAHY, SPECTER, KOHL, SCHUMER, and HARKIN, have introduced our health care fraud enforcement, No. 2792.

Ms. KLOBUCHAR. What I like about the amendment is it will protect our increased national investment in the health of Americans. We have decided Americans should be covered by health care; that people shouldn't be thrown off of their health insurance by preexisting conditions. The way we protect that investment, and the way we make sure the funds are there to help people, is by doing things such as increasing the tools we need to prosecute these kinds of cases.

These criminals scheme the system to rob the American taxpayers of money that should be used to provide health care to those who need it most. We must put a stop to this, and we are doing that with this amendment. It provides straightforward but critical improvements to the Federal sentencing guidelines, to health care fraud statutes, to forfeiture, money laundering, and obstruction statutes, all of which would strengthen prosecutors' ability to combat health care fraud.

As a former prosecutor, I can tell you that when we had these types of cases, we used every tool you could use to push someone to plead guilty, every tool you could use to make sure you got the maximum sentence so a message would be sent not just to that particular criminal but to other white collar offenders who thought this might be a quick way to make a buck. They need to hear they can be caught and they will go to jail.

I know Senator KAUFMAN has worked on this and is taking a lead, and perhaps he can provide the details on this amendment.

Mr. KAUFMAN. Sure. This amendment directs a significant increase in the Federal sentencing guidelines for large-scale health care fraud offenses. It is incredible that despite enormous losses in many health care fraud cases, analysis from the U.S. Sentencing Commission suggests that health care fraud offenders often receive—and I know this is hard to believe—shorter sentences than other white collar offenders in cases with similar loss amounts. For some reason, people think health care fraud is kind of okay.

Ms. KLOBUCHAR. If people knew this, they would be shocked. In health care fraud, you are taking money from people who need it most—when they are at the hospital—and yet they would have shorter sentences than other types of fraud.

Mr. KAUFMAN. There is data to show that criminals are drawn to health care fraud, when they are sitting around deciding what kind of fraud they are going to do, because the risk-to-reward ratio is so much lower. That is ridiculous. We need to ensure these offenders are punished not only commensurate with the costs they impose on our health care system but also at a level that will offer real deterrence. People have got to understand they can't go out and commit health care fraud.

There are so many different ways it can be presented; that if in fact they do

it, they are going to get real time for the crime. As a result, our amendment directs changes to the sentencing guidelines that, as a practical matter, amount to sentence increases of between 20 and 50 percent for health care fraudsters stealing over $1 million.

Ms. KLOBUCHAR. The other thing that is great about this amendment is it updates the definition of ''health care fraud offense'' in the Federal criminal code so it includes violations of the anti-kickback statute, the Food and Drug and Cosmetic Act, and certain provisions of ERISA. These changes will allow the full array of law enforcement tools to be used against all health care fraud.

The amendment also provides the Department of Justice with subpoena authority for investigations conducted pursuant to the Civil Rights for Institutionalized Persons Act—also known as CRIPA. Under current law, the Department of Justice must rely upon the cooperation of the nursing homes, mental health institutions, facilities for persons with disabilities, and residential schools for children with disabilities that are the target of these CRIPA investigations. While such targets often cooperate, they sometimes do not, and the current lack of subpoena authority puts vulnerable victims at needless risk.

Finally, in addition to the very important piece of this amendment that Senator KAUFMAN has pointed out—where we are actually increasing the ability to get better criminal penalties—the amendment corrects an apparent drafting error by providing that obstruction of criminal investigations involving administrative subpoenas under HIPAA—the Health Insurance Portability and Accountability Act of 1996—should be treated in the same manner as obstruction of criminal investigations involving grand jury subpoenas.

Senator KAUFMAN and I also plan to file an additional health care fraud amendment that would require direct depositing of all payments made to providers under Medicare and Medicaid. This amendment is incredibly important because the Medicare regulations already require direct depositing or electronic transfer, but these regulations have not been uniformly enforced and criminals are taking advantage of this system.

Again, I ask the question: Why would we want this money—$60 billion estimated for Medicare fraud alone—to be going to con men and crooks, people who are setting up fake storefronts with fake signs that say doctor's office, instead of to the hard-working people in this country who can hardly afford their health care insurance? It is an outrage.

That is why I am so glad Senator KAUFMAN would take the leadership here, that we have a group of us who were prosecutors working on this in the Judiciary Committee to include this in the health care reform bill, because Americans have waited too long for these kinds of changes.

Mr. KAUFMAN. That is a great amendment that I think will be a big help in terms of cutting down this fraud, and that is what we are all about. This is a bipartisan issue, if there was ever a bipartisan issue. I don't know of anyone who doesn't think we have to do more in terms of health care fraud. When we have $70 billion to $220 billion a year in health care fraud, we have to do everything we can to stop it.

As we consider and debate meaningful health care reform, we must ensure that criminals who engage in health care fraud—and more importantly those who contemplate doing so—understand that they face swift prosecution and substantial punishment.

When the time comes, Senator KLOBUCHAR and I, along with our fellow cosponsors, will urge our colleagues to support these amendments.

Madam President, 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.

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

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

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

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

AFGHANISTAN STRATEGY

Mr. KAUFMAN. Madam President, I rise today to speak about the Afghanistan strategy President Obama announced last week. The dilemma facing the President and our national security team in Afghanistan is one of the most complex and difficult I have seen in more than three decades of public service.

President Obama's speech laid out a bold plan, and he has been both deliberative and courageous in his approach. At the same time, I share the concerns of many Americans about the challenges that lie ahead for our troops. Sending young men and women into harms way is the most difficult choices we must face. Each life lost is one too many.

The decision in Afghanistan is especially difficult because four primary questions remain. The first question is do we have a trusted and effective partner in President Karzai? No matter how many troops we deploy, we cannot succeed with an Afghan government plagued by corruption.

The second question is to what length is Pakistan willing to go to help? We cannot defeat al-Qaida and degrade the Taliban without Pakistan's support.

The third question is can we accelerate the training of Afghan National Security Forces? Today, there are too few Afghan security forces to clear and hold against the Taliban, and they are not capable of taking over from U.S. troops. And in light of the President's 18-month deadline, it is clear that self-sufficiency for the Afghans is not optional; it is mandatory. Secretary Gates confirmed for me in last week's Senate Foreign Relations hearing that July 2011 is a firm deadline. In 18 months, we will begin our withdrawal and we will not send additional troops after this time. This was reiterated by Secretary Clinton and Chairman of the Joint Chiefs Mullen.

The fourth question is do we have enough qualified U.S. civilians in Afghanistan to partner with the Afghan people in promoting governance and economic development? We must send even more and ensure that the ''civilian surge'' extends to all 34 provinces, so they can partner with Afghans in the field.

I visited Afghanistan in April and September and had the opportunity to speak with our military and civilian leaders, President Karzai, and numerous Afghan ministers. I traveled to Helmand and Kandahar Provinces, and met with local government officials and tribal elders at a ''shura,'' or community council. What I heard from the Afghan people was frustration with their government's inability to provide security, administer justice, and deliver basic services. They welcomed international assistance in the short-term but sought improved security and governance. Most importantly, they wanted control transferred to Afghan security forces once they were capable of holding against the Taliban themselves.

Since returning from Afghanistan, my No. 1 concern has been the ability of the Karzai government to be an effective and trusted partner. In his second term, President Karzai must eliminate corruption, strengthen rule of law, and deliver essential services in order to win the trust of the Afghan people. Ultimately, the battle is not between the U.S. and the Taliban. It is a struggle between the Afghan government and the Taliban, and the fight must be won by the Afghans themselves. The notion of a corrupt government has emboldened the Taliban and further undermined trust between President Karzai and his people. President Karzai must translate promises in his inauguration speech into action, because increased government transparency and accountability is absolutely critical.

For me, the key point in President Obama's speech was that our military commitment is not open-ended. In July 2011, we will begin our troop drawdown. This has created an 18-month deadline for progress, injecting a sense of urgency to our mission that has been missing for the past 8 years. It sends a message that the clock is ticking for the Afghan government to eliminate corruption. They will no longer get a ''blank check'' because the time for action is now. On the security front, the

Afghan National Army and Police have no choice but to assume greater responsibility given the certainty of a U.S. withdrawal.

As President Obama outlined, Pakistan is central to this fight. We cannot succeed without its cooperation because developments in the region are inextricably tied to both sides of the border. After my April visit, I was concerned about the Pakistani commitment. When I returned in September, however, I was impressed by the Pakistani military's decision to go after elements of the Taliban in the Swat Valley and South Waziristan. At the same time, Pakistan must take action against the Afghan Taliban and al-Qaida, which continue to find safe haven in Pakistani tribal areas. If extremists continue to operate freely between Afghanistan and Pakistan, it will undermine security gains made on the Afghan side of the border. And the stakes are even higher in Pakistan, which has both nuclear weapons and delivery vehicles.

In Afghanistan, we must break the momentum of the Taliban by improving security and strengthening our ability to partner with the Afghans. That is why I support efforts to accelerate the training of Afghan National Security Forces, ANSF. I am concerned that the President's goal of increasing the Afghan Army to 134,000 in 2010 does not go far enough in building the capacity of the ANSF. By comparison, Iraq—a geographically smaller country with the same sized population—has 600,000 trained security forces. This is why we must accelerate our targets for building the army and improve the capability of the police, which has faced even greater challenges in terms of corruption, incompetence, and attrition.

Finally, our success in Afghanistan depends on more than troops—we need an integrated civilian-military strategy in order to sustain progress. Many dedicated U.S. civilians continue to serve in Afghanistan, and we must further augment these numbers and ensure they can directly interact with Afghans in the field. Given their role as a force multiplier for the military and international nongovernmental organizations, NGOs, this is an area where we must channel even more resources and people in the near term. We need a stronger civilian capacity, because counterinsurgency cannot and should not be conducted with the military alone.

Over the coming months, I will closely monitor our progress in Afghan governance, partnering with Pakistan, building the Afghan National Security Forces, and increasing the U.S. civilian surge. Improvements in these areas are critical to our overall success in Afghanistan, and will determine when our brave men and women in uniform can return home.

I yield the floor.

Mr. SESSIONS. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. UDALL of Colorado). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. SESSIONS. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. The Senator from Alabama. Without objection, it is so ordered.

Mr. SESSIONS. Mr. President, I see my good friends, Senators KAUFMAN and KLOBUCHAR, had talked about actions we could take to deal with fraud in health care. I support that. I had the opportunity in the past, as U.S. attorney, to lead a group that would do that. But something is troubling me today a great deal. I am uneasy about it. It goes to the heart of how the legislation that is before us today has been put together.

Earlier today, we had Senator MCCAIN offering an amendment to say that every State should have the same policies with regard to Medicare Advantage that the State of Florida will under this bill. Presumably, that was an effort to gain some support. We have seen other situations such as that with Louisiana and other places getting special advantages.

Let me tell you about something that is particularly troubling to me. It was written about by Robert Reich, who was Secretary of Labor in President Clinton's Cabinet. He is a prolific writer about economic and health care matters. He starts his Sunday August 9 article this way on his blog. It says:

I'm a strong supporter of universal health insurance—

He is not pulling any punches there. He believes in a single-payer government policy. Then he goes on to say—

and a fan of the Obama administration. But I am appalled by the deal the White House has made with the pharmaceutical industry's lobbying arm to buy their support.

That is a pretty serious charge. He goes on to say:

Last week, after being reported in the Los Angeles Times, the White House confirmed it had promised Big Pharma that any healthcare legislation will bar the Government from using its huge purchasing power to negotiate lower drug prices. That's basically the same deal George W. Bush struck in getting the Medicare drug benefit, and it's proven a bonanza for the drug industry.

I will say, as I recall, that Mr. Reich was a critic of that at the time. Right or wrong, it was done and he was a critic of it. I give him credit for it. He said a continuation of that would be an even larger bonanza. He goes on to describe why he thinks it is a bonanza.

Right or wrong, as a matter of policy and so forth, it is no doubt that is something Big Pharma would like. He goes on to say this:

In return, Big Pharma isn't just supporting universal health care. It's also spending lots of money on TV and radio advertising in support. Sunday's New York Times reports that Big Pharma has budgeted $150 million for TV ads promoting universal health insurance, starting this August—

I am quoting him—

(that's more money than John McCain spent on TV advertising in last year's presidential campaign), after having already spent a bundle through advocacy groups like Healthy Economies Now and Families USA.

I don't know what has happened. There is a memorandum in, I believe, one of the blogs here, the Huffington Post. That is supposed to be the memorandum that documents the agreement. I don't know what the facts are, but I know this, it is not a healthy thing, as somebody who has been involved in Federal law enforcement, for a government official, under color of right, to say to a private individual that you will help me with an advertising campaign and spend your private money, or I will do you a favor in exchange for an $150-million television campaign.

I wish to tell you that is not good. That is beyond the pale. If things such as this have been done in the past, it is not the kind of thing that ought to be continued. I think it is a big deal.

The New York Times has reported, as they go forward:

Shortly after striking that agreement, the trade group—the Pharmaceutical Research and Manufacturers of America, or PhRMA—also set aside $150 million for advertising to support health care legislation.

I am quoting a New York Times article by Duff Wilson.

But an industry official involved in the discussions said the group and its advertising money would now be aimed specifically at the approach being pushed by Mr. Baucus, Democrat of Montana and chairman of the Senate Finance Committee.

Is that the way this thing is being done? I hope not. I will examine these circumstances in more detail, but I would like to say, right now and today, that I am not happy about it. I don't like the looks of it, it doesn't smell good to me, it does not strike me as something that is legitimate, and I think maybe we need to find out more about it, frankly.

I wish to share with my colleagues a fundamental concern I have with this health care bill. Supporters of the bill have made a great deal of promises. They alleged it would do a lot of very great sounding things, and we were asked to support it on the basis of their promises. But a careful examination of the legislation shows it fails to deliver on almost all the major promises it made and is likely to cause a great deal of adverse, unanticipated consequences. As a result, I think the American people have intuitively understood this; that is, why they are so strongly opposed to it. They cannot imagine why the leadership of this Senate continues to try to push down on their brow this piece of legislation that does not do what it promised to do.

For example, the sponsors of the legislation say the bill's total cost is $848 billion. However, they do not begin the benefits of the bill until 5 years after enactment and that $848 billion is the cost of expenditures over 10 years. So

when you move forward to when the benefits actually start for those who will be receiving them and go 10 years from that point, the total costs are not $848 billion, they are $2.5 trillion. That is a huge difference. It is a monumental difference. It is a difference so large I cannot understand how we can, with a straight face, try to contend that we have a sound budget-minded bill that is going to cost $848 billion, and we have tax increases of about half of that, and raids on Medicare for about half of that and that is how we are going to pay for it. It is not working in that way, in my view.

Another promise for the bill that was made by the President in the joint session to the Congress, he said this:

This bill will not add one dime to the deficit.

That is just not accurate. You can make anything deficit neutral if you pay for it by slashing Medicare and taking the money from Medicare to pay for it. Or you can make a bill be deficit neutral if you raise enough taxes. So they are raising $494 billion in taxes. They are cutting Medicare by $465 billion. That is the plan.

They claim they have a $130 billion surplus. So don't worry about the budget. We have created a bill that is going to reduce the deficit. That is what they have said repeatedly.

But they forgot something. They forgot we have to pay our physicians. That was always supposed to be part of health care reform. In fact, the physician groups were told they were going to be paid. But under this bill, to show you how it has been doctored—and this has been done before, Republicans have participated in this in the past, and it has been something that has been going on for a decade, but it is really relevant today, particularly in this legislation because this legislation was supposed to fix this problem—they keep the physician rates slightly above last year's rate for 1 year. Then for 9 years in the 10-year budget, they assume that doctor payments, physician reimbursements are going to be cut 23 percent. That is unthinkable.

We are not going to cut physicians 23 percent. We can't cut the physicians at all because they are already wondering whether they will continue to take Medicare patients and, even more so, Medicaid patients, where they get paid less.

We could have a mass walkout of physicians who couldn't afford to see seniors if we were to cut their pay by 23 percent. In fact, we are not going to do that. We all know this. So what did they do? I know they were meeting down in the hallways somewhere, and they were plotting out this bill. They said: The President said it will not add to the debt. What are we going to do? The numbers don't add up. We can't raise taxes any more. We can't cut Medicare any more. We have done all we can do. What are we going to do?

So what they obviously decided was to take the physician pay portion of the bill out, that one that would have fixed this aberrational law we have that requires it to be cut 23 percent, and so they put it in a separate bill. Every penny of this separate bill would be paid for by increased debt, so not really paid for at all. They offered that bill on the Senate floor, and it got voted down because Republicans all voted against it as being utterly fiscally irresponsible. Enough Democrats joined in to kill the bill. They wouldn't support it either. A number of Democrats know the budget has to have some rationality. So they failed to do that.

But if you put the doctor fix in, you are increasing the costs of the bill by $250 billion, so the $130 billion surplus is reduced to a $120 billion deficit. So it does add to the deficit. It adds more than one dime to the debt; it adds $120 billion to the debt.

Another fiction was their promise that they would fix the physician payments and make a permanent policy of paying them so every year they wouldn't have to run to Congress and hire lobbyists to come here and meet with Senators to beg them not to have a 23-percent cut. That happens every year. It is ridiculous. But this bill does not deal with that. It only has a 1-year fix, and for 9 years it is reduced just like it has been done in the past. There is no reform in that part of health care that needs to be done.

Another fiction is that they are not cutting Medicare benefits. They say: We are not cutting Medicare benefits. We are cutting that bad old Medicare Advantage that 11 million seniors are benefiting from and enjoy and participate in. They are cutting that $100-plus billion which is about one-fourth of what the cuts to Medicare are. They say that is not truly cutting Medicare. But that clearly is cutting Medicare because Medicare Advantage is part of the Medicare Program. It is cutting Medicare. However you feel about Medicare Advantage, this is a cut to Medicare Programs that millions of seniors favor.

That is why Florida didn't want to have their Medicare Advantage cut. So they got a special deal in this legislation. Everybody else in America won't get that. They want to keep it.

Let's go on a little bit further just to show you why the American people are unhappy with Congress. They have a right to be unhappy. People say: Those people out there at the tea parties and townhall meetings, they were just upset. They are poor Americans. They are not good Americans. Good Americans would come in and say: How much more money can we give you, big government, to take care of all our needs from cradle to the grave?

The people at the tea parties understand the kind of games that are being played here. They understand the cuts to home health care, to hospice programs, to hospitals, the hospitals that care for a disproportionate share of the poor people, and the $23 billion from just general Medicare accounts represent cuts to Medicare, which is our seniors program.

How is it, then, that we have this disagreement? How is it possible that you can't agree on where $465 billion comes from? The sponsors of the bill, this is what they say. They say: We promised we wouldn't cut Medicare benefits. Any guaranteed benefit any senior citizen has, we promised not to cut it. All we are doing is cutting the providers, the people who provide the benefit.

Give me a break. So you come in and you cut hospice, nursing homes, other providers, $118 billion from Medicare Advantage, $192 billion from the hospices, nursing homes, and other providers, $43 billion from hospitals that serve a disproportionate number of poor and uninsured, $23 billion from unspecified Medicare accounts, and that this doesn't weaken Medicare. If we could cut that, why haven't we done it already? If this didn't reduce the quality of care for seniors, if we could reduce these hospitals and others and they could still provide care to our seniors, why haven't we done it already?

Mike Horsley, head of our hospital association in Alabama, tells me that as a result of an abominable wage index program that helps to determine how much hospitals get paid primarily and lien payments in general, two-thirds of the hospitals in Alabama are operating in the red. They don't need to be cut any more.

I guess what I would say is, this is the way the game has been played. My colleagues are saying we are not cutting guaranteed benefits. We are just cutting the money from the people who provide the benefits. How many of them are going to keep doing so, as the CMS Actuary's report questioned? How many of those will give it up?

Fiction No. 6—I have 10, and I will not go through all of them tonight—is that hospitals that treat the poorest and sickest will somehow be better off under this program. But they are not feeling that way. They are not feeling they are going to make up for the fact that the hospitals that qualify as disproportionate share hospitals, those who serve a high percentage of individuals who are very low income or who have no insurance, they are going to lose $43 billion in cuts under this bill. These hospitals that provide so much charity care and provide a safety net in the communities are going to suffer under this legislation. They are telling me that. I don't know who in Washington may say they are not, but that is what they are telling me. I think they are telling the truth.

Fiction No. 5 is that average family premiums are going to decrease. Have you heard that through this proposal? Senator EVAN BAYH asked the CBO about this, and they said families who do not receive coverage from their employer would see their premiums rise ''about 10 to 13 percent higher by 2016'' than under the current law. The ones who claim they are seeing some reductions, those reductions are only the

slightest reduction, less than 3 percent in most cases, of the 5- or 6-percent increase expected to occur every year under current law.

So instead of going up 5.56 percent, it goes up 5.41 percent. They are claiming, I guess, that is some sort of cut. But it is misrepresentation to say that family premiums are going to decrease, when people who are not in group health plans through their employers are the ones who are going to see the largest increases, perhaps 10 to 13 percent by 2016, more than would occur under present law.

I am pleased to be able to serve in the Senate with Senator GRASSLEY who chaired the Finance Committee, is ranking member now, who does over 100 townhall meetings a year or something in the counties in Iowa. He met with thousands of people and got the same message I got, which is you people are irresponsible. The debt is surging and will double in 5 years, the whole debt of America, and triple in 10. I want to say that the American people are concerned about this. Senator GRASSLEY worked so hard to see if he could get a bill that would be bipartisan, that we all could support, or large numbers of the Senate could support. But we got off track.

I talked to one person who dealt with this issue. He said the way things got off track was that we abandoned ways to legitimately contain costs increases. The way to create more competition, the more personal stake in your health care, other things that would actually help reduce the cost of health care, is what we got away from, and it became driven by President Obama's determination to have a government option. That, in my estimation, may have been the decisive event in the negotiations breaking down.

This is a serious piece of legislation. It seeks to alter one-sixth of the American economy. It does not do what it promises. It surges spending. It increases taxes dramatically. It represents a major governmental takeover and will ultimately undermine the special relationship between patients and their doctors. It will also substantially threaten the viability of Medicare. This money that is being taken out of Medicare will only accelerate its insolvency. By 2017, Medicare—I believe Senator GRASSLEY will agree—is expected to go into default. It will go down rapidly, actually.

Is that correct, Senator GRASSLEY, that by 2017, under current law, Medicare is projected to go into default and go rapidly into default, and if we could save any money out of Medicare, if we can save $400 billion, shouldn't it be kept in the Medicare Program to try to extend its life and make it a viable program that seniors can rely on rather than creating a whole new spending program with that money?

Mr. GRASSLEY. Mr. President, if the Senator is asking me that question, I will tell him that he is absolutely right, not based upon what I say or what the Senator says, but every spring the trustees of Social Security and Medicare look ahead 75 years and they predict what the income and the outlays are going to be based upon the population and the projected growth of the economy and all that stuff. Right now, they are projecting $37 trillion of shortfall over that 75-year period of time. They already told us, and it has materialized, that in the year 2008 we started paying more money out of Medicare than was coming into Medicare, and by the year 2017, as the Senator correctly stated, the trust fund will be out of reserves.

Mr. SESSIONS. So we are spending the reserves in Social Security, which will be exhausted by 2017.

Mr. GRASSLEY. In Medicare.

Mr. SESSIONS. Medicare. Excuse me.

I am going to yield the floor to Senator GRASSLEY. I say to the Senator, I appreciate your leadership and insight into this issue. I value your whole approach to it. I think most Americans—if they understood this information as the Senator does and as the Senator has articulated, the opposition to the bill would be even greater than it is.

I urge my colleagues to examine the fact that the bill simply does not do what it sets out to do. It does not meet its promises, and as a result, we absolutely should not go down this road to a major Federal takeover of health care, with ramifications that go far beyond what it might appear today.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. GRASSLEY. Mr. President, I had a chance to hear a great deal of what the Senator from Alabama said. I think I would highlight that what he said is what he is hearing from the grassroots of his State, which is very much what I hear from the grassroots of my State: people are very concerned about this piece of legislation leading to the nationalization of health care, similar to what they have seen this administration previously do this year with the nationalization of General Motors, partial nationalization of the financial system—a big deficit. And then they see the money being spent on this bill—$2.5 trillion after it gets fully implemented. And where are you going to get money? And what is that going to do to the economy? And, more importantly, what sort of a legacy is that leaving to our children and grandchildren?

He also correctly stated that I do visit every county every year. The number of counties the Senator had was just a little bit high. We only have 99 counties. But for the 29 years I have been in the U.S. Senate, I have held a town meeting in each one of our counties every year. So I do have the benefit of 2,871 town meetings as a basis for suggesting what people tell me face to face, besides the large number of phone calls we get.

You cannot believe the number of phone calls that are coming in now, the number of e-mails we are getting—historically high. I have never had that before on any issue. I assume it is the same for the State of Alabama, contacting their two Senators as well.

Mr. President, I rise to bring up an issue that is a relatively new issue in this debate, as in the secrecy of the negotiations that are going on around Capitol Hill on the issue of health care reform. These secret negotiations actually started about October 2 when Senator REID, the leader, had to merge the bill out of the Senate Finance Committee and the bill out of the Senate HELP Committee into one bill. It took a long period of time to do that.

We are in the second week of debate. I hope people realize that 99 Senators ought to have the same privilege that 1 Senator had of getting a grasp of this huge 2,074-page bill. There are still negotiations going on because the leader still does not have locked down the 60 votes that it is going to take to get to finality.

So some of these discussions are: what can we do to get a few votes if we do not have a so-called public option? And the latest of that is: Well, allow people to buy into Medicare. So I want to speak about that issue because it sounds pretty simple. It may get 4 more votes and may get 60 votes, but it is bad. It may be good politically, but it is bad for Medicare and particularly for Medicare in rural areas where we have a difficult time keeping hospitals open, and we have a difficult time recruiting doctors in rural America.

So I would talk about the recent news reports of a proposal being concocted behind closed doors to allow 55- to 64-year-olds to buy into the Medicare Program. Supposedly, this idea has been put on the table to get the votes for supporters of having a brandnew government-run health plan and the people who do not like that.

Back in the spring, such a proposal came up during the early stages of our Finance Committee's health care reform efforts. The idea was originally proposed by President Clinton even going back to 1998. I opposed such a proposal back then, and I oppose such a proposal now. I oppose the proposal because of its negative effect on the Medicare Program and our senior citizens who use Medicare.

The best way to describe the effect of this proposal on the Medicare Program and its beneficiaries is to quote former Senator Phil Gramm of Texas when he was asked about President Clinton's proposal when President Clinton put that proposal on the table back in 1998. Senator Gramm said this about President Clinton's proposal, which would be applicable today as our colleagues are studying it:

> If your mother is on the Titanic, and the Titanic is sinking, the last thing on Earth you want to be preoccupied with is getting more passengers on the Titanic.

Since its inception in 1965, the Medicare Program has helped ensure senior

access to health care. But, as the Senator from Alabama and I were just discussing, the problems with health care and Medicare are such that Medicare is already under extreme financial pressure. So why would you load more people into a system that Senator Gramm of Texas was referring to as the Titanic? You would not load more people on it as it was going to sink.

This is not to say that this entitlement program, Medicare, is not in need of improvement, but having the 36 million Americans who are age 55 to 64 buy into the program is not an improvement. Even groups supporting the Reid bill, such as the AARP, are pointing out the severe shortcomings of such an approach.

Last summer, the AARP Public Policy Institute published an analysis of the Medicare buy-in concept. In their report, the AARP points out the potential for increased Federal entitlement spending. AARP said:

> Expanding the program to more people could raise federal spending even further if their care is made affordable through subsidies that would be funded by the existing Medicare trust funds.

And do not forget the effects of adverse selection from a Medicare buy-in program. Here AARP has studied it, and this is what they say about that:

> . . . the premium may be too uncompetitive for those who don't use much health care and unaffordable for those with modest incomes. This may limit buy-in enrollment and drive up cost further.

So this means that this buy-in proposal is likely unsustainable. And we all know what happens when the government creates an unsustainable new program. What happens? The taxpayers end up on the hook for bailing it out down the road sometime.

We all know the Medicare Program has $37 trillion in unfunded obligations. We all know about the pending insolvency of the Medicare Program. The trustees say so every spring.

The Medicare hospital insurance trust fund started going broke last year. In 2008, the Medicare Program began spending more out of this trust fund than was coming in through the payroll tax. The Medicare trustees have been warning all of us for years that this trust fund is going broke. They now predict that it will go broke right around the corner in 2017. Well, as the AARP has pointed out, adding millions to the Medicare Program would almost certainly make things much, much worse for the fiscal health of a program that is not in very good financial shape. This proposal would also make things worse for the 45 million Medicare beneficiaries who paid into the program over the years and are receiving benefits under the program.

Since we started debate on this 2,074-page bill, Members on this side of the aisle have questioned the wisdom of slashing Medicare by $½ trillion and then using the savings to start a new Federal entitlement program. We on this side have stressed that provider cuts of this magnitude will make it financially harder for providers to care for beneficiaries. We have pointed out that this will worsen beneficiary access to health care, as providers stop treating Medicare patients.

Adding millions more Americans to Medicare on top of the $½ trillion in Medicare cuts in this Reid bill would make beneficiaries' access to care much worse. But do not take my word for it. Even national hospital associations such as the American Hospital Association and the Federation of American Hospitals are opposing this proposal. They are mobilizing their ranks against this proposal even as I speak. Yes, the same groups that agreed already—and this was back in June—to $155 billion in Medicare cuts—and they did that in an agreement with the White House and got sweetheart deals in this bill—do not want the Senate to go the route of expanding Medicare for people under 65 years of age. The American Medical Association has also opposed this proposal. These groups recognize the potential for financial disaster by boosting the number of patients with coverage that pays well below cost.

This Medicare buy-in proposal would also jeopardize retiree benefits. Going back to the same AARP analysis that I have quoted, they concluded that a Medicare buy-in program could further reduce employer-sponsored health benefits.

According to the AARP:

> . . . a buy-in program might displace retiree coverage now available through [their] employers.

Still quoting AARP, they said:

> As health care costs tend to rise with age, employers might have the incentive to find ways to avoid offering private coverage for early retirees. . . .

So with fewer patients with higher paying private coverage, there is less opportunity for providers to cost-shift to make up for low Medicare payments, because everybody recognizes the Federal Government does not pay 100 percent of costs. This would make it even harder for providers to treat Medicare beneficiaries, and as a result, beneficiaries would have an even harder time finding a provider to treat them.

I come from a rural State where Medicare reimbursement is already lower than almost every other State in the Nation, so I have serious concerns about the ability of the Iowa providers to keep their doors open if more and more of their reimbursement is coming from Medicare. I know this is a concern that is shared by rural State Members of this body from both sides of the aisle. But losing providers to serve Medicare beneficiaries would only be the beginning of access problems caused by a Medicare buy-in program. Because if you think it would be tough to keep existing Medicare providers, think how hard it would be then to recruit new ones.

Provider recruitment is already a major problem in rural States, particularly my State of Iowa. This issue comes up during my meetings with constituents in Washington or during the townhall meetings I hold in each of Iowa's 99 counties every year. It is already a challenge under the current Medicare Program for Iowa to compete for providers with urban areas where Medicare reimbursement is higher.

I hear countless stories from constituents where they make great efforts to recruit doctors only to lose them to areas where Medicare reimbursement is higher. The Medicare buy-in will only make this situation worse in my State of Iowa, because more and more reimbursement would come from Medicare. So the current and future Medicare beneficiaries would be assured of limited access to providers because of this buy-in.

AARP pointed out another flaw in this buy-in proposal. In their analysis, AARP warned that there are large cost-sharing requirements in Medicare, so buy-in enrollees would still be exposed to significant cost sharing. Maybe these buy-in enrollees would have the resources to purchase supplemental Medicare policies to defray these cost-sharing requirements. Perhaps AARP is thinking of making even more money by selling supplemental policies to these retirees.

I share the goal of getting more Americans covered, but expanding the Medicare Program to early retirees is not the answer. Medicare beneficiaries have paid in to this program all these years and rightfully have the expectation to receive the benefits to which they are entitled under the program. The Medicare buy-in proposal would jeopardize these benefits. It would jeopardize existing retiree benefits. It would leave retirees exposed to significant cost sharing. It would be unsustainable and taxpayers would end up footing the bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, thank you very much. I rise tonight to continue the discussion and debate on health care. I had the chance over the last couple of months not only to do a good bit of work on a number of issues that relate to the bill and the two bills that came before and were merged into one bill, but also to hear from constituents across Pennsylvania. Some of them are writing to us and urging us to pass a bill and some are urging us to go in the other direction. But the communications I get from people who write about their own stories, their own family, their own challenges are, of course, the most compelling and the most worthy of time and attention.

Often they come from Pennsylvania families who are not only facing health care challenges but facing economic challenges that I don't think anyone in this Chamber can fully understand, at least not at this point in someone's life. Because when you become a Member of Congress, you are usually in

pretty good shape. You may not have a lot of wealth, but you at least have a job to go to every day, you have a lot of people helping you, and you have health care. That is not something that can be said for tens of millions of Americans.

This legislation is the culmination of a lot of debate and discussion and analysis and study over many decades now. It is nice that we have been talking for years and years about preventing a preexisting condition from barring someone's coverage or treatment. It is nice to talk about it, but it is a lot better when we do something about it. It is nice we have talked about limiting out-of-pocket costs for families who are trying to take care of their children, trying to care of themselves, but it is a lot better to do it, to enact it into law.

This bill makes it illegal to use preexisting conditions to deny someone coverage. This bill makes it illegal for insurance companies to put a lifetime cap on services, or an annual cap. This bill makes it illegal to discriminate so that no longer, if we do what we must do and get this bill passed, can an insurance company discriminate against a woman, which they do all the time now, just as they prevent people from getting coverage due to a preexisting condition. We have an opportunity to change the way we provide health care in ways we haven't been able to imagine, let alone enact into law.

One issue that has motivated me throughout this whole debate is what happens to our children at the end of the debate, at the end the legislative line, so to speak. Will children in America—and I am speaking about poor children and those with special needs because they are the ones who need help. If you are in a wealthy family, you will figure it out, and your family will figure it out. If you happen to be a child of a poor family or a child who has special needs, will you be better off at the end of this debate or will you be worse off.

As it relates to poor children and children with special needs, the goal here has to be no child worse off. It is very simple. It is a very simple test. That is what we have been working on. I believe this bill that is on the floor right now is a dramatic improvement in the lives of so many families. I still think we have some more work to do as it relates to children, but there is no question that the bill we are debating will make children a priority in ways we haven't been able to do in any kind of other legislation, other than the children's health insurance legislation that Congress enacted going back more than a decade ago and that we reauthorized this past year.

I wish to speak about two families tonight. This isn't a discussion about theory or about the nuances of a policy. This is about real people and what has happened to them under our existing system. I wish to put up the first chart. This chart depicts one family, the Ritter family in Manheim, PA. I spoke with them several days ago and I spoke with these two young girls. One daughter's name is Hannah—one twin, I should say, is Hannah and her sister—after I spoke on the floor I called their mom to talk about what I had said on the floor and I said to her, I think I referred to one of your daughters as Madeline, and that is incorrect, it is Madeline. So I want Madeline to know I correctly pronounced her name my second time around. Part of that is because of a story I read to my daughters when they were kids all the time. But there was a story about Madeline, and a lot of parents know that story. So I apologize to Stacie Ritter.

But here is the story that Stacie Ritter has told me through this communication, but has told a lot of other people, and now we try to tell her story on the Senate floor to give meaning to what we are talking about here. But this isn't some public policy discussion about health care; this is about what happens to real families when we don't get the policy right, when we talk and talk year after year, decade after decade, and talk about good intentions, but never get it done, never get a bill passed. This is what happens to people.

Stacie Ritter had to declare bankruptcy after her twins were diagnosed with leukemia at the age of 4. My wife Teresa and I have four daughters, and thank goodness they are all healthy. Two of them are in college, one is in high school, and one is in seventh grade. We have never had to face that kind of diagnosis, thank goodness. Thank God I have never had to face that, nor has my wife Teresa had to face that as a parent. But if we did, we would have been given some protection and so would our daughters if we faced that horrific diagnosis, because when I was working as a lawyer or when I was a public official, I had health care. Sometimes, for a lot of that time period, a decade in State government health care, because I was a State employee, I had a tremendous health care plan, a kind of public option, a good public health care plan. So I never had to worry about that as a parent nor did my wife if something horrific were diagnosed.

These two little girls pictured here—and you can see even though because of that diagnosis they are facing the kind of challenge I can't even imagine, let alone endure—I hope I could, but I am not sure I could if I were in their place. But you can see that even though it is obvious they are facing a real challenge with regard to the leukemia, they are very hopeful, aren't they, in that picture. They have their arms around each other. They have these stethoscopes and they are dressed up like two doctors. So even in the midst of the horror of that kind of a diagnosis, you have these two brave little girls who are looking forward, not just worried about their one situation but looking forward with hope and optimism.

Here is a picture down here taken last year in Washington, DC, then at the age of 11. Here is what their mother said:

> Without meaningful health reform my girls will be unable to afford care, that is if they are even eligible for care, that is critically necessary to maintain this chronic condition.
>
> Punished and rejected because they had the misfortune of developing cancer as a child.

What is the particular problem here with this case? The obvious problem is that these young girls were diagnosed with leukemia. That is bad enough. But we have a system that made their life a lot worse than the leukemia, because we had a system that said—basically what the system said to them is: We can help you and maybe cure you, but we are going to put limits on it. We are going to say that it is nice to have all of this technology and all of this great medical knowledge and great doctors and hospitals across America—and we do. We are the envy of the world on some of this stuff: the doctors and the nurses and the health care professionals, and the hospitals and the technology and the know-how. We are the envy of the world. We should acknowledge that. But then we have this ridiculous system that says to these two little girls: But the care we want to give you and the results we can get from that care are going to be limited. So we hope it works out for you.

That is ridiculous. It is an abomination. I don't understand why we have gone year after year and settled for this. Why do we have limits on the kind of care people get? Because insurance companies thought that was a good idea. I don't know why. I don't know whether it is for their bottom line or for whatever reason, but there is no excuse—no rationale—for saying to someone: We can cure you, but we are going to limit your care.

You are in real trouble, and we know how to help you. But we are going to limit it. Here is what Stacie said about her kids:

> When my identical twins were both diagnosed with [this leukemia] . . . at the age of four, we were told they would need a bone marrow transplant in order to survive. That's when I learned that the insurance company thought my daughters were only worth $1 million each.

I don't know a parent in America who believes their son or daughter—in this case, two daughters, her twins—is worth any amount of money or their care is worth any amount of money. Why does the insurance company do it? We hear they say that is policy, and then they get pressure from a TV station or news organization and they give the care.

If the policy makes sense, why would public pressure change a policy? The policy is ridiculous and insulting. It should be changed. It is one of those things we have to make illegal, and this bill does that. We should make it illegal for an insurance company to do that to children. But it doesn't make a

lot of sense unless you talk about it in terms of a real story.

Here is what Stacie Ritter said after she talked about the limit—very flatly, she said two words about whether a $1 million is enough to care for two daughters with leukemia over many years:

It's not! When you add up the costs involved in caring for a patient with a life-threatening disease like cancer, $1 million barely covers it.

We have lots of stories like this.

Fortunately, the hospital social worker recommended we apply for secondary insurance through the State considering the highly probable chance we would hit the cap. And we did hit that cap before the end of treatment.

The State program sounds a lot like a public option. I may be wrong, but it sounds an awful lot like that.

Thankfully, the State program kicked in and helped pay for the remainder of treatment.

So that part of the story worked itself out. It didn't work itself out because the insurance company said: We have a way to help you, and we are going to do it and figure out the cost in another way. No, the insurance company didn't help them. It was the State program in this case—the kind of public option that helped these kids. That part of the story has somewhat of a positive outcome. These kids are only 11. When they were 4 and 5, they didn't have that kind of an option.

This story gets worse. This is what Stacie says:

During this time, my husband had to take family medical leave so we could take turns caring for our one-year-old son and our twins at the hospital. . . .

For the 7 months my husband was out on family medical leave, he was able to maintain his employer-based insurance for us via a $717.18 a month COBRA payment.

Let me get this straight. We are now talking about COBRA—the extension of insurance coverage for people who are hurting, laid off or unemployed. That is another government initiative enacted by Congress. I am sure there were some folks who thought let's not use government to extend health insurance. But in this case, it was helpful to this family. But it wasn't enough.

Here is what Stacie says, as she keeps going:

After spending all our savings to pay the mortgage and other basic living expenses, we had to rely on credit cards.

We have a health care system that forced Stacie Ritter, and lots of other families in America, to rely upon credit cards so they could get the health care for their daughters who have leukemia and make ends meet so they could pay the mortgage and all the other things they had to pay for for themselves and their daughters and their son. That is what this health care system has forced them to do.

This isn't unambiguous. This is exactly the result of the worse part of our health care system. This last sentence might be the most poignant. She mentions they filed bankruptcy:

And when you file bankruptcy, everything must be disclosed. We even had to hand over the kids' savings accounts that their great grandparents had given them when they were born.

That is another problem with this messed up system we have. It forced this family not only to worry about whether their daughters were going to be taken care of with leukemia, it not only said they probably had to declare bankruptcy to take care of themselves and get the care they needed, but in the course of the bankruptcy proceedings, they had to turn over savings accounts.

I don't care if it was $1 or $1,000 or a much higher amount. I don't care what the amount was. We should never allow a system to force two little girls with leukemia to turn over their savings accounts that their great grandparents started for them. That is how bad the system is.

I will spend lots of time complimenting doctors, hospitals, and nurses. We have a lot of good things. We have good technology. OK. I am acknowledging all that. But this system is messed up when we have this happen to one family. I don't care if it is one family or 1 million, but we know there are lots of them out there who face similar circumstances.

Some people might say you are talking about the family and all these problems. What does your bill do? It so happens the first provision in the bill—go by the table of contents and go to the page—I think page 16. The first provision of the bill talks about not having limits on lifetime coverage. If that were in effect when Stacie Ritter and her husband got the diagnosis for their daughters—if that was in effect, the following would have happened, and this is irrefutable: No. 1, they were upset, and as worried as they were about their daughters, at least they would have had the peace of mind to know they didn't have to worry about it costing too much to get them care. They would not have had to worry about this causing bankruptcy. So at least we would have given them some peace of mind and some security. Then on top of that, we would have given them the kind of care they needed, including the follow-up care.

When some people say we need to debate a little longer, 3 months or 6 months more, or let's talk about it for a couple more years—we have talked this issue to death for years. We know exactly what is wrong. This is what is wrong. That story alone is reason to pass the bill. There are a lot of other reasons, a lot of other tragedies that are preventable if we do the right thing.

We have a bill that we are going to pass, and the first provision speaks to this family's challenge.

Let me read one more letter and I will stop. I know I am over my time. We have heard a lot of discussion in the last couple of days about people whose personal tragedies bring all of us to our senses as we get lost in the politics. I received a letter this fall that I think sums it up in a way that both Hannah's and Madeline's story does as well. This is a letter that I received from a woman in Havertown, PA, suburban Philadelphia. She says:

On September 9, 2009, my sister-in-law's cousin had to take her three-week-old son off of life support. He took two shallow breaths and passed away peacefully. He did not have to die, he did not have to be on life support, he did not even have to be in the [neonatal intensive care unit] NICU.

At 36 weeks gestation, his mother was told that she had Placenta-previa, but the insurance company and the doctor were at a tug of war on getting it covered.

This is America. Why should a doctor have to be in any tug of war about whether this mother, who is pregnant, will be covered? That should not even be a discussion. There should not have to be any discussion about that. But that is how messed up our system is.

At 39 weeks, Brandon's umbilical cord ruptured. His mother Karen was rushed to the hospital and Brandon was taken to Jefferson [hospital] in Philadelphia to undergo brain cooling treatment to return brain activity.

It was too late. After minimal return of brain activity, it was decided after 3 weeks to remove life support.

She concludes with this haunting sentence, this haunting reminder of how bad a case this is:

Who saved money here? Was it worth a child's life to save a few dollars? And I am sure 3 weeks of life support costs more than a C-section.

That is the end of her letter. So anybody who says that we have to make a couple little changes on the margins, but we have a great system that is not in need of major reform—I need only point to these two examples. That is all the information I need.

Unfortunately, we have thousands—hundreds of thousands of additional examples—literally millions of people who are denied coverage because of a preexisting condition. Sometimes because a woman has been a victim of domestic violence, that has been used as a preexisting condition in terms of whether she gets health care. So we have a messed up system.

When we allow these tragedies to happen day after day, year after year, and we have people in Washington saying: We just could not get it done, we have to debate a little longer—we have to get a bill passed. We are going to do that in the next couple of weeks. We will take whatever steps are necessary to get this legislation passed because we cannot say to this woman who wrote to me from Havertown, PA, nor can we say to these two girls and their parents—we can't walk up to Hannah and Madeline and other kids like them in the country and say we tried to get that lifetime limit matter done, but it got a little contentious.

We have to get it done, and we will get it done because we are summoned by a lot of things. But I think we are summoned by our conscience to get this done and make sure we can do everything possible—no system is perfect—to prevent these tragedies.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

Mr. SANDERS. Mr. President, let me begin by thanking Senator CASEY for his consistent efforts in fighting to make sure that every American has good-quality, cost-effective health care. He has been a leader and I congratulate him.

Mr. President, I wish to touch on some of the health care issues that are out there and tell you what I think is positive in the bill we are dealing with in the Senate and tell you what I think is not so positive.

To begin with, as Senator CASEY has aptly described, we have a system which, in many ways, is disintegrating. It is an international embarrassment that in the United States of America, we remain the only Nation in the industrialized world that does not guarantee health care to all its people as a right. The result of that is, some 46 million Americans today have no health insurance. Even more are underinsured, with large copayments and deductibles.

We have some 60 million Americans today who, because of our very poor primary health care outreach network, do not have access to a doctor on a regular basis. The result of that is, as incredible as it may sound, according to a recent study at Harvard University, some 45,000 people die every single year because they do not get to a doctor when they should. As a result, by the time they walk into a doctor's office, their illness may be terminal. In addition to that, God only knows how many people end up in a hospital, at great expense to the system, because they did not get care when they should have.

Meanwhile, as Senator CASEY indicated, bankruptcy is an enormous problem because of our health care system. Close to 1 million Americans this year will be going bankrupt because of medically related bills. Furthermore, when we talk about economic growth in America, all of us understand that small businesses, medium-sized businesses are plowing an enormous amount of money into health care for their workers rather than reinvesting that money and expanding their operations and creating the kind of jobs we need as a nation in the midst of our very deep recession.

We have a major problem. At the end of the day, despite so many people uninsured, underinsured, so many people dying because they do not get health care when they need it, so many people going bankrupt, we end up spending almost twice as much per capita on health care as any other nation.

It is clear to me and I think it is clear to the vast majority of the American people that we need real health care reform. What real health care reform must be about is at least two things. No. 1, providing coverage to all Americans as a right of citizenship and, No. 2, doing that in the most cost-effective way we possibly can.

To my mind, quite frankly, there is only one way that I know of that we can provide universal, cost-effective, and comprehensive health care for all our people, and that is a Medicare-for-all, single-payer system. Very briefly, the reason for that is we are wasting about $400 billion every single year on administrative costs, on profiteering, on advertising, on billing—all in the name of profits for the private insurance companies that have thousands and thousands of separate plans out there, creating an enormously complicated and burdensome system. With each one of their thousands of plans, if you are young and do not get sick and are healthy, they have a plan for you. If you are older and you get sick, they have another plan for you. There are 1,300 private insurance companies with thousands and thousands of plans, and to administer all of this costs hundreds and hundreds of billions of dollars.

That is money not going into doctors—we have a huge crisis in primary health care physicians—not money going into dentists. Many areas, including Vermont, have a serious dental access problem. That is money not going to nurses. We have a nursing shortage. This is money going into bureaucracy, profiteering, and salaries for the CEOs of insurance companies. It is going into inflated prices for prescription drugs in this country. As a nation, we pay the highest prices in the world for prescription drugs.

To my mind, as a nation, what we have to finally deal with is that so long as we have thousands of separate plans, each designed to make as much money as possible, we are not going to get a handle on the cost of health care in America.

In the bill we are now talking about in the Senate, we have to be clear that the projections, according to the CBO, are that, everything being equal, over a 10-year period, the cost of health care for most Americans is going to continue to soar. That is the reality. This is bad not only for individuals, not only for businesses, this is bad for our international competitive capabilities because we are starting off from the position that today we spend much more than any other country. Guess what? While this bill does a number of very good things, it is not strong on cost containment.

If we are going to try to improve cost containment—and I wonder how much we can do within the context of this particular approach to health care without being a Medicare-for-all, single-payer system—at the very least, we need a strong public option. We need that for two reasons. First of all, there is widespread mistrust of private health insurance companies for all the right reasons.

Most Americans understand that the function of a private health insurance company is not to provide health care; the function is to make as much money as possible. People do not trust private health insurance companies, and they are right in terms of their perceptions.

People are entitled to a choice. If you want to stay with your private health insurance company, great, you can do it. But as many people as possible in this country should be able to say: You know what, I am not comfortable with a private insurance company. I would rather have a Medicare-type plan.

Poll after poll suggests that the American people want that public option. That is point No. 1, freedom of choice. People should have that choice. If they do not want it, that is fine.

Point No. 2 may be even more important, if we are going to get a handle on exploding health care costs, somebody is going to have to rein in the private insurance companies whose only function in life is to make as much money as they possibly can. We need a nonprofit, government-run public plan to do that. If we do not have that in this bill, I am not sure how we are going to get any handle on cost containment.

I will fight to make sure we have as strong a public option as we possibly can. As I have said publicly many times, my vote for this legislation is not at all certain. I have a lot of problems with this bill. We have to have at least, among other things, a strong public option.

Let me tell my colleagues something else I think we have to address in this bill. As I mentioned a moment ago, we have a disaster in terms of primary health care in America. Some 60 million Americans are finding it difficult to get to a doctor on a regular basis, and that is dumb in terms of the health and well-being of our people. It is also dumb in terms of trying to control health care costs.

If somebody does not have a doctor they can go to when they get sick, where do they end up? They end up in the emergency room, and everybody knows the emergency room, by far, is the most expensive form of primary health care. Yet millions of people have no other options. They end up in an emergency room. If they have a bad cold, Medicaid may pay $500 to $600 for their visit to the emergency room. That is totally absurd.

Furthermore, if you have a primary health care physician, that person can work with you on disease prevention—helping you get off cigarette smoking or helping you with alcohol, a drug problem, a whole myriad of issues in terms of good prevention, good nutrition. That we have a disaster in primary health care which is driving people to the ER makes no sense at all.

As I mentioned the other day, there is a provision in this legislation in the Senate which authorizes a very significant expansion of federally qualified community health centers which, in a nonpartisan way, a bipartisan way is widely supported by, I suspect, almost everybody in the Senate and in the House as well.

These community health centers today allow 20 million people to access not only good, quality primary health care but dental care, which is a huge

issue all over this country, mental health counseling, a very big issue, and low-cost prescription drugs.

The problem is, while the community health centers today do an excellent job, there are not enough of them. So in this legislation, we have greatly expanded community health centers. If we as a Congress are talking about bringing 13, 14, 15 million more people into Medicaid, I am not quite sure how a struggling Medicaid Program is going to accommodate those people, unless we provide the facilities and the medical personnel to treat them.

We need this. We need to expand primary health care. Community health centers are the most cost-effective way I know how to do that. There are studies that suggest providing that primary care, keeping people out of the emergency room, keeping them out of the hospital because they have gotten sicker than they should have gotten, we can, in fact, pay for these community health centers over a period of years by simply saving money.

In the Senate, we have very good language authorizing an expansion. In the House, they have similar language, except in the House they have a trust fund which actually pays for this. I am going to do my best to make sure we adopt the House language, which pays for, through a trust fund, a substantial increase in community health centers and, in addition, a very significant expansion of the National Health Service Corps, which is a Federal program which provides debt forgiveness and scholarships for medical students who are prepared to serve in medically underserved areas in primary health care.

We desperately need more primary health care physicians, nurses, dentists. That is what the National Health Service Corps does. My hope is the Senate will adopt the House provision to greatly expand the National Health Service Corps and the Health Service programs. That is an issue that is very important to me.

Let me touch on another issue, which is clearly going to be contentious; that is, at the end of the day, we are going to be spending on health care somewhere around $800 billion to $1 trillion. The American people want to know a couple of things. They want to know: Is this going to raise our national deficit? What CBO tells us is, no, it will not. More money is going to come in than goes out. There will be savings incorporated in the legislation, and that is a good thing. We have a $12 trillion national debt, and we do not want to add to that.

But people are also asking how are you going to raise the money? How are you going to pay for this? Where does the $800 billion to $1 trillion come from? Here is where we have a bit of differences of opinion.

In the House, I think they have, once again, done the right thing. What the House has done is raise $460 billion, with a surcharge on the top three-tenths of 1 percent of taxpayers. These are the wealthiest people in this country. What the House has said, quite appropriately, is that at a time when the gap between the rich and everybody else is growing wider and at a time when the top 1 percent earn more income than the bottom 50 percent, it is appropriate, especially after all of President Bush's tax breaks, to ask the wealthy to start paying their fair share of taxes so we can provide health insurance to tens of millions of Americans. That, in my view, is exactly the right way to go.

Unfortunately, in the Senate, we have not done that. What we have chosen to do in the Senate is to raise about—I do not know the exact number—but we have chosen to impose an excise tax of 40 percent on so-called Cadillac plans. The problem is, given the substantial increase in health care costs in this country, a Cadillac plan today in 5 or 10 years may be a junk car plan.

I believe with a struggling middle class, with people desperately trying to hold onto their standard of living, the last thing the Senate wants to do is impose a tax on millions and millions of working people who have fought hard to get a halfway decent health care plan.

Let me very briefly read from a fact sheet that came from the Communications Workers of America. CWA is one of the largest unions in this country. Similar to almost every union, they are strongly opposed to this excise tax on health care benefits. This is what they say. I read right from it. This is a document from the CWA:

> The U.S. Senate will soon vote on legislation that would tax CWA-negotiated employer health plans. The tax will be passed directly onto working families. To avoid the tax, employers will try to significantly cut benefits for active workers and pre-Medicare retirees.
>
> How the House Benefits Tax Works.
>
> A 40-percent excise tax would be assessed on the value of health care plans exceeding $23,000 for a family and $8,500 for an individual starting in 2013. (Levels are higher for pre-Medicare retiree plans and high-risk industry plans—$26,000 and $9,850.)

And here is an important point. Because while people may not have to pay this tax in a couple of years, with health care costs soaring, they will have to pay this tax in the reasonably near future.

Quoting from the CWA document:

> These ''thresholds'' would increase at the rate of general inflation, plus 1 percentage point, or 3 percent. This is well below the medical inflation rate (4 percent) and about half the rate (6 percent) at which employer and union plan costs have been increasing.

In other words, the cost of health care is rising a lot faster than inflation, which today is almost zero. It may actually be below zero, the point being that in a number of years, so-called Cadillac plans are going to reach the threshold upon which middle-class workers are going to be forced to pay a lot in taxes.

Let me go back to the CWA now. They write:

> Health Benefits Tax Will Hit CWA—

And they are talking about many union workers here.

> —CWA-negotiated Plans Hard and Result in Deep Cuts. In 40 of 43 states examined over 10 years (2013–2022) the average excise taxes assessed on each worker in CWA's most popular plans will be: $13,300 per active worker in the family plan.

That is for a 10-year period, $13,300.

> $5,800 per active single worker, $13,600 for pre-Medicare retiree in the family plan, and $4,400 for pre-Medicare retiree in the single plan.

The bottom line is that the middle class in this country is struggling. We are in the midst of the most severe recession since the Great Depression of the 1930s. People are working longer hours for lower wages. The middle class is on the verge of collapse. The Senate should not be imposing an additional tax on middle-class workers. The House got it right; the Senate got it wrong, and I intend to offer an amendment to take out this tax and replace it with a progressive tax similar to what exists in the House.

Let me conclude by simply saying this: I understand that the leadership wants to move this bill forward as quickly as possible. I understand that. But in my view, we have a lot of work in front of us to improve this plan. Among many other things—many other things—and I know other Members have different ideas—at the very least, States in this country—individual States—if they so choose, should be able to develop a single-payer plan for their States. Because at the end of the day, in my view, the only way we are going to provide comprehensive, cost-effective, universal care is through a single payer.

I know some people are saying: Well, we are dealing with health care, we are not going to be back for a long time. If this bill were passed tomorrow, trust me, we would be back in a few years, because health care costs are going to continue to soar. Winston Churchill once said: ''The American people always do the right thing when they have no other option.'' And I think that is what we are looking at right now. We are running out of options.

What we have put together is an enormously complicated patchwork piece of legislation. It is going to help a lot of people. It involves insurance reform, which is absolutely right. We have a lot of money into disease prevention, which we should have. There are a lot of very good things in this bill. But it is not going to solve, in my view, the health care crisis. Costs are going to soar. If we don't have the courage as a body to take on the insurance companies, to take on the drug companies, at the very least let us give States—whether it is Vermont, Pennsylvania, California, or other States—the right to become a model for America; to provide health care to all people in a cost-effective way through a Medicare-for-all, single-payer system. We have to do that.

The other thing we have to do, in my view, is to get rid of this tax on the middle class by taxing health care benefits. Mr. President, you will recall that a year ago we were in a highly controversial and difficult Presidential campaign. One candidate, who happened to have lost that election—a Member of the Senate, Senator MCCAIN—came up with a plan that was exactly—or very close to it—to what we are talking about today. Then-Senator Barack Obama, who won that election, came up with a different plan, because he said that wasn't a good idea. Well, how do you think millions of American workers are going to feel when they say: Wait a second, the guy who won told me he was against taxing health care plans, and now we are adopting the program of the guy who lost. How do the American people who voted in that election have faith in their elected officials if we do exactly what we said we would not do?

So I believe we have to move toward a progressive way of funding this health care plan. As I stand here right now, this plan has a lot of good stuff in it, but there are a lot of problems in it. I very much look forward to the opportunity to be able to offer a number of amendments to strengthen this bill. It is very important to the people of Vermont and to people all over this country that not only I but the Presiding Officer and other Members have a right to offer amendments. Because if this bill gets whizzed right through, and is not as strong as it possibly can be, I think we will not have done the job we need to do.

Mr. President, with that, I yield the floor.

Mr. KOHL. Mr. President, as chairman of the Special Committee on Aging, the plight of vulnerable seniors is a subject of great concern to me. The committee is charged with uncovering problems that endanger the health and welfare of older adults and developing policy to prevent seniors from becoming victims of fraudulent scams and abuse.

During this Congress, I have been fortunate to be joined by my colleagues, Senators LINCOLN and HATCH and STABENOW, in advancing policy to reduce elder abuse. The Senate health care reform bill now includes both the Elder Justice Act and the Patient Safety and Abuse Prevention Act, and we will do our utmost to see that they become law.

Today I am pleased to continue the effort to protect America's vulnerable seniors by introducing an amendment that combines two very valuable bills, the Elder Abuse Victims Act and the National Silver Alert Act. Both have been passed by the House of Representatives.

Elder abuse is a sad scourge on our society, often hidden from sight by the victis themselves. Even so, experts conservatively estimate that as many as 2 million Americans age 65 and older have been injured, exploited or otherwise mistreated by someone on whom they depend for care or protection.

As Federal policymakers, it is time that we step forward and tackle this chaenge with dedicated efforts and more vigorous programs that will make fighting elder abuse as high a priority as ongoing efforts to counter child abuse.

It is in this spirit that I am offering an amendment to give the Department of Justice a roadmap for how to establish programs to bolster the frontline responses of state and local prosecutors, aid victims, and build a robust infrastructure for identifying and addressing elder abuse far more effectively than we do today.

We need to provide assistance to our courts, which would benefit from having access to designated staff that boast particular expertise in elder abuse. Specialized protocols may be required where victims are unable to testify on their own behalf, due to cognitive impairments or poor physical health. And there is a great need for specialized knowledge to support successful prosecutions and enhance the development of case law. Today, many state elder abuse statutes lack adequate provisions to encourage wide reporting of abuse and exploitation, more thorough investigations and greater prosecution of abuse cases.

For the victims of elder abuse, many of whom are physically frail and very frightened, we must do much more. First and foremost, we must be more responsive. Not too long ago, it was difficult to even get an abuse case investigated. While that is starting to change, we have much work ahead. For example, sometimes emergency interventions are necessary, particularly if the older person is being harmed at the hands of family members or trusted ''friends.'' It may be necessary to remove the older adult from his or her home to a temporary safe haven. To do this, we must build a much more robust system of support.

And there is more we must do to assist vulnerable seniors who may not be abused, but who are nonetheless vulnerable because they suffer from cognitive impairment. As the prevalence of dementia rises in our aging society, we have a special responsibility to ensure that those who ''go missing'' from home are returned promptly and safely. This is the purpose of the second part of the amendment, which proposes to create a national program to coordinate State Silver Alert systems.

The Amber Alert system, on which the Silver Alert Act is modeled, was created as a Federal program to rapidly filter reported information on missing children and transmit relevant details to law enforcement authorities and the public as quickly as possible. Using the same infrastructure as Amber Alerts, 11 States have already responded to the problem of missing seniors by establishing Silver Alert systems at very little additional cost. These programs have created public notification systems triggered by the report of a missing senior. Postings on highways, radio, television, and other forms of media broadcast information about the missing senior to assist in locating and returning the senior safely home. Now we have an opportunity to finish the job and create Silver Alert programs across the country.

Both of the provisions in this amendment are strongly supported by the Elder Justice Coalition. I ask my colleagues to support this amendment, and by doing so to markedly reduce the risk of harm to our most vulnerable citizens.

Mr. SANDERS. Mr. President, it appears I am going to be closing tonight.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

MORNING BUSINESS

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

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

TRIBUTE TO VIDA CHAN LIN

Mr. REID. Mr. President, I rise today to honor Vida Chan Lin. The Las Vegas Asian Chamber of Commerce recently named Vida Chan Lin as their first female president. For many years, Lin has been an advocate for Nevada's Asian Pacific Islander American, APIA, community. Her early exposure to the complexities of business and the APIA community has cultivated the passion and talent necessary for success.

Vida Chan Lin moved to Las Vegas in 1994 and began developing her career as an insurance sales representative. Within a few years, Lin pursued her entrepreneurial interests and launched an insurance agency named V&J Insurance. The company was committed to providing outstanding service and education to Asian and minority communities in Nevada. Vida Chan Lin's success continued when she was named vice president after a merger between V&J Insurance and Western Risk Insurance.

Vida Chan Lin's continued involvement and dedication with supporting local community and business organizations resulted in a significant partnership that benefits families and businesses across Nevada. Lin has also advanced local business endeavors through her work with the Asian Chamber of Commerce, ACC, and the OCA Las Vegas Chapter. During her tenure in ACC, she helped develop annual events such as the Chinese New Year Community Achievement Awards Dinner, Bill Endow Golf Tournament, and Asian Business Night. Her help with the OCA Las Vegas Chapter resulted in two national events to be held in Las Vegas for the first time—the