many others from our history, Americans want history to show that a determined few took their side and triumphed over a powerful majority—a majority who clearly misread its mandate.

GUANTANAMO BAY

Mr. MCCONNELL. Mr. President, early yesterday, the administration announced what can only be viewed as the latest in a string of seriously misguided decisions related to the closing of the secure facility at Guantanamo Bay. It plans to move dozens of terrorist detainees from Guantanamo Bay Cuba to a prison in northern Illinois.

The explanation we used to get for moving detainees onto American soil was that Guantanamo's existence is a potent recruiting tool for terrorists. But even if you grant that, it is hard to see how simply changing Guantanamo's mailing address would eliminate the problem. Does anyone believe Al-Jazeera will ignore the fact that enemy combatants are being held on American soil? It is naive to think our European critics, the American left, or al-Qaida will be pacified by creating an internment camp in northern Illinois, a sort of ''Gitmo North'' instead of ''Gitmo South.''

As I said, this is just the latest in a series of misguided decisions. First, there was the decision to close Guantanamo by an arbitrary date without a plan for doing so. Americans expect their Government to protect them. That is why Americans overwhelmingly rejected the idea of closing Guantanamo.

Then there was the decision to bring the self-avowed mastermind of the 9/11 attack, Khalid Shaikh Mohammed, and his fellow 9/11 plotters into New York City for trial. We learned just this week, the administration plans to give other terrorists the benefits of a civilian trial in the United States.

Now there is this: According to the reports we have seen, the administration intends to bring as many as 100—100—foreign terrorist fighters from Guantanamo Bay to America, a plan that would make our Nation less safe, not more so. What is worse, the defenders of the proposal don't even seem to get the implications.

Rather than even attempt to reassure people about safety, politicians in Illinois are trumpeting this decision—get this now—as a jobs program, a jobs program. That is how out of touch they are. Democratic politicians are so eager to spin the failure of the $1 trillion stimulus, they are now talking about national security in the language of saved and created jobs.

The advocates of closing Guantanamo without a plan can't seem to make up their minds as to why it is a good idea. First, we were told we had to bring them here because Guantanamo is a dangerous symbol—the whole symbolism over safety argument. Now, with unemployment in double digits, it is being sold—incredibly—as a jobs project, some kind of shovel-ready plan.

But leaving aside the absurdity of marketing this as a jobs program, let's get to the core issue. The core issue is this: Moving some of the worst terrorists on Earth to U.S. soil on its face is more dangerous than leaving them where they are. Nobody could argue with that. Make no mistake, this decision, if implemented, will increase the threat to security at home. Let's count the ways in which it increases the threats of security in the United States.

There will now be another terrorist target in the heartland of America—an obvious one at that, right near the Mississippi River.

The FBI Director has already stated his concerns about the radicalization of other prisoners that could happen by moving terrorists here.

There is also the danger of detainees communicating with terrorists on the outside, as has happened in the past—a danger that would undoubtedly increase with the additional legal rights detainees will enjoy once they are moved into the United States.

Then there is the danger that the detainees could sue their way to freedom—yes, that the detainees could sue their way to freedom. Before the first detainee has even set foot in the United States, their lawyers stand ready to challenge in court the administration's decision to incarcerate detainees indefinitely in the United States. By purposefully moving detainees here, the administration is making it easier for detainees and their lawyers to succeed in doing so.

The Supreme Court has repeatedly held that foreign nationals have more rights if they are present on U.S. soil than if they are not. We have already seen the application of this principle. We have seen a Federal judge order detainees released into the United States—only to be reversed because the detainees at the time didn't enjoy the advantage of being present in the United States—an advantage the Obama administration intends to confer on them.

Then there is the case of the so-called shoe bomber, Richard Reid, who narrowly failed in his effort to blow up a passenger jet in midair. Americans might recall that Reid ended up in a supermax facility in Colorado. They might not recall what happened next. Not satisfied with his conditions of confinement, Reid sued the government. He said he wanted to be placed in less restrictive conditions where he could watch TV, order periodicals through the mail, and learn Arabic. He got his wish. The Obama administration acceded to Reid's demands. He has been placed in the general prison population, a less restrictive environment where he can speak to the media and where his visitors and mail will no longer be regularly monitored by the FBI. Is this how we should treat people who attempt to blow up commercial airliners? We will no longer have the FBI routinely monitor their mail? This is an outrage, an absolute outrage. Unfortunately, it is not an isolated case.

Just a few years ago, this same supermax allowed terrorist inmates to communicate with terrorist networks abroad. At the time, our Democratic colleagues criticized these security lapses harshly. The senior Senator from New York said Federal prison officials were ''incompetent when it comes to detecting possible terrorist activity in Federal prisons.'' He noted ''past evidence of terrorists communicating with live terror cells from inside prison walls.'' That was the senior Senator from New York.

Our Democratic colleagues now raise concerns about similar potential lapses at the proposed ''Gitmo North.''

This decision is ill-advised on multiple levels. It is also prohibited by law. Fortunately, if and when the Obama administration submits its plan for closing Guantanamo, Congress will have an opportunity to revisit the prohibition in current law that bars the transfer into the United States of Guantanamo detainees for the purposes of indefinite detention. That is against the law. At that point, we will decide whether this prohibition ought to be removed and whether millions of dollars ought to be appropriated to make this ill-advised decision a reality.

In short, Congress will have a chance to vote on whether we should treat the national security needs of the country as just another local jobs project. I suspect the American people will be no more supportive of this idea than they were of the administration's plan to close Guantanamo by an arbitrary date. Security can't take a backseat to symbolism, and it certainly should not take a backseat to some parochial jobs program.

I yield the floor.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mr. BEGICH). Under the previous order, leadership time is reserved.

SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 3590, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

Pending:

Reid amendment No. 2786, in the nature of a substitute.

Hutchison motion to commit the bill to the Committee on Finance, with instructions.

The PRESIDING OFFICER. Under the previous order, the first hour will

be equally divided and controlled between the two leaders or their designees, with the minority controlling the first half and the majority controlling the second half.

The Senator from Montana is recognized.

Mr. BAUCUS. Under current law, the estate tax disappears next year—in 16 days—but snaps back to a 55-percent rate the year after. I believe that is not sound policy. The estate tax should not be zero in 1 year and then be snapped up to a very high rate in the subsequent year. As the Chair knows, current law has the rate slowly declining and the exemption slowly increasing. The individual exemption now is $3.5 million. If Congress takes no action, then beginning on January 1 of next year, that could be zero. The estate tax could be zero.

But another consequence that will occur too is that all heirs of the estate will find that the property they receive will be subject to a carryover basis. Currently, today, property received by heirs is subject to a step-up basis. They get the new basis and the value of the estate as of the date of the decedent's death. If this law expires, there would be no estate tax paid next year on any estate, but also the heirs will no longer have a step-up basis on the assets they receive.

There are several problems with letting the current law expire next year. One is the yo-yo effect. It is an outrage if Congress allows estate taxes to change so much, particularly near the end, that is, a lower rate this year with an expiration to a zero rate next year, and also changing a step-up to a carryover basis, and the following year up at a much higher rate.

The second problem, frankly, is I do think there should be an estate tax on the highest value estates. I think that is good policy.

Third, people don't talk much about this, but I think we should focus on it. If current law expires, every heir will be subject, as I said, to a carryover basis in determining his or her taxes when that taxpayer, the heir, at a later date sells the property and has to pay capital gains. What are the problems with that? First of all, massive recordkeeping confusion—massive.

Soon, I am going to propose an extension in the current law. If that is not passed and if we do not extend the estate tax law, all taxpayers, all heirs, will be subject to massive confusion in trying to determine the value of the underlying assets when they later try to sell. The value of the step-up basis to the heir obviously is a lower capital gains tax, but there is also certainty. People pretty much know the value at the death of the decedent.

I cannot emphasize strongly enough how much confusion there will be on January 1, if my consent is not agreed to. There will be such confusion because of the heirs receiving property subject to a carryover basis, not a step-up basis, let alone the capital gains tax they will have to pay when they sell that capital asset at a subsequent date. Currently, when the heir receives that capital asset, because it is a step-up basis, there is much less capital gain paid, presumably, by that heir who sells the asset.

Here it is mid-December. The only responsible thing to do to prevent the yo-yo effect—how in the world can people look at planning in their estates if the law goes up and down and changes all the time? It has kind of leveled off, as I said, at the 2009 rates and people have a pretty good idea what those are. Some in this body would like to see the rate go lower and exemptions go higher. Some in this body would like to see other changes. We kind of leveled off at 2009 estate tax laws, where the rates are set and the exemptions are set. Most people in the country are anticipating Congress will eventually pass that.

It would be irresponsible to further the yo-yo effect by allowing current law to expire and create all this massive confusion, this chaos that will apply to heirs of the estates on January 1 because of this change in capital assets from step-up to a carryover basis, among other things.

UNANIMOUS CONSENT REQUEST—H.R. 4154

Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H.R. 4154, which was just received from the House and is at the desk; that the Baucus substitute be considered and agreed to, the bill, as amended, be read the third time and passed, the motion to reconsider be laid upon the table; that any statements relating to the measure be printed in the RECORD without any further action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. Mr. President, reserving the right to object, there is nothing more outrageous to the American people than the thought that they will have to visit both the IRS and the undertaker on the same day.

Surveys indicate that Americans, even after informed that estate tax may not apply to them, object to it in principle.

I am going to ask that the chairman of the Finance Committee modify his request in the following way:

That there be an amendment considered that reflects a permanent, portable, and unified $5 million exemption that is indexed for inflation, and a 35-percent top rate; and further, that the amendment be agreed to, the bill then be read the third time and passed, with the motion to reconsider laid upon the table.

Before the Chair rules, I want to acknowledge my good friend Senator KYL, the Republican whip, who has been our leader on this side of the issue. He has crafted a proposal, along with the leader on this on the other side, Senator LINCOLN of Arkansas, that is consistent with the consent agreement and with the modification I am now asking the chairman of the Finance Committee to make. This approach would provide certainty and clarity to all taxpayers, especially small businesses and farmers; whereas the UC propounded by the chairman would only create additional confusion, with three different rates coming into effect in the course of a 12-month period.

Summing it up, I ask that my friend from Montana modify the agreement in the way I described.

Mr. BAUCUS. Mr. President, I don't think this is the way to do business here; that is, to enact estate tax law here on the floor of the Senate without any notice, and also because there are so many considerations Senators on both sides want to look at. It would be improper. I object.

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. BAUCUS. Mr. President, I yield 5 minutes to the Senator from New Mexico.

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

Mr. BINGAMAN. Mr. President, let me speak in support of what Senator BAUCUS, the Senator from Montana, attempted to do just now—to get a short-term extension of current law with regard to the estate tax, so we would have a $3.5 million exemption from the estate tax into next year for a short period, while we actually settle on what type of permanent change in estate tax law is appropriate.

As the Senator from Montana pointed out, the circumstance we find ourselves in right now, given the current state of the law, is untenable and irresponsible. What the current status is that if a person dies in the next 16 days, if their estate exceeds $3.5 million, they will be subject to an estate tax, and a couple whose estate—when the second member of the estate dies and their estate would exceed $7 million, they would be subject to an estate tax.

After the next 16 days, beginning on January 1 of next year, we have no estate tax under the law as it now exists. But at the end of next year—or the beginning of 2011—the estate tax comes back at a 55-percent rate.

That is not a reasonable set of circumstances for the American public to have to face. Not only is it a 55-percent rate that comes back on January 1, 2011, the exemption—the amount that is exempt from the estate tax—is reduced to $1 million. That is, obviously, adverse to many families in this country.

What has happened on the Senate floor is that the Senator from Montana has said let's do a short-term extension of the current estate tax provisions for a few months and get a resolution of what should be done on a permanent basis. The Republican leader has said: No; here is a permanent solution. Take this permanent solution or we object.

That is not a responsible way for this body to proceed, in my opinion. I do

think this issue that both Senator REID and Senator BAUCUS have spoken about of this problem with a stepped-up basis going away for inherited assets is a very real problem. It is arcane, I understand that. It sounds like accounting speak. But it is a very real problem for American families when they inherit property in the future to have to take the value for purposes of paying capital gains tax. If that property is ever sold, they will have to go back and try to determine what was the basis that their parent or the person from whom they inherited the property had in that property. It is a bookkeeping nightmare and will create great confusion for American families.

Clearly, the right course is for us to do a short-term extension of the current estate tax provisions and then get agreement between the two parties as to what a long-term solution could be in the next couple of months.

That course, evidently, is being blocked. The request was made yesterday, I understand, by Senator PRYOR to have a short-term extension. The Republican leaders objected to that request. The same objection has been raised to the request by Senator BAUCUS today.

I do think this is an unfortunate circumstance. It is a great disappointment to me to see us doing business in this fashion. I know there are many who think there should be no estate tax. I do not agree with that perspective. The estate tax in my State—I went back and got the IRS figures. There were 80 individuals in the year 2008 who wound up having to pay some estate tax, whose estates had to pay some estate tax in the State of New Mexico. It does not apply to most individuals.

I do believe it is appropriate that there be an estate tax for large estates. I do believe we should have a consistent policy, and it should not be something that is here today, gone tomorrow, and back again in a much worse form at the beginning of January 2011. That is the course we are on today. I think it is very unfortunate.

Again, I strongly support what the Senator from Montana was trying to accomplish with his unanimous consent request.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I ask unanimous consent that Senator KYL be permitted to speak for up to 5 minutes and that following his remarks, the hour of controlled time on the health care legislation begin.

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

The Senator from Arizona.

Mr. KYL. Mr. President, the argument that the chairman of the Finance Committee made reminds me of a story told in law school of the fellow accused of murdering his parents. He pled for mercy on the court since he was an orphan.

I asked the chairman of the committee numerous times this year to address this problem, and the response always was: We are too busy. We are too busy with health care was the usual response. Now we find ourselves at the end of the year, and it is odd that the chairman argues that we have a big emergency on our hands and we have to act.

It is not as if we have not known this issue was out there. Nor, as Senator BINGAMAN just suggested, has it been a big mystery that the rate on the estate tax was going to go to zero next year. That is the 2001 law. We have known that for years.

Frankly, people have applauded the fact there is not going to be an estate tax next year. The only problem is if the people on the other side of the aisle intend to repeal that law so we do have an estate tax. I know that is their intention. They are creating the confusion because the law has been known about for 10 years that we are going to have a zero rate. Now all of a sudden they say we cannot let that happen. We are going to have to change it next year. Since we think we may be able to do that, we should extend what we have right now and not let the zero rate take hold.

I suspect the great dilemma that is being posed is one most folks would love to have as a problem. The dilemma being proposed is that if the rate goes to zero and the heirs of the property decide to sell the property at some point, they will have to pay a capital gains tax. That is just fine. That is what most people would like to do.

Since this income is taxed twice—it is taxed once when you make the income, then it is taxed again if you have any of that left over when you die—that is unfair. What we have always argued is that the estate tax, therefore, should go away and just leave the existing Tax Code where it is, which says: If somebody inherits property and later sells that property, sure, they should pay a capital gains tax on it. I would think most people would think that is a pretty good deal.

The capital gains tax is 15 percent; whereas the estate tax under the proposals of my friend from Montana would go to 45 percent. As between paying 45 percent and 15 percent, I think it is pretty clear what most small business folks and farmers would like to do.

Of course, the original basis of the property is the basis for paying the tax. Again, if you put that question to small business folks or farmers, they would tell you they would rather pay the capital gains tax than they would an estate tax of 45 percent.

Mr. President, I ask unanimous consent to have printed in the RECORD at the conclusion of my remarks an editorial from the Wall Street Journal from December 11 called, ''The Tax That Won't Die, Death Blow, Night of the Living Death Tax, Estates of Pain.''

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

(See exhibit 1.)

Mr. KYL. Mr. President, among the things pointed out in this editorial, they say:

> We've long argued that the economically optimal and fairest death tax rate is zero. The tax is applied to income that was already taxed when it was earned, so it is a double tax on savings and capital. The correct way to tax a gain in the value of assets bequeathed to an heir is with a capital gains tax of 15 percent when the assets are sold, rather than at the time of the funeral of the original owner.

I think that says it all. I hope the problem my friends are so concerned about—first of all, they recognize a problem they themselves manufactured by not getting around to doing anything about this until the eleventh hour. Second, it is a problem that does not have to exist if they will leave the existing law alone and let the rate go to zero, which is what everybody wants it to be.

Sure enough, if your heirs sell property after that, they will have to pay capital gains. Ask them what they would rather do—pay a 15-percent rate or a 45-percent rate. I think the answer to that is pretty clear.

EXHIBIT 1

[From the Wall Street Journal, Dec. 11, 2009]

THE TAX THAT WON'T DIE

Well, the moment of truth has arrived, and House Democrats recently voted 234–199 to cancel the 2010 repeal and hold the rate permanently at 45% with a $3.5 million exemption. Senate Majority Leader Harry Reid now wants to do the same. But to suspend the Senate's health-care debate and turn to the estate tax, he needs 60 votes. All Republicans and some Democrats are saying no. Blanche Lincoln of Arkansas and Jon Kyl of Arizona will accept no more than a 35% permanent rate with a $5 million exemption.

We've long argued that the economically optimal and fairest death tax rate is zero. The tax is applied to income that was already taxed when it was earned, so it is a double tax on savings and capital. The correct way to tax a gain in the value of assets bequeathed to an heir is with a capital gains tax of 15% when the assets are sold, rather than at the time of the funeral of the original owner.

Study after study, including one co-authored years ago by White House economist Larry Summers, finds that a powerful motivation for entrepreneurs to grow their businesses is to pass that legacy to their children. The left disparages this as building ''family dynasties,'' but most Americans think that it is immoral for the government to confiscate the fruits of a life's effort merely because of the fact of death.

Democrats also say their rate would apply only to the richest 2% of estates. But a new study by economists Antony Davies and Pavel Yakovel of Duquesne University finds that the estate tax ''impacts small firms disproportionately versus large firms'' by encouraging well-capitalized companies to gobble up smaller ones at the owner's death. The study shows the result is to ''promote the concentration of wealth by preventing small businesses from being passed on to heirs.''

Republicans and willing Democrats shouldn't give up on eliminating the death

tax. The Kyl-Lincoln amendment to create a permanent 35% rate is far better than the confiscatory House bill. But the best strategic outcome now is to let the death tax expire in January as scheduled under current law, and return to this debate next year when the tax rate is zero. Then let liberal Democrats explain to voters on the eve of elections that they must restore one of the most despised of all taxes.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, clearly, the right public policy is to achieve continuity with respect to the estate tax. If we do not get the estate tax extended, even for a very short period of time, say, 3 months, we would clearly work to do this retroactively so when the law is changed, however it is changed, or if it is extended next year, it will have retroactive application.

The uncertainty for tens of thousands of middle-class families needs to stop. That is why retroactive application of anything that passes next year makes sense.

Right now, 99.7 percent of estates do not have to worry about the estate tax. If we do not extend current law, many heirs are going to have to worry about capital gains. There is the potential for high-income households to take advantage of the temporary reductions in the rates for gift taxes and temporary elimination of GST to do massive estate planning—potentially benefiting those households by billions of dollars at the expense of U.S. taxpayers. Beyond this, what Congress is doing is a huge benefit for lawyers and accountants who do all the estate planning.

The right thing to do is to extend current law for a brief period of time to get our act together to decide what estate laws should be. That is the right thing to do. I am very disappointed that the other side of the aisle does not let us do the right thing—at least extend current law for a while until we know what the estate tax law should be.

Mr. COBURN addressed the Chair.

The PRESIDING OFFICER. The Senator from Montana has the floor.

Mr. BAUCUS. Mr. President, for the benefit of Senators, we are now back on the health care bill. Let me lay out today's program.

It has been nearly 4 weeks since the majority leader moved to proceed to the health care reform bill. This is the 16th day that the Senate has considered the bill.

The Senate has considered 23 amendments or motions and conducted 18 rollcall votes.

Today the Senate will debate the motion to commit regarding taxes offered last night by the Senator from Texas, Mrs. HUTCHISON. Under the previous order, later this morning, we expect that the Senator from Vermont, Mr. SANDERS, will offer his amendment No. 2837 on a national single-payer system.

This morning, the first hour of debate will be equally divided and controlled between the two leaders or their designees. The majority will control the first half hour and the Republicans will control the second half hour.

We expect the Senate to conduct votes today in relation to the Hutchison motion and the Sanders amendment.

Also, today, the House of Representatives is scheduled to act on the Department of Defense Appropriations Act which also contains a number of vital year-end measures. We look forward to receiving that measure in the Senate as well.

I yield 10 minutes to the Senator from Ohio and then 15 minutes to the Senator from Delaware.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, I thank Senator BAUCUS for yielding, and I thank Senator KAUFMAN also for him yielding.

Less than 5 percent of cancer patients enroll in clinical trials. Only 6 percent of people who suffer from severe chronic illnesses participate. These low participation rates mean it is harder to conduct a timely trial. In fact, delays in patient recruitment for clinical trials account for an average of almost 5 months lost per trial. Nearly 80 percent of trials run over schedule by more than a month. Only 6 percent are completed on time.

Clinical trial delays lead to treatment development delays, whether it is the next breakthrough drug or some other lifesaving therapy. Without clinical trials, medical innovation would come to a halt.

Unfortunately, one major reason more patients do not enroll in clinical trials is that their insurance company coverage discourages it.

Insurers today take advantage of lax regulations that allow them to deem all care for a person in a clinical trial as ''experimental''—even routine services they would get if they were not in the trial, such as x rays, blood tests, and doctor visits.

This draconian policy predictably scares many patients away from potentially lifesaving trials. Patients simply cannot afford to pay out of pocket for all of their own care. Understand, they do not expect the insurance company to pay for the trial itself. No one is suggesting that. No one thinks that. But insurers should not be allowed to use a patient's participation in a clinical trial as an excuse to deny them coverage for standard care.

To address this problem, Senator HUTCHISON of Texas and I have filed amendment No. 2871. This amendment would require all insurance companies to simply live up to the promises they have made to their premium-paying policyholders. It means covering the cost of routine care for clinical trial participants.

More than 30 States have already enacted a similar clinical trials policy for their State-regulated insurance plans. Medicare has already enacted a similar clinical trials policy for its beneficiaries. The VA and DOD have already enacted similar clinical trials policies for their members. Even some insurance companies are already doing the right thing in covering the routine costs associated with clinical trials.

But because many are not and because there is no standard criterion by which appeals can be adjudicated, countless patients who would otherwise enroll in clinical trials do not.

Take, for example, Sheryl Freeman from Dayton, OH. Sheryl and her husband Craig visited my office in Washington in 2007. Sheryl was a retired teacher suffering from multiple myeloma. Thankfully, she had health insurance through her husband's employer. Yet when Sheryl tried to enroll in a promising clinical trial at James Cancer Hospital at Ohio State, her insurance company balked, refusing to cover the routine care costs.

Understand this: She had insurance, she had good insurance—she thought she had good insurance. She enrolled in a clinical trial paid for by the people doing the clinical trials—the hospital, the drug company, whomever. But the insurance company pulled back and said: We are not going to cover routine care for her anymore since she is in a clinical trial, something she was entitled to with or without the clinical trial. Regardless of whether or not Sheryl enrolled in a clinical trial, she still needed to visit her oncologist in Dayton once a week for standard cancer monitoring, including scans and blood tests. But her insurance company would stop covering these services if she enrolled in the clinical trial.

Sheryl wanted to enroll in a clinical trial because she hoped it would save her life. She hoped it would give her more time with her loved ones. She hoped it would help future patients diagnosed with the same type of cancer, but she was not willing to force her family into bankruptcy. So instead of devoting her energy toward combating cancer, Sheryl spent the last months of her life haggling with the insurance company. By the time her insurance company relented, it was too late. Sheryl died December 7, 2007.

Sheryl's husband Craig, with whom I have spoken a couple of times and met with, wrote the following about the ordeal:

> No patient should have to fight insurance when battling a disease such as cancer.

How many times have we heard that in this Chamber? Tragically, Sheryl's experience is not an isolated case.

In Ohio—my State—one cancer hospital has reported that over one-third of patients who tried to enroll in a clinical trial over a 6-month period were automatically denied access by their insurance company. Again, I understand how that happens. You have decent insurance, you think. Then you decide to enroll in a clinical trial that your doctor suggests. The insurance company then quits covering you for the things it used to cover you for—the routine care you need as a patient.

Take Gene Bayman. I met and talked to Gene—a courageous man who loved his family. His family was so fond of him, as you could see, when I saw him in Columbus with his family. He was diagnosed in February 2007 with multiple myeloma. Gene's doctor recommended a combination of standard treatment and clinical drugs, but Gene's insurance company threatened to stop paying for the routine care otherwise covered under the policy if he enrolled in the clinical trial.

If that is not rationing, Mr. President, I don't know what is.

Gene died in June of this year, never having the chance to participate in the cutting-edge research that might have saved his life. Gene wrote, before he died:

I don't want my health options limited by insurance companies concerned with the bottom line rather than the medical research my doctor prescribes.

Mark Runion, also from Ohio, faced the same barrier. Mark was being treated for multiple myeloma with standard care—a stem cell transplant and chemotherapy. His doctor recommended he enroll in a clinical trial to try out a new drug that might help him recover quickly. The insurance company refused to comply, telling Mark if he were to enroll in the clinical trial they wouldn't pay for any of his cancer care. Another terrible lost opportunity. The clinical trial would have helped us learn more about which drugs we should administer to patients after stem cell transplants. In other words, while this most directly, most tragically, most painfully affected Mark Runion and his family, it also affects all of us who have loved ones or who might ourselves come down with this disease. The clinical trial that Mark wanted to enroll in would have given him an opportunity and would have given all of us more scientific knowledge and information that would have been helpful.

Instead, the insurance company took a shortsighted view and denied Mark the recommended care. Mark writes:

I personally would rather make my medical decisions with my doctor—the expert in my care—rather than my insurer.

These stories should have ended differently. Sheryl, Gene, and Mark all paid premiums to health insurance for years. But when they got sick and were referred to a clinical trial, the insurance company refused to pay for the benefits guaranteed under its policy.

Health insurance reform should be about making sure insurance companies can't renege on their commitments. It is about ensuring that insurance companies can't write sham policies that allow for rescissions and riders and exceptions and bring about more horror stories than we all care to recount. It is about closing loopholes that health insurance companies are great at taking advantage of, and as some say, staying one step ahead of the sheriff.

This amendment is consistent with those goals. It would help advance important research in the most serious diseases. This is a public health issue for all of us.

In closing, if we are ever going to find a cure for cancer and diabetes and cardiovascular disease and Alzheimer's and ALS and the hundreds of other diseases killing millions of Americans each year, we need to encourage in every way possible participation in clinical trials and not put up barriers against participation.

This amendment is endorsed by the Lance Armstrong Foundation, the American Academy of Pediatrics, the Susan G. Komen for the Cure Advocacy Alliance, the American Cancer Society, the Alzheimer's Foundation of American, and dozens of other national organizations.

Along with Senator HUTCHISON, this bipartisan amendment is also sponsored by Senators FRANKEN, WHITEHOUSE, SANDERS, SPECTER, and CARDIN. Please join us in supporting amendment No. 2871.

I yield the floor.

The PRESIDING OFFICER (Mr. KIRK). The Senator from Delaware is recognized.

Mr. KAUFMAN. Mr. President, I ask unanimous consent to speak as in morning business for up to 15 minutes.

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

FINANCIAL MARKETS AND JOB LOSS

Mr. KAUFMAN. Mr. President, my colleagues have heard me speak in recent weeks about the troubling trends in our financial markets—the growing use of dark pools and high-frequency trading, increasing market fragmentation and looming regulatory gaps at the Securities and Exchange Commission. Today, I want to talk about an economic threat that encompasses these developments and why I think they are negatively affecting the long-term health of our economy.

After suffering through the most severe recession in decades, we are now in the midst of the most fragile of recoveries. It is evident to all that we are in a jobs crisis. We need a laser-like focus on innovation policies that encourage industry to create jobs. But this challenge comes not just from the financial crisis and the recession that followed, the American economy has slowed in its efforts to create jobs for the past decade.

According to the Bureau of Labor Statistics, the United States had 108.5 million private, nongovernmental jobs as of September of this year. But while our population has grown 9 percent in the last 9 years, the number of jobs now available is essentially the same as June of 1999.

Let me repeat that: The number of jobs now available is essentially the same as June of 1999—over 10 years ago.

Many of the jobs this economy did create in the past decade were in the financial, housing, and consumer-led retail sectors. Two of those—financial and housing—were bubbles that have now burst. Without these sectors playing a key role in providing new jobs, many Americans are asking: Where will the future job creation most likely occur?

In the past, job creation would often come from the raft of small, newly financed, often innovative companies that raised their capital with the help of Wall Street underwriters. Thousands of times I have heard in the last months that the recovery is going to come because of small businesses, and many of those raise their capital with the help of Wall Street underwriters.

Now I am deeply concerned there is a choke point in our efforts to return to economic vibrancy, a choke point that can be found on Wall Street. Our capital markets, which have long been the envy of the world, are no longer performing one of their most essential functions; that is, the constant and reliable channeling of capital through the public sale of company stock, known as initial public offerings—or IPOs—which small companies use to innovate and, most importantly, to create jobs.

Look at this chart. There is an IPO crisis in this country. Indeed, according to a report released last month by the accounting firm Grant Thornton, the IPO market in the United States has practically disappeared. That, in turn, according to a second Grant Thornton study, has had a ripple effect on the U.S. stock markets, with the number of stock listings since 1991 dropping 22 percent in absolute terms and 53 percent when factoring in inflation-adjusted GDP growth.

New companies have been shed from the NASDAQ, New York, and American Stock Exchanges faster than being created, from almost 7,000 publicly listed companies in 1991 and nearly 8,900 in 1997, during the dot-com bubble, to 5,400 listed in 2008, a turn of events Grant Thornton has dubbed the ''Great Depression of Listings.''

The United States is practically the only market in the world where this phenomenon is occurring. The major stock exchanges—as you can see from this chart—in Hong Kong, London, Milan, Tokyo, Toronto, Sydney, and Frankfurt, have all grown from their 1997 levels, Grant Thornton reports. Just look at this chart. This is what is going to take us out of the recession. Look at where we are—the United States—in relation to Hong Kong, Tokyo, Australia, and the other markets.

The effects of the IPO crisis have rippled throughout the U.S. economy. Because 92 percent of job growth occurs after a company goes public, job creation may have been stunted by these developments. In fact, according to the Grant Thornton study, if the IPO market was working properly today, we would have as many as 10 million to 20 million additional high-quality jobs for middle-class Americans. Even if that estimate is off by a factor of 10, this failure of Wall Street to provide capital to small companies may be costing our economy millions of jobs.

Mr. President, most every large company begins as a small company. That is axiomatic. The IPO market has been hit hardest at the smallest end of the market. The medium IPO in the first 6 months of 2009 was $135 million. Let me say that again—$135 million. Twenty years ago, IPOs at $10 million were routine, and routinely succeeded.

Take a look at this chart and look at these companies. Venture capitalists play a critical role in long-term investment, in growing our economy and creating jobs. Indeed, when you look at these 17 venture-backed companies that raised a total of $367 million in capital and today provide 470,000 U.S. jobs, they are among our economy's biggest success stories.

Look at this list. Think of where we would be today if these companies were not able to get IPS: Adobe, Computer Associates, Intel, Oracle, Yahoo. These are all the companies where growth came from. Right now, in our present market, they cannot go public the way they went public originally.

What has happened? A host of well-intentioned changes—some technological, some regulatory—with many unintended consequences have created this situation. Online brokerage firms, with their $25 trades, first appeared in 1996, hastening the decline of traditional full-service brokerage firms who charge $250 a trade. There was an advantage to those hefty fees, however. They helped maintain an underwriting apparatus that encouraged small businesses to go public and supported a substantial research base that attracted both institutional and retail clients.

The rich ecosystem of investment firms, including the Four Horsemen—Robertson Stephens, Alex Brown & Sons, Hambrecht & Quist, and Montgomery Securities—that helped their institutional buy-side clients take part in IPOs and marketed follow-on offerings, no longer exists today.

Structural changes in the U.S. capital markets dealt the final coup de grace. There were new order handling rules—decimalization, which shrank spreads significantly and made it increasingly difficult for traditional retail brokers to remain profitable; Regulation ATS and NMS, which vastly expanded the electronic marketplace.

Finally, there has been an explosive growth in high-frequency trading, which takes advantage of the market's now highly automated format to send more than 1,000 trades a second ricocheting from computer to computer.

The result, as The Economist magazine wrote last week, is that high-frequency traders who have come to dominate stock markets within their computer-driven strategies pay less attention to small firms, preferring to jump in and out of larger, more liquid shares.

The economist quoted:

> Institutional investors wary of being stuck in an illiquid of the market are increasingly following them.

This is a situation that stands as a veritable wall against a sustained economic recovery.

One of the very vital tasks before Congress is to help unemployed Americans by crafting innovation policies that will rebuild our economy, catalyze growth, and create high-quality jobs for struggling Americans. That is our No. 1 job in the Congress right now. I think if you asked every 1 of the 100 Senators, they would say that is the case.

We must identify the causes of last year's debacle and apply them to our current economic challenges in order to help the millions of struggling Americans and to avert a future disaster. The fact that Wall Street has resumed its risky and—as we know all too well—potentially disastrous behavior is simply inexcusable.

In order to reverse this ominous trend and help companies raise capital to innovate, create jobs, and grow, we must restore the financial sector's historical role as a facilitator of long-term growth and not the source of one bubble after another.

The question, finally, is this: How can we create a market structure that works for a $25 million initial public offering, both in the offering and the secondary aftermarket? If we can answer that question, this country will be back in business.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

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

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

IN PRAISE OF WILLIAM PHILLIPS

Mr. KAUFMAN. I rise once again to recognize one of America's great federal employees.

Last week, in Stockholm and Oslo, the 2009 Nobel laureates accepted their prizes. I am particularly proud that 11 of this year's 13 prizes were won by Americans. This is a reminder of our Nation's global leadership in science, medicine, economics, and peacemaking.

My honoree today holds the distinction of having been the first Federal employee to win a Nobel Prize in physics for work performed while serving the public.

Our Federal workforce is composed of citizens who are both highly educated and incredibly motivated.

Dr. William Phillips is the perfect example. A native Pennsylvanian, William learned the importance of public service and hard work from a young age. His mother, an immigrant from Italy, and his father, a descendent of American revolutionaries, were the first in their families to attend college. They both pursued careers as social workers in Pennsylvania's coal-mining region. William, along with his brother and sister, grew up in a home where reading and education were emphasized.

As a boy, William fell in love with science, and he tinkered with model rockets and chemical compounds in the basement of his family's home. While attending Juniata College in the 1960s, William delved into physics research. He spent a semester at Argonne National Laboratory and, after graduation, pursued his doctorate at M.I.T.

During his time at M.I.T., the field of laser-cooling was just heating up, and William wrote his thesis on the collisions of atoms using this new technology.

In 1978, William began working at what is today the National Institute for Standards and Technology—or ''NIST''—at the Department of Commerce. At NIST, he pursued further research into laser-cooling, and his discoveries have helped open up a new field of atomic research and expand our knowledge of physics. His findings have found important application in precision time-keeping, which is important for both private industry and for national security.

In 1997, William received the Nobel Prize for Physics along with two other scientists. One of his fellow-laureates that year was Dr. Steven Chu, who now serves as Secretary of Energy.

After winning his Nobel Prize, William made a commitment to using his fame to promote both science education and public service. He regularly speaks to student groups, and he serves as a mentor to graduate students in his field.

William won the prestigious Arthur S. Flemming Award for Public Service in 1987, and he was honored by the Partnership for Public Service with its 2006 Service to America Medal for Career Achievement.

He and his wife, Jane, live in Gaithersburg, MD, and are active in their community and church. Today, after a 3-decade Federal career, William continues to work at NIST as the leader of its Laser-Cooling and Trapping Group.

I hope my colleagues will join me in honoring Dr. William Phillips and all those who work at the National Institute of Standards and Technology for their dedicated service and important contribution to our national life. They keep us at the forefront of science and human discovery. They do us all proud.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. MCCAIN. Mr. President, before my colleagues begin, I think it is important for us to point out where we are here on December 16, 2009. We are now almost a year into the discussion and debate about ''reforming health care in America'' and we still do not know what is in the bill. We still do not know the specifics of what we are considering here.

I have had the honor of serving here for a long period of time, but I have never seen a process like this. I have never seen a situation where a major piece of legislation is not before the body and is somehow being negotiated and renegotiated amongst the other side. Meanwhile, according to the Washington Post this morning, a newspaper I always have the utmost trust and confidence in—I wish to say the title is ''Public cooling to health-care reform as debate drags on, poll finds.''

As the Senate struggles to meet a self-imposed, year-end deadline to complete work on legislation to overhaul the nation's health-care system, a new Washington Post-ABC News poll finds the public generally fearful that a revamped system would bring higher costs while worsening the quality of their care.

A remarkable commentary about where we are in this legislation. One of the interesting things is this poll goes back to April, where in April, 57 percent of the American people approved and 29 disapproved of the President's handling of health care. Today it is 53 disapprove and 44 approve, which means the American people, the more they find out about this, the less they like it and the more concerned they are. According to this poll again:

Medicare is the Government health insurance program for people 65 and older. Do you think health-care reform would strengthen the Medicare program, weaken Medicare or have no effect on it?

American people have figured it out. Amongst seniors, those who are in Medicare, 12 percent say it would strengthen, 22 percent no effect, and 57 percent of seniors in America believe—and they are correct—that this proposal would weaken Medicare, the benefit they paid into and that they have earned.

Let me say it again: I plead with my colleagues on the other side of the aisle and the majority leader. Let's stop this. The American people do not approve of it. Let's sit down and work together; let's have real negotiations; let's even have the C–SPAN cameras in, as the President promised October a year ago. This present legislation spends too much, taxes too much, and reduces benefits for American citizens as far as overall health care is concerned, including Medicare, as the American people have figured out.

I welcome my colleagues here. I see Dr. COBURN is here. Let me restate: It is time to say stop. It is time to start listening to the American people. It is time to start being straightforward with the American people because the American people need to know what we are doing and they do not. The distinguished Senator from Illinois, last Friday when I asked him what is in the bill, said none of us know what is in the bill.

I ask my friend from Oklahoma, isn't what is happening—we have a proposal, we send it to CBO, CBO sends back numbers they do not like so they try to fix it, send it back to CBO, they send it back again. That is why only one Senator, the majority leader, knows what is going on.

Mrs. HUTCHISON. Mr. President, parliamentary inquiry.

Mr. MCCAIN. What is the parliamentary situation, I ask the President?

Mrs. HUTCHISON. Mr. President, I was under the impression there would be a 30-minute allocation for colloquy for our side. I am not sure when we start that process.

The PRESIDING OFFICER. The Republican side has 25 minutes 15 seconds.

Mrs. HUTCHISON. How many?

The PRESIDING OFFICER. There is 25 minutes 15 seconds.

Mr. MCCAIN. Mr. President, I thank the Chair. I think I have made my point here. I wish to yield. I ask unanimous consent to have a colloquy with the Senator from South Dakota, the Senator from Texas, the Senator from Oklahoma, and the Senator from Wyoming.

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

Mr. COBURN. If I might respond to the question of the Senator, one of the things our President has promised is transparency. We are going to see at sometime in the next week or 10 days another bill—whatever the deal is. It would seem to me that 72 hours with a complete CBO score, much like was asked by 12 Members on their side, before we have to take up or make any maneuvers on that, would be something everybody could agree to since nobody knows, except HARRY REID and the CBO, what is in this bill now. At a later time, after we finish this colloquy, I will be making that unanimous consent request.

Mrs. HUTCHISON. I thank the Senator from Oklahoma. I think it is very important that before we start talking about passing a bill or having a cloture on a bill—I think the Senator from Oklahoma is making the main point. I think the Senator from Oklahoma was making a very good point that I was hoping to work with him on and that is: Where are we now? The Republicans have put forward reform alternatives for our health care system that are not a government takeover and are not going to be $½ trillion in taxes and are not going to be $½ trillion in Medicare cuts.

The Republican proposals would do what health care reform should do—they would lower cost. They would increase risk pools so that small business would be able to offer health care coverage for their employees. They would have medical malpractice reform so we would be able to lower the cost of frivolous lawsuits, cutting over $50 billion out of the costs of health care, making it more accessible for more people. They would give tax credits for individuals who would buy their own health care coverage to offset that cost.

None of that would be a big government takeover of health care. That is what we have been trying to put forward here. But we have not had a seat at the table. We have not had the capability to say what our proposals would be because we have not even seen the proposed new bill yet. We have been talking about the tax increases that are going to burden small business at a very hard time for this country's economy and we have also been talking about $½ trillion in Medicare cuts, which I think has caused many senior citizens to say: Wait a minute, I don't want my Medicare options cut. I don't want Medicare Advantage to be virtually taken away.

That is why we are here today, because the pending business before the Senate is the Hutchison-Thune motion to recommit this bill to do a simple thing. It is to say that you will not start collecting the taxes until the program is in place. It is very simple. It is the American sense of fair play, and that is that you do not start collecting taxes before you have a program that you might want to buy into. That is what the Hutchison-Thune motion to recommit does. It is very simple. It is a matter of fair play. I even question whether we have the right to pass taxes for 4 years before you would ever see a program put in place.

We are going to try to do what is right by this body. That is to say, the $100 billion in new taxes that will start next month—3 weeks from now—will not start until there is a program put in place. Because right now $100 billion in new taxes starts next month but there is no program that anyone can sign up for that will supposedly make it easier to get health care coverage in this country until 2014, 4 years away.

I ask my colleague, the distinguished ranking member of the Finance Committee, if he believes all these new taxes would be fair to start before we could ever see a program—not 1 year from now, not 2, not 3 but 4 years from now. I ask the distinguished ranking member of the Finance Committee if he believes it would be fair for us to start the taxes in 3 weeks and then not start the program for 4 years. Does that seem like a fair concept?

The PRESIDING OFFICER (Mr. CASEY). The Senator from Iowa.

Mr. GRASSLEY. Mr. President, the Senator is absolutely right. Let me emphasize it this way. I was on a radio program in Iowa yesterday, where a lady called me, and I had been saying, as the Senator has just said, that you have to wait until 2014 for this program to go into effect. She said: You are telling me you are going to pass this bill right now, but we have to wait until 2014 until we get any benefit from it? She didn't talk about the taxes, as the

Senator is, but the taxes go into effect. Another smokescreen is, you have 10 years of tax increases, fee increases, and the program is 6 years long, but the taxes are 10 years long. So it is nice for the CBO to say: Yes, this is balanced and maybe even has a surplus in it. But over the long term, this program does not cost just $848 billion. I hope I answered your question.

Mrs. HUTCHISON. You did. It is interesting because you say maybe it is going to be break even. How is it going to break even? I ask my colleague from South Dakota, who is a cosponsor of this motion: How is it going to break even? With $½ trillion in Medicare cuts, $½ trillion in tax increases, is that the way we ought to be saying to the American people we will reform health care? Have we lost the purpose of the bill, to make health care more affordable and accessible to the American people? I ask my colleague, the Senator from South Dakota, who has worked on this issue for a long time, is that the concept of break even?

Mr. THUNE. The Senator from Texas has touched on a very important issue. The motion she offers, and which I cosponsor, does lay out what is a simple principle of fairness that most Americans understand. When you implement public policy, if you are going to raise taxes, you ought to align the tax increases and the benefits so they start at essentially the same time. What this bill does is it starts collecting taxes, increases taxes on Americans 4 years before the major benefit provisions kick in. On January 1 of 2014, 99 percent of the spending under the bill kicks in. But the tax increases begin less than 3 weeks from today. Sixteen days from now is when the tax increases in the bill start. A tax on prescription drugs, a tax on medical devices, a tax on health plans—all begin 16 days from now. A lot of those taxes will be imposed upon the American economy and passed on to people and small businesses in the form of higher premiums. People are going to get higher premiums 4 years before they are likely to see any benefit. Ninety-nine percent of the spending under the bill doesn't kick in until January 1, 2014, or 1,477 days from now. Most Americans, as they listen to the debate, believe as I do, as a simple principle of fairness, you ought to align the benefits and the taxes. We had a vote yesterday on the Crapo motion that would recommit all the tax increases. Many of us believe raising taxes on small businesses when you have an economy in recession is not a smart thing to do; it is going to cost us a lot of jobs. Small businesses have made that clear. I also think, in addition to the principle of fairness that is at play, when it comes to raising taxes 4 years prior to the benefits kicking in, you also need to have a transparent sort of understanding about what the cost of the bill is going to be.

One of the reasons the revenue increases, the tax increases were begun immediately or 16 days from now, but the majority of the spending, 99 percent, doesn't occur until January 1 of 2014 and beyond is to understate the true cost. They wanted to bring the cost of the bill in under $1 trillion.

If you can see, starting this year and going through 2019, it ends up at about $1 trillion or $1.2 trillion on this chart. But if you look at the fully implemented period; that is, 2014, when the benefits and spending begin, and take that through the next 10 years, the total spending in the bill is $2.5 trillion over a 10-year period.

That is one thing the American people need to know. One of the reasons this is being done, tax increases starting January 1 next year or 16 days from now, most of the benefits not starting until 1,477 days from now, is so they can say this is only a $1 trillion bill or under $1 trillion, the way it has been advertised, when, in fact, it is going to cost $2.5 trillion when fully implemented.

We are here 16 days before the Christmas holiday, and there are things Congress needs to do. There are a number of fairly urgent matters that need to be dealt with before the end of the year, some of which have been mentioned this morning. But trying to jam through a new health care program, a $2.5 trillion expansion of the Federal Government in Washington, 70 new government programs, trying to jam it through in the next 9 days or so before Christmas seems to be done more out of a political necessity, the need for a political accomplishment or a political victory, than it does with making good public policy. As the American people are approaching this holiday season, the best thing we can do, the best Christmas gift we could give the people, frankly, is for Congress to adjourn and go home before passing this $2.5 trillion expansion.

What does it mean? If you are a small businessperson, the Christmas gift you get this year is a big lump of coal from the Congress in the form of higher taxes. If you are a senior citizen, 1 of the 11 million who are on Medicare Advantage and this bill passes, your Christmas gift this year is benefit cuts. The same thing applies to many of our providers—hospitals, nursing homes, home health agencies, hospices. If you are an average American family who is worried about the high cost of health care, your Christmas gift this year is, if this bill passes, that your health insurance premiums will continue to go up year over year at twice the rate of inflation. You lock in higher premiums for most people across the country, you raise taxes on small businesses, you cut benefits to Medicare beneficiaries and, for future generations, you create a $2.5 trillion new entitlement program they will be paying for, for as far as the eye can see.

The CMS Actuary, last week, said, in addition to all the other things they mentioned—the overall cost of health care is going to go up, 20 percent of hospitals will close—that the Medicare cuts that are being proposed cannot be sustained on a permanent basis. If that is true, how will this be financed? Either with more taxes or borrowing, putting it on the debt and handing the bill to future generations. That is what we are left with. Once you lock in a $2.5 trillion expansion of the Federal Government, it is going to be hard to reduce the cost. The spending is not going to go away. The way it will be paid for, if the Medicare cuts are not sustainable, is the tax increases. The increases that are already in here would have to be increased even further or, worse yet, for future generations, if you are a young American, it will be put on your bill.

The Senator from Texas and my colleagues who are here this morning all voted yesterday to get rid of the tax increases in the bill. But the motion she offers and that I cosponsor would at least, as a principle of fairness, make sure those tax increases don't begin before the benefits do.

Mrs. HUTCHISON. Mr. President, the 2 physicians out of the 100 Members of Senate are here this morning. They have talked for a long time about the quality of care. They are the two who have the credibility on this. I would like to ask the Senator from Wyoming, Dr. BARRASSO, to talk about what is going to happen to the quality of health care when you have $½ trillion in Medicare cuts, which we have discussed, and the bill we are discussing today and the motion Senator THUNE and I are offering, that is going to put a higher cost on every prescription drug, every piece of medical equipment. Perhaps you would expand on what kind of medical equipment is needed for people to have the quality of life we have in our country today and then the insurance companies, which are, of course, going to raise the premium of every person who already has coverage.

I ask the Senator from Wyoming, Dr. BARRASSO, in your experience, how is this going to affect the quality of health care?

Mr. BARRASSO. I am grateful to the Senator for bringing this up. I had a telephone townhall meeting last night, and this specific motion the Senator is bringing today came up with great praise from the people of Wyoming who said: She is doing it right, leading the good fight. After I answer the question, I will ask: How do we know the money is even going to be there? That is the question that came up in my telephone townhall. People of Wyoming are concerned, if this passes, it will make health care harder for people in rural States, such as Wyoming and Montana. My colleague from Montana is on the floor. The doctor shortage will worsen. This is the headline on the front page by the Wyoming Tribune Eagle: ''Doctor Shortage Will Worsen.'' There is a lot of concern for the folks in Wyoming and communities where there is a sole

hospital, a sole physician provider trying to recruit nurses and physician assistants and nurse practitioners. The doctor shortage will worsen as we see a situation where they will be cutting Medicare $500 billion, raising taxes $500 billion, and people who had insurance on this telephone townhall were very concerned that their insurance premiums are going to go up, in spite of the fact that the President has promised families would see insurance rates go down. We know those rates are going to go way up for people who buy their own insurance. People say: Don't cut Medicare, don't raise taxes, don't make matters worse than they are right now. For the people of Wyoming, they are afraid that matters will be made worse.

The Washington Post had a major poll in the paper today specifically asking seniors the question about Medicare. We are talking about health care quality, the quality of care. The question is: Do you think health care reform will strengthen the Medicare Program or weaken the Medicare Program? They asked specifically and broke it down to seniors. Only 1 out of 8 seniors in this poll said it actually would get better. But the rest are saying: No, it is going to get worse. The seniors who watch this most carefully know what it means to try to get health care under the Medicare Program, a program that we know is going broke. Yet they are taking all this money not to save Medicare but to start a new program. We know the quality of care is going to go down. That is what the people of my home State and the people I talked to from around the country are concerned about. They are delighted the Senator offered this motion.

I did a poll in the townhall meeting: Are you for or against the bill? Some of them say: What is in it? We don't know. Which is exactly what the junior Senator, a Democrat from Indiana, said in today's national press release: We are all being urged to vote for something, and we don't know the details of what is in it. The junior Senator from Indiana is a Democrat. He doesn't know what is in it. The people of Wyoming don't know what is in it. But they do know taxes start immediately, benefits not for 4 years. That is why they are happy you offered this motion. They want to know: How do we know the money will be there 4 years from now?

Mrs. HUTCHISON. That is a very important question. Here we are going to start collecting the taxes for 4 years before the program is put in place. The distinguished Senator from Oklahoma, the other physician in this body, knows we have had promises from the Federal Government before. But I can't remember a time when we started collecting a tax for a purpose that would be 4 years away. What on Earth could people expect to actually be there when the program kicks in?

The program is going to have to be implemented. It is going to have to be brought up to speed. I am sure there will be changes. What would you think your patients whom you still care for in Oklahoma or the ones, in the experience you have had, how do you think people are going to react to having higher costs in all these areas of health care for 4 years, even a tax on the high-income plans, not high-income people having those plans but high coverage that a union member might have that will start being taxed in 2013, 1 year before the program takes effect?

How do you think that is going to affect the quality of health care people can expect and the cost to them out-of-pocket when there would be nothing even on the drawing boards for 4 years?

Mr. COBURN. To answer the Senator's question, No. 1, as we already know, the Oklahoma State employees' health insurance plan, in 2013, will be considered a Cadillac plan. That is every State worker in the State of Oklahoma. And they can hardly afford their copays and their premiums in that plan today. So what we know is, we are going to tax all the Oklahoma workers. Many of those are schoolteachers who happen to be my patients, and they are struggling today.

So this disconnect between when the taxes are——

Mrs. HUTCHISON. I ask the Senator from Oklahoma, you are saying that a schoolteacher is probably not making $200,000 or more?

Mr. COBURN. Not at all.

Mrs. HUTCHISON. Yet we were promised there would be no taxes, no harm to people making under $200,000. Remind me if there is a teacher in Oklahoma—because I know there is not one in Texas—making over $200,000.

Mr. COBURN. Well, our teachers wish they made what the teachers in Texas make, but they do not. But they do not make anywhere close to $200,000. It does not just affect the Department of Human Services workers, it is also going to impact the premium increases that are going to come about before this plan is implemented. We are going to see premium increases. So the small businesses that are now covering people are going to have massive premium increases. The individuals who are buying insurance in the open individual market themselves are going to see premium increases. The fact is, that is all going to happen before the first benefit, the first real benefit—other than preexisting illnesses—before anybody sees any benefit to that.

The other thing that is not talked about is, with the skewing of this and with the relatively low tax on not complying with it, our youngest, healthiest people are going to say: I don't want any insurance because all I have to do is pay, in the first year, $250—or even less—up to $750, and I can save thousands of dollars every year by not buying insurance, and buying it when I get sick.

So we are going to see everything skewed in the insurance market. That is what is going to drive up the premiums.

My constituents, plus my patients, are not happy about the delay. If we are going to make this, what I believe, is a fatal mistake for our country in terms of the quality of health care, then we ought to at least match the revenues with the expenses.

Mrs. HUTCHISON. That is exactly what the Senator from South Dakota and I are trying to do. We are trying to make sure Americans will not—will not—pay taxes and increased prices on prescription drugs, on coverage we do have, the policies we do have, and the equipment that is so necessary for health care services.

Senator THUNE and I want to do what is basic fairness and very simple; that is, to say the program starts and the taxes start at the same time. That is a tradition we have had in this country for years. We do not tax people 4 years from having any kind of program in place that they could choose from that might benefit them. We do not do that. That is not the American way, and it is certainly not anything we have done before.

What in the world would people expect to happen in 4 years? What if this plan is changed? What if the people rise up and say: We don't want this plan, and they say: No way, and they would have been paying higher premiums and higher health care costs already. It is a downpayment where you are not sure what the end is going to be.

It is like buying a house and saying: Now, in 4 years we are going to give you the key to the house, we are going to give you the key to the house that you bought 4 years from now. Oh, maybe there will be a change in condition, but you are going to get it. Maybe it will be damaged. Maybe it will be worn. Maybe it will have a fire that starts in part of it. But you will get those keys and then something will be there for you. We promise you. We are from the government, and we are going to promise you that.

That is not good enough. That is not what we owe the American people. And it is not health care reform.

I would just ask my colleague from South Dakota, who is the cosponsor of this motion, if he agrees that as a matter of simple fairness, openness, and transparency to the American people, health care reform should not mean 4 years of taxes before any program is put in place.

Mr. THUNE. I will say to my colleague from Texas, as to the taxes, the fees, the tax increases, everything in our motion very simply states they ought to be aligned with the beginning of the benefits. The benefits and the exchanges and, frankly, all the major policies—the substance of this bill—begin in 2014; the individual mandate, the State exchanges, the subsidies, as I said, premium tax credits, Medicaid expansion, the employer mandate, 2014; the government plan, 2014. The substance of this bill begins in 2014. Unfortunately, the tax increases begin 4 years earlier, 16 days from now. Sixteen days from now, January 1 of this

coming year, is when the taxes start being raised. And, of course, the CBO has said those tax increases are going to be passed on in the form of higher premiums to people across this country. The benefits start 1,477 days from now.

So what we simply say in this motion is, let's commit this bill and bring it back out with the tax increases—if there are going to be tax increases; and many of us believe there should not be any, which is why we voted for the Crapo motion yesterday—but if you are going to raise taxes on America's small businesses, families, and individuals, at least align those so the policy, the substance of this bill, which begins 4 years from now, is synchronized so we are not slapping a huge new tax increase on America's small businesses in the middle of a recession and passing on those higher costs, which is what they will do, to people in this country in the form of higher insurance premiums.

So I say to the Senator from Texas, this is a very straightforward, simple motion. I hope our colleagues on both sides will support it. It is a matter of principle, of fairness when its comes to making policy that I think the American people have come to expect. We ought to be honest and give the American people a complete understanding of what this bill really costs. Because they have done what they have done—by instituting the tax increases immediately and the spending 4 years from now—it understates the overall cost of this legislation. The American people need to know this is a $2.5 trillion bill when it is fully implemented. The only reason they can bring that in under that number is because they start raising taxes immediately and do not start paying benefits out for another 4 years.

So I say to the Senator from Texas, I hope when we get to this vote, it will be a big bipartisan vote in the Senate, and I hope we will make a change in this legislation that implements some semblance of fairness and also gives us a true reflection of what the bill really costs.

Mrs. HUTCHISON. I thank the Senator from South Dakota.

Just to recap, the amount that would actually be collected before any program is put in place would be $73 billion—already collected. That will include, as the Senator from Oklahoma mentioned, schoolteachers from Oklahoma who are considered to have these high-benefit plans, a schoolteacher making $50,000, $60,000 a year with a high-benefit plan. And do you know what the tax is on that high-benefit plan? Do you know what the tax is on that Oklahoma schoolteacher? A 40-percent excise tax—40 percent.

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

Mrs. HUTCHISON. Mr. President, I thank the Senator, and I would just say I hope we get a bipartisan vote on this motion. I hope we get a bipartisan vote to say the one thing we ought to do, if nothing else, is be fair to the American people. You do not pay taxes until the program is up and going.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, I ask unanimous consent to offer some unanimous consent requests to the chairman of the Finance Committee.

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

Mr. COBURN. Mr. President, I offer a unanimous consent request that it not be in order for the duration of the consideration of H.R. 3590 to offer an amendment that has not been filed at the desk for 72 hours and for which there has not been a complete CBO score.

The PRESIDING OFFICER. Is there objection?

The Senator from Montana.

Mr. BAUCUS. Mr. President, reserving the right to object, I would like to just remind our colleagues, I have sought it, and I think it has been basically a very forthright, open process we have conducted here. Certainly in the Finance Committee—I see my colleague from Iowa on the floor—it was totally transparent for months upon months, with hearing upon hearing. We posted amendments in the Finance Committee on the Internet in advance of consideration.

I have never been part of a more transparent process since I have been here, frankly, at least for something of this magnitude over this period of time. In fact, one reporter even said to me: Senator, is this the new way we do things around here? It is so transparent, so bipartisan, and so forth. I said: I don't know. I sure like it that way.

I also remind all of us that Senator REID's amendment was made available on November 18 of this year, and 3 days later, on the 21st, we voted for cloture on the motion to proceed. Then, 12 days after the Reid amendment was made available, we finally began debate on the bill. And here we are, nearly a month later. So this bill has been out here.

The Senator mentioned, I note, having in mind the managers' amendment, which he has not seen and, frankly, this Senator has not seen either. I have some ideas what is in it, but I have not seen it myself.

I think as a practical matter this will be available for 72 hours, as the Senator suggests. Why do I say that? I say that because it is my expectation that Senator REID's managers' amendment will be filed very quickly, maybe in a day or two. It is also my expectation that we will then proceed, according to expectations here, to the Defense appropriations conference report, which we will then be working on for several days. And probably a cloture motion might be filed on the health care bill—on the managers' amendment probably not until after we do Defense appropriations. So during the interim, everyone is going to be able to see, at least for more than 72 hours, the contents of the managers' amendment in the health care bill which Senator REID is going to be filing. So as a practical matter, I think it is going to happen.

I cannot at this point agree to the request to lock that in for 72 hours, but I think as a practical——

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

Mr. BAUCUS. Yes.

Mr. COBURN. One of the reasons I want this, is it not his belief that the American people ought to get to see this for 72 hours as well and that it ought to be on the Internet and that everybody in America, if we are going to take one-sixth of our economy, ought to have the time to truly read—we are going to have a managers' amendment, and that is actually what mine is focused on.

Mr. BAUCUS. Sure.

Mr. COBURN. But to be able to truly not just read the managers' amendment but then go into the bill where it is going to fix the bill.

Mr. BAUCUS. I think that is a good idea. I think it is going to happen.

Mr. COBURN. But the Senator will not agree to it by unanimous consent?

Mr. BAUCUS. I cannot at this time but, again, saying it is my expectation it will be available for more than 72 hours.

Mr. COBURN. I appreciate the sincerity of the chairman's remarks.

Mr. BAUCUS. I thank the Senator. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. COBURN. Mr. President, I have another unanimous consent request. The following consent request would be associated with a Coburn amendment that would certify that every Member of the Senate has read the bill and understands it before they vote on the bill. The reason I ask unanimous consent that amendment be agreed to and accepted is that is exactly what the American people expect us to be doing.

So we do not have a bill right now. We do not know what is going to be in the bill. The chairman has a good idea what is going to be in the bill, but he does not know for sure. Only two sets of people—Senator REID and his staff and CBO—know what is going to be in the bill. I suspect somebody at the White House might.

But we ought to take and embrace the idea of transparency and responsibility, that the American people can expect every one of us to have read this bill, plus the amended bill, and certify that we have an understanding for what we are doing to health care in America with this bill.

I ask unanimous consent that be accepted.

The PRESIDING OFFICER. Is there objection?

The Senator from Montana.

Mr. BAUCUS. Mr. President, reserving the right to object, I certainly agree with the basic underlying import that we should know what we are voting on here. But I must say to my good

friend from Oklahoma, I cannot certify that Members of the Senate will understand what they are reading. That presumes a certain level of perception on my part in understanding and delving into the minds of Senators that not only have they read but they have taken the time to understand. And what does ''understand'' mean? Understand the second and third levels, the fourth level of questions? I think it is a practical impossibility for anybody to certify that any other Senator has fully understood. They may read, but they may not fully understand for a whole variety of reasons. So I cannot certify that.

Mr. COBURN. Could I clarify my request?

Mr. BAUCUS. I have to object.

The PRESIDING OFFICER. Objection is heard.

Mr. COBURN. Let me clarify my request that the individual certify themselves. I am not asking some group of Senators to certify some other Senator. I am saying that Tom Coburn tells his constituency: I have read this puppy. I have spent the time on it. I have read the managers' amendment, and I, in fact, certify to the people of Oklahoma that I know how terrible it is going to be for their health care.

Mr. BAUCUS. The Senator is always free to make any representations he wants. If he wants to certify he has read it and certify that he has understood it, that is the Senator's privilege.

Mr. COBURN. But the Senator won't accept that we as a body, on one-sixth of the economy, ought to say we know what we are doing?

Mr. BAUCUS. I can't certify that every Member of the Senate has done anything around here. Neither can the Senator from Oklahoma. That is an impossibility. But if the Senator wants to certify he has read it, that is great, and understands it fully, that is great, on any measure—not just this measure but any measure. But I can't certify that for 100 different Senators, on any measure. That is up to the individual Senators and that is up to their mental capacities and up to their initiatives and imaginations and conscientiousness and so forth. I can't certify to that.

Mr. COBURN. I thank the chairman.

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Senator from Vermont be recognized to proceed for at least a half hour.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

AMENDMENT NO. 2837 TO AMENDMENT NO. 2786

Mr. SANDERS. Madam President, I call up my amendment per the order.

The PRESIDING OFFICER (Mrs. HAGAN). The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Vermont [Mr. SANDERS], for himself, Mr. BURRIS, and Mr. BROWN, proposes an amendment numbered 2837 to amendment No. 2786.

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

The PRESIDING OFFICER. Is there objection?

Mr. COBURN. Madam President, I object.

The PRESIDING OFFICER. Objection is heard.

The assistant legislative clerk continued with the reading of the amendment.

Mr. SANDERS. Madam President, I ask unanimous consent that the amendment be considered as read.

The PRESIDING OFFICER. Is there objection?

Mr. COBURN. There is objection.

The PRESIDING OFFICER. Objection is heard.

Mr. SANDERS. Madam President, may I ask my friend from Oklahoma why he is objecting?

Mr. COBURN. Regular order, Madam President.

The PRESIDING OFFICER. Regular order is the reading of the amendment.

The assistant legislative clerk continued with the reading of the amendment.

(The amendment (No. 2837) is printed in the RECORD of Wednesday, December 2, 2009, under ''Text of Amendments.'')

The PRESIDING OFFICER (Mr. CARDIN). The Senator from Vermont is recognized.

AMENDMENT NO. 2837 WITHDRAWN

Mr. SANDERS. Mr. President, I withdraw my amendment.

Mr. COBURN. Regular order, Mr. President.

The PRESIDING OFFICER. The Senator has that right. The amendment is withdrawn.

Mr. SANDERS. Pursuant to the 30 minutes that I——

The PRESIDING OFFICER (Mrs. SHAHEEN). Under the previous order, the Senator from Vermont is recognized for 30 minutes.

Mr. SANDERS. Madam President, let me begin not by talking about my amendment but by talking about the Republican action that we have seen right here on the floor of the Senate. Everybody in this country understands that our Nation faces a significant number of major crises—whether it is the disintegration of our health care system, the fact that 17 percent of our people are unemployed or underemployed, or the fact that one out of four of our children is living on food stamps. We have two wars, we have global warming, we have a $12 trillion national debt, and the best the Republicans can do is try to bring the U.S. Government to a halt by forcing a reading of a 700-page amendment. That is an outrage. People can have honest disagreements, but in this moment of crisis it is wrong to bring the U.S. Government to a halt.

I am very disturbed that I am unable to bring the amendment that I wanted to bring to the floor of the Senate. I thank Senator REID for allowing me to try to bring it up before it was obstructed and delayed and prevented by the Republican leadership. My amendment, which was cosponsored by Senators SHERROD BROWN and ROLAND BURRIS, would have instituted a Medicare-for-all single-payer program. I was more than aware and very proud that, were it not for the Republican's obstructionist tactics, this would have been the first time in American history that a Medicare-for-all single-payer bill was brought to a vote before the floor of the Senate. I was more than aware that this amendment would not win. I knew that. But I am absolutely convinced that this legislation or legislation like it will eventually become the law of the land.

The reason for my optimism that a Medicare-for-all single-payer bill will eventually prevail is that this type of system is and will be the only mechanism we have to provide comprehensive high-quality health care to all of our people in a cost-effective way. It is the only approach that eliminates the hundreds of billions of dollars in waste, administrative costs, bureaucracy, and profiteering by the private insurance companies, and we are not going to provide comprehensive, universal, cost-effective health care to all of our people without eliminating that waste. That is the simple truth.

The day will come, although I recognize it is not today, when the Congress will have the courage to stand up to the private insurance companies and the drug companies and the medical equipment suppliers and all of those who profit and make billions of dollars every single year off of human sickness. On that day, when it comes—and it will come—the U.S. Congress will finally proclaim that health care is a right of all people and not just a privilege. And that day will come, as surely as I stand here today.

There are those who think that Medicare-for-all is some kind of a fringe idea—that there are just a few leftwing folks out there who think this is the way to go. But let me assure you that this is absolutely not the case. The single-payer concept has widespread support from diverse groups from diverse regions throughout the United States. In fact, in a 2007 AP/Yahoo poll, 65 percent of respondents said that the United States should adopt a universal health insurance program in which everyone is covered under a program like Medicare that is run by the Government and financed by taxpayers.

There is also widespread support for a Medicare-for-all approach among those people who understand this issue the most, and that is the medical community. That support goes well beyond the 17,000 doctors in the Physicians for National Health Care Program, who are fighting every day for a single-payer system. It goes beyond the California Nurses Association, the largest nurses union in the country, who are also fighting for a Medicare-for-all, single-payer health care. In March of 2008,

a survey of 2,000 American doctors published in the Annals of Internal Medicine concluded that 59 percent of physicians ''supported legislation to establish national health insurance.''

Madam President, you might be particularly interested to know that the New Hampshire Medical Society surveyed New Hampshire physicians and found that two-thirds of New Hampshire physicians, including 81 percent of primary care clinicians, indicated that they would favor a simplified payer system in which public funds, collected through taxes, were used to pay directly for services to meet the basic health care needs of all citizens. That is New Hampshire.

In 2007, Minnesota Medicine Magazine surveyed Minnesota physicians and found that 64 percent favored a single-payer system; 86 percent of physicians also agreed that it is the responsibility of society, through the Government, to ensure that everyone has access to good medical care.

But it is not just doctors, it is not just nurses, it is not just millions of ordinary Americans. What we are seeing now is that national, State, and local organizations representing a wide variety of interests and regions support single payer. These include the U.S. Conference of Mayors, the American Medical Students Association, the AFL/CIO, the United Church of Christ, the UAW, the International Association of Machinists, the United Steelworkers, the United Electrical Workers, the Older Women's League, and so many others that I do not have the time to list them.

I ask unanimous consent to insert a list in the RECORD of all the organizations representing millions and millions of Americans who are sick and tired of the current system and want to move toward a Medicare-for-all single-payer system.

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

NATIONAL ORGANIZATIONS SUPPORT SINGLE PAYER

American Federation of Musicians of the United States and Canada, American Medical Students Association, Americans for Democratic Action, American Patients United, All Unions Committee for Single Payer Health Care, Alliance for Democracy, Business Coalition for Single Payer Health Care, California Nurses Association/National Nurse Organizing Committee, Coalition of Black Trade Unionists, Coalition of Labor Union Women, Committee of Presidents, National Association of Letter Carriers, Committees of Correspondence, Earthly Energy Werx, Electrical Workers Minority Caucus, Fellowship of Reconciliation, Feminist Caucus of the American, Humanist Association, and Global Kids Inc.

Global Security Institute, Health Plan Navigator, Healthcare NOW!, Hip Hop Caucus, House of Peace, Institute for Policy Studies, Cities for Progress, Inter-religious Foundation for Community Organization, International Association of Machinists and Aerospace Workers, League of Independent Voters, National Association for the Advancement of Colored People, National Association of Letter Carriers, National Council on Healthcare for the Homeless, National Economic and Social Rights Initiative, National Education Association, National Organization of Women, National Student Nurses Association, Needed Now, and Older Women's League.

PACE International Union, Peoples' Health Movement—US Circle, Physicians for a National Health Program, Progressive Christians Uniting, Progressive Democrats of America, The United Church of Christ, United Association of Journeymen & Apprentices of the Plumbing & Pipe Fitting Industry of the United States & Canada, United Automobile Workers, United Automobile Workers, International Union Convention, United Electric Workers, United Federation of Teachers, United Methodist Global Board of Church and Society, United Steelworkers of America, Up for Democracy, Women's Division of The United Methodist Church, Women's Universal Health Initiative, and Young Democrats.

STATE ORGANIZATIONS SUPPORT SINGLE PAYER

1199SEIU United Healthcare Workers East, MD, DC, NY, MA; 1199SEIU Retired Division of New York; American Guild of Musical Artists: Chicago/Midwest Region; American Postal Workers Union (APWU), Michigan State; Arizona AFL–CIO; Arkansas AFL-CIO; California State Pipe Trades Council, United Association; California School Employees Association; Connecticut State Council of Machinists of the IAMAW; Connecticut Medicare for All; Delaware State AFL–CIO; Florida CHAIN; Florida State AFL–CIO; Florida State Alliance for Retired Americans; Health Action New Mexico; Health Care for All California; Health Care for All Colorado; Health Care for All New Jersey; Health Care for All Texas; Health Care for All Washington; Hoosiers for a Common Sense Health Plan; and Iowa Federation of Labor; AFL–CIO.

Kentucky House of Representatives; Kentucky Jobs with Justice; Kentucky State AFL–CIO; Maine Council of United Steelworkers; Maine State AFL–CIO; Maine State Building & Construction Trades Council; Maryland State and District of Columbia AFL–CIO; Massachusetts Nurses Association; Massachusetts State United Auto Workers; Michigan State AFL–CIO Women's Council; Michigan State Association of Letter Carriers; Minnesota DFL Progressive Caucus; Minnesota State AFL–CIO; Missouri State AFL–CIO; New Jersey Media Corps; New Jersey State Industrial Union Council; New York Professional Nurses Union; New York State Nurses Association; North Carolina Fair Share; North Carolina State AFL–CIO; North Dakota State AFL–CIO; Ohio Alliance for Retired Americans.

Ohio State AFL–CIO; Ohio Steelworkers Organization of Active Retirees; Oregon United Methodist Church; Pennsylvania Association of Staff Nurses and Allied Professionals; Pennsylvania State AFL–CIO; SCFL of Wisconsin; SEIU—United Healthcare Workers West; South Carolina State AFL–CIO; South Dakota AFL–CIO; Texas AFL–CIO; Texas Alliance for Retired Americans; Texas Building & Construction Trades Council; The Tennessee Tribune Newspaper; Utah Jobs with Justice; Vermont State Labor Council AFLCIO; Washington State Alliance for Retired Americans; Washington State Building and Construction Trades Council; Washington State Labor Council; West Virginia State AFL–CIO; Wisconsin Clean Elections Campaign; Wisconsin State AFL–CIO; Wyoming State AFL-CIO.

Mr. SANDERS. There is also significant support in the House of Representatives for a single-payer system. Together, H.R. 676 and H.R. 1200, two different single-payer proposals, have 94 cosponsors.

And let me say a word about State legislatures that have moved forward aggressively toward a single-payer system. In California, our largest State, the State legislature there has on two occasions passed a single-payer program. The largest State in America passed a single-payer program, and on both occasions it was vetoed by the Governor. In New York State, the State Assembly passed a single-payer system. Among other States where single payer has been proposed and seriously discussed are Ohio, Massachusetts, Georgia, Colorado, Maine, Vermont, Illinois, Wisconsin, Oregon, Washington, New Mexico, Minnesota, Indiana, and New Hampshire.

Why is it that we need an entirely new approach for health care in this country? The answer is pretty obvious. Our current system, dominated by profit-making insurance companies, simply does not work. Yes, we have to confess, it does work for the insurance companies that make huge profits and provide their CEOs with extravagant compensation packages. Yes, it does work—and we saw how well it worked right here on the floor yesterday—for the pharmaceutical industry which year after year leads almost every other industry in profit while charging the American people by far—not even close—the highest prices in the world for prescription drugs.

So it works for the insurance companies. It works for the drug companies. It works for the medical equipment suppliers and the many other companies who are making billions of dollars off of our health care system. But it is not working for—in fact, it is a disaster for—ordinary Americans.

Today, 46 million people in our country have no health insurance and an even higher number of people are underinsured, with high deductibles or copayments. Today, as our primary health care system collapses, tens of millions of Americans do not have access to a doctor on a regular basis and, tragically, some 45,000 of our fellow Americans who do not have access to a doctor on a regular basis die every single year. That is 15 times more Americans who die of preventable diseases than were murdered in the horrific 9/11 attack against our country. That takes place every year: the preventable deaths of 45,000 people.

This is not acceptable. These horrific deaths are a manifestation of a collapsing system that needs fundamental change.

A number of months ago I took to the floor to relate stories that I heard from people throughout the State of Vermont regarding the health care crisis, stories which I published in a small pamphlet and placed on my Web site. Let me tell you one story.

A man from Swanton, VT, in the northern part of our State, wrote to me to tell me the story of his younger brother, a Vietnam veteran, who died 3

weeks after being diagnosed with colon cancer. At the time he was diagnosed, he had been laid off from his job and could not afford COBRA coverage. This is what his brother said:

When he was in enough pain to see a doctor it was too late. He left a wife and two teenage sons in the prime of his life at 50 years old. The attending physician said that, if he had only sought treatment earlier, he would still be alive.

Horrifically, tragically, that same story is being told in every State in this country over and over again. If only he had gone to the doctor in time he could have lived, but he didn't have any health insurance. That should not be taking place in the United States of America in the year 2009.

Our health care disaster extends beyond even the thousands who die needlessly every single year. Many others suffer unnecessary disability—strokes that leave them paralyzed because they couldn't afford treatment for their high blood pressure, or amputations, blindness, or kidney failure from untreated diabetes. Infants are born disabled because their mothers couldn't get the kind of prenatal care that every mother should have, and millions with mental illness go without care every single day.

In a town in northern Vermont not far from where I live, a physician told me that one-third of the patients she treats are unable to pay for the prescription drugs she prescribes. Think about the insanity of that. We ask doctors to diagnose our illness, to help us out, she writes the prescription for the drug, and one-third of her patients cannot afford to fill that prescription. That is insane. That is a crumbling health care system. The reason people cannot afford to fill their prescription drugs is that our people, because of pharmaceutical industry greed, are forced to pay by far the highest prices in the world for prescription drugs. This is indefensible. There is nobody who can come to the floor of this Senate and tell me that makes one shred of sense.

The disintegration of our health care system causes not only unnecessary human pain, suffering, and death, but it is also an economic disaster. Talk to small businesses in Vermont, New Hampshire, any place in this country, and they tell you they cannot afford to invest in their companies and create new jobs because all of their profits are going to soaring health care costs—10, 15, 20 percent a year. Talk to the recently bankrupt General Motors and they will tell you that they spend more money per automobile on health care than they do on steel. GM is forced to pay $1,500 per car on health care while Mercedes in Germany spends $419, and Toyota in Japan spends $97. Try to compete against that.

From an individual economic perspective, it is literally beyond comprehension that of the nearly 1 million people who will file for bankruptcy this year, the vast majority are filing for bankruptcy because of medically related illnesses. Let's take a deep breath and think about this from an emotional point of view. Let's think about the millions of people who are today struggling with cancer, struggling with heart disease, struggling with diabetes or other chronic illnesses. They are not even able to focus on their disease and trying to get well. They are summoning half their energy to fight with the insurance companies to make sure they get the coverage they need. That is not civilized. That is not worthy of the United States of America.

In my State of Vermont—and I suspect it is similar in New Hampshire and every other State—I have many times walked into small mom-and-pop stores and seen those little donation jars that say: Help out this or that family because the breadwinner is struggling with cancer and does not have any health insurance or little Sally needs some kind of operation and she doesn't have any health insurance, put in a buck or five bucks to help that family get the health care they need. This is the United States of America. This should and cannot be allowed to continue.

One of the unfortunate things that has occurred during the entire health care debate is that we have largely ignored what is happening in terms of health care around the rest of the world. I have heard some of my Republican colleagues get up and say: We have the best health care system in the world. Yes, we do, if you are a millionaire or a billionaire, but we do not if you are in the middle class, not if you are a working-class person, certainly not if you are low income. It is just not true.

Today, the United States spends almost twice as much per person on health care as any other country. Despite that, we have 46 million uninsured and many more underinsured and our health care outcomes are, in many respects—not all but in many respects—worse than other countries. Other countries, for example, have longer life expectancies than we do. They are better on infant mortality, and they do a lot better job in terms of preventable deaths. At the very beginning of this debate, we should have asked a very simple question: Why is it we are spending almost twice as much per person on health care as any other country with outcomes that, in many respects, are not as good?

According to an OECD report in 2007, the United States spent $7,290, over $7,000 per person on health care. Canada spent $3,895, almost half what we spent. France spent $3,601, less than half what we spent. The United Kingdom spent less than $3,000, and Italy spent $2,600 compared to the more than $7,000 we spent. Don't you think that maybe the first question we might have asked is: Why is it we spend so much and yet our health care outcomes, in many respects, are worse than other countries? Why is it that that happens?

Let me tell you what other people will not tell you. One key issue that needed to be debated in this health care discussion has not been discussed. The simple reason as to why we spend so much more than any other country with outcomes that are not as good as many other countries is that this legislation, from the very beginning, started with the assumption that we need to maintain the private for-profit health insurance companies. That basic reality that we cannot touch private insurance companies, in fact that we have to dump millions more people into private health insurance companies, that was an issue that could not even be discussed. And as a result, despite all the money we spend, we get poor value for our investment.

According to the World Health Organization, the United States ranks 37th in terms of health system performance compared with five other countries: Australia, Canada, Germany, New Zealand, and the United Kingdom. The U.S. health system ranks less or less than half.

Sometimes these groups poll people. They go around the world and they poll people and they ask: How do you feel about your own health care system? We end up way down below other countries. Recently, while the Canadian health care system was being attacked every single day, they did a poll in Canada. They said to the Canadian people: What do you think about your health care system? People in America say you have a terrible system. Do you want to junk your system and adopt the American system? By overwhelming numbers, the people of Canada said: Thank you, no thank you. We know the American system. We will stay with our system.

I was in the United Kingdom a couple months ago. I had an interesting experience. It was a Parliamentarian meeting. I met with a number of people in the Conservative Party—not the liberal Democratic Party, not the Labour Party, the Conservative Party, the party which likely will become the government of that country. The Conservatives were outraged by the kind of attacks being leveled against the national health system in their country, the lies we are being told about their system. In fact, the leader of the Conservative Party got up to defend the national health system in the United Kingdom and said: If we come to power, we will defend the national health system. Those were the conservatives.

What is the problem with our system which makes it radically different than systems in any other industrialized country? It is that we have allowed for-profit private corporations to develop and run our health care system, and the system that these companies have developed is the most costly, wasteful, complicated, and bureaucratic in the entire world. Everybody knows that. With 1,300 private insurance companies and thousands and thousands of different health benefit programs all designed to maximize profits, private

health insurance companies spend an incredible 30 percent of every health care dollar on administration and billing, on exorbitant CEO compensation packages, on advertising, lobbying, and campaign contributions. This amounts to some $350 billion every single year that is not spent on health care but is spent on wasteful bureaucracy.

It is spent on bureaucrats and on an insurance company telling us why we can't get the insurance we pay for. How many people today are on the phone today arguing with those bureaucrats to try to get the benefits they paid for? It is spent on staff in a physician's office who spend all their time submitting claims. They are not treating people; they are submitting claims. It is spent on hundreds of people working in the basement of hospitals who are not delivering babies, not treating people with cancer. They are not making people well. They are sending out bills. That is the system we have decided to have. We send out bills, and we spend hundreds of billions of dollars doing that rather than bringing primary health care physicians into rural areas, rather than getting the doctors, dentists, and nurses we need.

Let me give a few outrageous examples. Everyone knows this country is in the midst of a major crisis in primary health care. We lack doctors. We lack nurses. We lack dentists—a major crisis getting worse every single day. Yet while we are unable to produce those desperately needed doctors and nurses and dentists, we are producing legions of insurance company bureaucrats.

Here is a chart which deals with that issue. What this chart shows is that over the last three decades, the number of administrative personnel, bureaucrats who do nothing to cure our illnesses or keep us well, the number of bureaucrats has grown by 25 times the number of physicians. This is growth in the number of doctors—nonexistent. This is growth in the number of health care bureaucrats on the phone today telling you why you can't get the health care coverage you paid for or telling you that you have a preexisting condition and throwing you off health care because you committed the crime last year of getting sick. That growth is through the roof. This is where our health care dollars are going. This is why we need a single-payer system.

According to Dr. Uwe Reinhardt in testimony before Congress, Duke University Hospital, a very fine hospital, has almost 900 billing clerks to deal with hundreds of distinct managed care contracts. Do you know how many beds they have in that hospital? They have 900 beds. They have 900 bureaucrats involved in billing for 900 beds. Tell me that makes sense.

At a time when the middle class is collapsing and when millions of Americans are unable to afford health insurance, the profits of health insurance companies are soaring. From 2003 to 2007, the combined profits of the Nation's major health insurance companies increased by 170 percent. While more and more Americans are losing their jobs, the top executives of the industry are receiving lavish compensation packages. In 2007, despite plans to cut 3 to 4 percent of its workforce, Johnson & Johnson found the cash to pay its CEO Weldon $31.4 million. Ron Williams of Aetna took home over $38 million, and the head of CIGNA, Edward Hanway, took away $120 million over 5 years on, and on and on it goes.

So what is the alternative? Let me briefly describe the main features of a Medicare-for-all single-payer system. In terms of access, people getting into health care, this legislation would provide for all necessary medical care without cost sharing or other barriers to treatment. Every American—not 94 percent but 100 percent of America's citizens—would be entitled to care. In terms of choice, the issue is not choice of insurance companies that our Republican friends talk about. The question is choice of doctors, choice of hospitals, choice of therapeutic treatments. Our single-payer legislation would provide full choice of physicians and other licensed providers and hospitals. Importantly—and I know there is some confusion—a single-payer program is a national health insurance program which utilizes a nonprofit, private delivery system. It is not a government-run health care system. It is a government-run insurance program. In other words, people would still be going to the same doctors, still going to the same hospitals and other medical providers.

The only difference is, instead of thousands of separately administered programs run with outrageous waste, there would be one health insurance program in America for Members of Congress, for the poorest people in our country, for all of us. In that process, we would save hundreds of billions of dollars in bureaucratic waste. In terms of benefits, what would you get? A single-payer program covers all medically necessary care, including primary care, emergency care, hospital services, mental health services, prescriptions, eye care, dental care, rehabilitation services, and nursing home care as well. In terms of medical decisions, those decisions under a single-payer program would be made by the doctors and the patients, not by bureaucrats in insurance companies.

If we move toward a single-payer program, we could save $350 billion a year in administrative simplification, bulk purchasing, improved access with greater use of preventative services, and earlier diagnosis of illness.

People will be able to get to the doctor when they need to rather than waiting until they are sick and ending up in a hospital.

Further, and importantly, like other countries with a national health care program, we would be able to negotiate drug prices with the pharmaceutical industry, and we would end the absurdity of Americans being forced to pay two, three, five times more for certain drugs than people around the rest of the world.

Every other industrialized country on Earth primarily funds health care from broad-based taxes in the same way we fund the Defense Department, Social Security, and other agencies of government, and that is how we would fund a national health care program.

Let me be specific about how we would pay for this. What this legislation would do is, No. 1, eliminate—underline ''eliminate''—all payments to private insurance companies. So people would not be paying premiums to UnitedHealth, WellPoint, Blue Cross Blue Shield, and other private industry companies—not one penny. The reason for that is that private for-profit health insurance companies in this country would no longer exist.

Instead, this legislation would maintain all of the tax revenue that currently flows into public health programs like Medicare, Medicaid, and CHIP, and it would add to that an income tax increase of 2.2 percent and a payroll tax of 8.7 percent. This payroll tax would replace all other employer expenses for employee health care. In other words, employers in this country, from General Motors to a mom-and-pop store in rural America, would no longer be paying one penny toward private insurance revenue.

The income tax would take the place of all current insurance premiums, copays, deductibles, and all other out-of-pocket payments made by individuals. For the vast majority of people, a 2.2-percent income tax is way less than what they now pay for all of those other things. In other words, yes, you would be paying more in taxes. That is true. But you would no longer have to pay for private health insurance, and, at the end of the day, from both a financial perspective and a health security perspective, we would be better off as individuals and as a nation.

What remains in existence—I should add here—is the Veterans' Administration. I believe, and most of us believe, they have a separate set of issues, and the VA would remain as it is.

Let me bring my remarks to a close by giving you an example of where I think we should be going as a country in terms of health care. Oddly enough, the process that I think we should be using is what a small country of 23 million people—the country of Taiwan—did in 1995. In 1995, Taiwan was where we are right now—massive dissatisfaction with a dysfunctional health care system—and they did what we did not do. They said: Let's put together the best commission we can, the smartest people we know. Let's go all over the world. Let's take the best ideas from countries all over the world.

As Dr. Michael Chen, vice president and CFO of Taiwan's National Health Insurance Bureau, explained in an interview earlier this year, the Taiwanese ultimately chose to model their system—after a worldwide search—on

our Medicare Program. That is where they went, except that they chose to insure the entire population rather than just the elderly. After searching the globe, the Taiwanese realized what many Americans already know: a Medicare-for-all, single-payer system is the most effective way to offer quality coverage at a reasonable price.

Taiwan now offers comprehensive health care to all of its people, and it is spending 6 percent of its GDP to do that while we spend 16 percent of our GDP. But, unfortunately, the single-payer model was not ever put on the table here. Maybe we should learn something from our friends in Taiwan.

Let me end by saying this: This country is in the midst of a horrendous health care crisis. We all know that. We can tinker with the system. We can come up with a 2,000-page bill which does this, that, and the other thing. But at the end of the day, if we are going to do what virtually every other country on Earth does—provide comprehensive, universal health care in a cost-effective way, one that does not bankrupt our government or bankrupt individuals—if we are going to do that, we are going to have to take on the private insurance companies and tell them very clearly that they are no longer needed. Thanks for your service. We don't need you anymore.

A Medicare-for-all program is the way to go. I know it is not going to pass today. I know we do not have the votes. I know the insurance company and the drug lobbyists will fight us to the death. But, mark my words, Madam President, the day will come when this country will do the right thing. On that day, we will pass a Medicare-for-all single-payer system.

Mr. LUGAR. Mr. President, I take this opportunity to share with my colleagues a statement I have prepared regarding the health care reform debate in which the Senate is currently engaged.

A majority of the Members of Congress share President Obama's humane goal that millions more Americans might enjoy health insurance coverage and that medical care to all Americans might be substantially improved. For the moment, however, President Obama and the Congress must recognize that the overwhelming demand of most Americans is that presidential and congressional leadership should focus each day on restoration of jobs, strengthening of housing opportunities, new growth in small business and large industries, and banks that are not only solvent but confident of normal lending. In essence, the task facing national leadership is truly monumental. A national and international recession has not ended and many economists predict that unemployment, which has exceeded 10 percent in the United States, will continue to grow in coming months.

The President and the current Congress have realized a final deficit for fiscal year 2009 of $1.4 trillion, with the total national debt now at $12 trillion. The appropriation bills that Congress has passed and that will make up the next fiscal year's expenditures are predicted to result in another annual deficit of more than $1 trillion. In fiscal year 2009, Medicaid spending increased by 24.6 percent to $251 billion. Spending on Food Stamps increased 41 percent to $56 billion. Unemployment benefits increased almost 155 percent to $120 billion.

Republicans and Democrats may feel that passing comprehensive health legislation before the end of the year is crucial to the success or failure of the Obama administration and/or party leadership in the Congress.

But I would suggest that successful leadership will be defined, now and historically, by success in bringing a horrendous economic recession to an end, bringing new strength to our economy, and providing vital leadership in international relations as we hope to bring conflicts under control and in some cases, to conclusion.

I appreciate that President Obama has strongly argued that comprehensive health care legislation is an important component to reducing federal deficit spending. He has contended that failure to pass this legislation will increase deficits now and for many years to come. I disagree with the President.

After the economic recession in our country comes to a conclusion, a high priority may be extension of health insurance coverage and reform of many health care practices. When such changes occur, they are likely to be expensive and Americans will need to debate, even then, their priority in comparison to many other national goals. One reason why health care is likely to remain expensive is that major advances in surgical procedures, prescription drugs, and other health care practices have prolonged the lives of tens of millions of Americans and improved the quality of those additional years. The Washington Post, in a front-page story on July 26, 2009, mentioned that ''the fight against heart disease has been slow and incremental. It's also been extremely expensive and wildly successful.'' Americans should not take for granted all of the advances in health care that have enriched our lives, but we sometimes forget that we require and even pray for much more medical progress in years to come, which is likely to be expensive.

In order to pay for the cost of the nearly $1 trillion health care legislation, several Members of Congress are suggesting new forms of taxation, reduction of payments to doctors and hospitals, and curtailment of certain types of insurance coverage. These and other suggestions may temporarily bring about cost reduction but will also have some after-effects in the overall economy. In fact, strong financial incentives may be needed to enlist men and women to enter the medical field. Failure to enlist a sufficient number of doctors could lead to rationing of service and longer lines to find someone who will give humane attention.

In the meanwhile, it is possible that the President and Members of Congress might find some inexpensive, incremental improvements that could result in a greater number of Americans being served through health insurance and more efficiently operating health care institutions. The strong desire that most of us have to continue discussing these issues and make improvements need not be postponed even as President Obama and the Congress strive for victory over a devastating national economic recession.

Because our Federal spending deficits have risen so much and are predicted to rise even more, all substantive discussions on health care and other important issues will be conducted during many years of planning and, finally, decisive action to reduce deficit spending and preserve the value and integrity of the dollar as we continue to borrow hundreds of billions of dollars in the form of U.S. Treasury bonds sold to governments and citizens of other countries. They, too, are counting on the integrity of our dollar and our financial system to preserve the value of their financial reserves.

Starting with President Obama and extending to all Members of Congress, we wish that we had inherited a neutral, peaceful playing field. We have not been so fortunate. Our responsibility now is to recognize the extraordinary financial tragedy that has befallen our country and to recognize the unprecedented opportunity that we have to stop the momentum of that tragedy. We must provide valid hope of constructive vision, idealism, and change in the future. I look forward to working with the President and my colleagues to tackle first things first.

Ms. COLLINS. Madam President, I rise today to speak in favor of the motion to commit offered by Senators HUTCHISON and THUNE.

The Hutchison-Thune motion to commit would send the health care bill to the Senate Finance Committee with instructions to revise the bill in a revenue-neutral manner, to prevent taxes in the bill from going into effect before the exchanges are set up in 2014.

The bill makes Americans wait until 2014 to get insurance through the new ''exchanges,'' but it rolls out new tax hikes starting right away. Unless we take action to change this, Americans will see 4 years of tax increases before the chief benefits of this bill become available.

In the 4 years between now and the time the exchanges come online, Americans will face at least a dozen new or increased taxes and fees costing $73 billion.

Some of these taxes start in 2 weeks. For example, a new tax on pharmaceutical manufacturers, which will raise an average of $2.2 billion per year; a new tax on health insurance providers, which will raise $6.7 billion per

year; a new tax on medical device manufacturers, which will raise $2 billion per year.

Other taxes kick in 1 year from now. These include an increased penalty on withdrawals from Health Savings Accounts and a new $2,500 cap on FLEX spending accounts.

These new limits and penalties make no sense to me. Why would we want to impose a penalty on Americans who use money from their FLEX spending accounts to buy over-the-counter medicine? How is that going to help make health care more affordable?

But that is not all the bill does with respect to taxes. In 2013, the bill imposes several more taxes, including a reduction in the tax deductibility of medical expenses, a new high cost insurance excise Tax—the so-called Cadillac tax, and an increase in the Medicare payroll tax for high earners.

These tax increases total $73 billion before 2014, before anyone gets a dollar of subsidy to purchase health insurance in the new exchanges.

These taxes will be paid right away by Americans in the form of higher health insurance premiums. This is not just my opinion; this is what the Congressional Budget concludes too. Here is what the CBO said about the $6.7 billion annual fee on health insurance providers, which is scheduled to begin next year:

We expect a very large portion of [the] proposed insurance industry fee to be borne by purchasers of insurance in the form of higher premiums.

It is not just taxes on insurance that will be passed on to consumers. Taxes on pharmaceutical manufacturers and medical devices makers will also be passed on.

This means that American consumers will see price increases for everything from insulin pumps, to pacemakers, to power wheelchairs and drugs like Prilosec.

As the CBO Director has said:

Those fees would increase costs for the affected firms, which would be passed on to purchasers and would ultimately raise insurance premiums by a corresponding amount.

The Joint Committee on Taxation shares the CBO's view these tax hikes will be passed along to consumers.

Once again, I do not see how imposing these new taxes now—before the exchanges are set up and the chief benefits of the bill are supposed to become available—makes health care more affordable.

For all of these reasons, I will be voting in favor of the Hutchison-Thune motion to recommit, and I would urge my colleagues to do the same.

MOTION TO COMMIT

Mr. SANDERS. Madam President, I now move to table Senator HUTCHISON's motion to commit, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be 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) and the Senator from Massachusetts (Mr. KERRY) are necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Oklahoma (Mr. INHOFE).

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

The result was announced—yeas 56, nays 41, as follows:

[Rollcall Vote No. 379 Leg.]

YEAS—56

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

NAYS—41

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

NOT VOTING—3

Byrd	Inhofe	Kerry

The motion was agreed to.

Mr. REID. Madam President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

VOTE EXPLANATION

● Mr. KERRY. Madam President, I was necessarily absent for the vote on the motion to table the Hutchison motion to commit to the health care bill, H.R. 3590. If I were able to attend today's session, I would have voted to table the Hutchison motion to commit.●

DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2010

Mr. REID. Madam President, I ask the Chair to lay before the Senate a message from the House with respect to H.R. 3326, the Department of Defense Appropriations Act.

The PRESIDING OFFICER. The Chair lays before the Senate the message from the House.

H.R. 3326

Resolved, That the House agree to the amendment of the Senate to the bill (H.R. 3326) entitled ''An Act making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes'', with a House amendment to Senate Amendment.

CLOTURE MOTION

Mr. REID. Madam President, I move to concur in the House amendment, and I send a cloture motion to the desk.

The PRESIDING OFFICER. The clerk will report the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to concur in the House amendment to the Senate amendment to H.R. 3326, the Department of Defense Appropriations Act for Fiscal Year 2010.

Daniel K. Inouye, Harry Reid, Max Baucus, Patrick J. Leahy, Sheldon Whitehouse, Carl Levin, Patty Murray, Mark Begich, Maria Cantwell, Mark L. Pryor, Jack Reed, Edward E. Kaufman, Al Franken, Tom Harkin, Jim Webb, Paul G. Kirk, Jr., Michael F. Bennet.

AMENDMENT NO. 3248

Mr. REID. Madam President, I move to concur in the House amendment with an amendment, which is at the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Nevada (Mr. REID) moves to concur in the House amendment to the Senate amendment with an amendment numbered 3248.

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

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

The amendment is as follows:

At the end of the House amendment, insert the following:

The provisions of this Act shall become effective 5 days after enactment.

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

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 3252 TO AMENDMENT NO. 3248

Mr. REID. Madam President, I have an amendment at the desk.

The PRESIDING OFFICER. The clerk will report.

The Senator from Nevada (Mr. REID) proposes an amendment numbered 3252 to amendment No. 3248.

Mr. REID. I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

Strike ''5 days'' and insert ''1 day''.

MOTION TO REFER/AMENDMENT NO. 3249

Mr. REID. Madam President, I have a motion to refer, with instructions, at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows: