

disease is lack of transparency, lack of accountability, lack of reform, lack of tort reform, and lack of a competitive nature, both in the health insurance industry as well as in providers like myself.

Make me compete based on quality and price, and make sure my patients can see it, so that a consumer can make a real choice. If we were to do that—which this bill does none of that—if we were to do that, American consumers could get a much better deal.

I thank the Senator.

Mr. THUNE. Mr. President, if I might say, the Senator from Oklahoma has put forward a comprehensive approach to health care reform. It has been argued here many times on the floor that Republicans do not have their own ideas. We have argued throughout the course of this debate that we ought to be approaching this not in sort of a radical overhaul of an expansion of the Federal Government's role in our health care delivery system, which this legislation would do, but, rather, look at ways we can provide more competition and create a more robust private sector health care delivery system. Instead, this approach relies heavily on growing the government footprint with regard to health care, as is evidenced by the \$2.5 trillion cost of the legislation.

But the Senator from Oklahoma and our colleague from North Carolina have come up with a comprehensive solution, which is very, in my view, bold and does represent true reform that moves us away from the system we have today, which has demonstrated, as the Senator from Oklahoma has pointed out, that it continues to increase in cost and continues to probably—I think it will be argued—deliver less in terms of quality and makes the failures in the current system even bigger and worse, without doing anything to address the fundamental underlying problem or disease.

So I would say that inasmuch as the Senator from Oklahoma has a comprehensive solution, we also support what I would call more step-by-step approaches. One, of course, is interstate competition, allowing people to buy insurance across States lines. One would allow pooling, allowing small businesses to join a larger group, thereby getting the benefit of group purchasing power.

As the Senator from Oklahoma mentioned, medical malpractice reform is something we all believe needs to be done. The Congressional Budget Office, by the way, has said all these various solutions bend the cost curve down, not up. But those are all things we could be doing to improve upon the system we have today.

Frankly, I think we need to have a fair debate of the proposal of the Senator from Oklahoma, which is a comprehensive approach, which does take us away from the employer-based system, which empowers individuals

through the form of tax credits to buy their own health insurance to make them more informed consumers. We always talk about a consumer-driven model. That is exactly the approach that his legislation and his reform proposal would employ.

So I would like to see us have an opportunity to debate that. We are not going to get that chance, I do not think, because it sounds as if the amendment tree has been filled. The bill that is before us now with the managers' amendment will prevent other alternatives, other amendments from being offered. That is unfortunate because I think the direction we are headed is a train wreck, as has been described by many, because it leads to more spending, more taxing, Medicare cuts, and I would argue, in the end, more borrowing, frankly, does little to solve the underlying problems that exist in our health care system today.

Mr. COBURN. Would the Senator yield for a moment?

Mr. THUNE. I am happy to yield.

Mr. COBURN. There is one area I needed to cover that I didn't, and I will do so rather quickly.

Since 1977, this country has said we are not going to take Federal taxpayer dollars to pay for abortions. That is a divisive issue. The only way we change that issue is to change people's hearts in this country. So we are going to have to all agree to disagree on abortion in this country, and it is about a 50-50 split. What is about a 70-30 split is that the vast majority of Americans don't think their tax dollars, whether they are pro-choice or not, should be used to pay for somebody else's abortion.

What we saw come through the Senate this morning is something that every significant pro-life group in this country, including the Catholic Bishops, including Right to Life, including this doctor who has delivered thousands of babies and understands the issues of life, is going to abhor. What we have done is ultimately eliminate the Hyde amendment, and come next September 30, throughout the Federal Government as well as in this bill, the Federal Government is now going to allow taxpayer dollars to be used to pay for abortion.

Congressman STUPAK, who is a friend of mine, who made sure the House did not allow that to happen, has recently been quoted today saying this is absolutely unacceptable, and it should be. We should not be using Federal funds for that procedure to end the life of an unborn human being.

With that, I yield the floor and yield back my time.

Mr. THUNE. I appreciate that. I appreciate and share the Senator's view with regard to the changes or proposal that was unveiled this morning and how it treats the issue of abortion.

As was noted, the House of Representatives and Congressman STUPAK came up with a clear, unequivocal policy position that extends the policy, es-

entially, that has been in place now for the past 30 years in this country regarding the use of taxpayer funds for abortions. The language that supposedly was negotiated between the Senator from Nebraska and the Democratic majority does not follow through or maintain that policy and, in fact, opens the door to allowing Federal funding to be used for abortions.

Irrespective of which side you come down on, on this issue, there has been widespread and broad American support for a very long time. I think it is something both Republicans and Democrats have agreed upon, and we should not deviate from that. The American people have made it very plain that they believe—60 to 70 percent, in most surveys—the Federal Government should not be using taxpayer funds to finance abortions. The funding is clearly in the Senate version that now has been negotiated. As the Senator from Oklahoma mentioned, the opposition comes from the Catholic Bishops, the opposition comes from the National Right to Life. It is very clear that this provision that is now included in the managers' amendment does not maintain the long-held policy we have had in this country supported by so many Americans that we not use taxpayer funds for abortions. So that, too, is something this bill falls short on, along with all of the other many things I have mentioned.

I think we are going to have many opportunities over the course of the next several days to continue to discuss this issue. We just received the managers' amendment this morning, and I think it is important, as the debate over the managers' amendment begins and we have some votes that are going to be coming up in the next few days, that we continue to talk about why this is the wrong approach for America, why it is the wrong approach for health care, why it is the wrong approach for our economy, and why it is the wrong approach for jobs. We can do so much better by the American people. This needs to be done in a step-by-step way. It needs to be done right. This legislation takes us in the wrong direction for the future of this country.

Mr. President, I yield the floor.

MESSAGE FROM THE HOUSE

ENROLLED BILL AND JOINT RESOLUTION SIGNED

At 10:53 a.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the Speaker has signed the following enrolled bill and joint resolution:

H.R. 3326. An act making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes.

H.J. Res. 64. Joint resolution making further continuing appropriations for fiscal year 2010, and for other purposes.

The enrolled bill and joint resolution were subsequently signed by the Acting President pro tempore (Mr. CASEY).

ADDITIONAL COSPONSORS

S. 565

At the request of Mr. DURBIN, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 565, a bill to amend title XVIII of the Social Security Act to provide continued entitlement to coverage for immunosuppressive drugs furnished to beneficiaries under the Medicare Program that have received a kidney transplant and whose entitlement to coverage would otherwise expire, and for other purposes.

AMENDMENT NO. 3065

At the request of Mr. CARDIN, the name of the Senator from West Virginia (Mr. ROCKEFELLER) was added as a cosponsor of amendment No. 3065 intended to be proposed to H.R. 3590, a bill 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.

AMENDMENT NO. 3076

At the request of Mr. DURBIN, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of amendment No. 3076 intended to be proposed to H.R. 3590, a bill 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.

AMENDMENT NO. 3077

At the request of Mr. DURBIN, the name of the Senator from Illinois (Mr. BURRIS) was added as a cosponsor of amendment No. 3077 intended to be proposed to H.R. 3590, a bill 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.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3276. Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) proposed an amendment to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the 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.

SA 3277. Mr. REID proposed an amendment to amendment SA 3276 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra.

SA 3278. Mr. REID proposed an amendment to the bill H.R. 3590, supra.

SA 3279. Mr. REID proposed an amendment to amendment SA 3278 proposed by Mr. REID to the bill H.R. 3590, supra.

SA 3280. Mr. REID proposed an amendment to the bill H.R. 3590, supra.

SA 3281. Mr. REID proposed an amendment to amendment SA 3280 proposed by Mr. REID to the bill H.R. 3590, supra.

SA 3282. Mr. REID proposed an amendment to amendment SA 3281 proposed by Mr. REID to the amendment SA 3280 proposed by Mr. REID to the bill H.R. 3590, supra.

SA 3283. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3276. Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) proposed an amendment to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the 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; which was ordered to lie on the table; as follows:

On page 2074, strike lines 22 through 25, and insert the following:

(f) **EFFECTIVE DATE.**—The amendments made by subsections (a) through (d) of this section shall apply to amounts paid or incurred after December 31, 2008, in taxable years beginning after such date.

TITLE X—STRENGTHENING QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Provisions Relating to Title I

SEC. 10101. AMENDMENTS TO SUBTITLE A.

(a) Section 2711 of the Public Health Service Act, as added by section 1001(5) of this Act, is amended to read as follows:

“SEC. 2711. NO LIFETIME OR ANNUAL LIMITS.

“(a) **PROHIBITION.**—

“(1) **IN GENERAL.**—A group health plan and a health insurance issuer offering group or individual health insurance coverage may not establish—

“(A) lifetime limits on the dollar value of benefits for any participant or beneficiary; or

“(B) except as provided in paragraph (2), annual limits on the dollar value of benefits for any participant or beneficiary.

“(2) **ANNUAL LIMITS PRIOR TO 2014.**—With respect to plan years beginning prior to January 1, 2014, a group health plan and a health insurance issuer offering group or individual health insurance coverage may only establish a restricted annual limit on the dollar value of benefits for any participant or beneficiary with respect to the scope of benefits that are essential health benefits under section 1302(b) of the Patient Protection and Affordable Care Act, as determined by the Secretary. In defining the term ‘restricted annual limit’ for purposes of the preceding sentence, the Secretary shall ensure that access to needed services is made available with a minimal impact on premiums.

“(b) **PER BENEFICIARY LIMITS.**—Subsection (a) shall not be construed to prevent a group health plan or health insurance coverage from placing annual or lifetime per beneficiary limits on specific covered benefits that are not essential health benefits under section 1302(b) of the Patient Protection and Affordable Care Act, to the extent that such limits are otherwise permitted under Federal or State law.”.

(b) Section 2715(a) of the Public Health Service Act, as added by section 1001(5) of this Act, is amended by striking “and pro-

viding to enrollees” and inserting “and providing to applicants, enrollees, and policyholders or certificate holders”.

(c) Subpart II of part A of title XXVII of the Public Health Service Act, as added by section 1001(5), is amended by inserting after section 2715, the following:

“SEC. 2715A. PROVISION OF ADDITIONAL INFORMATION.

“A group health plan and a health insurance issuer offering group or individual health insurance coverage shall comply with the provisions of section 1311(e)(3) of the Patient Protection and Affordable Care Act, except that a plan or coverage that is not offered through an Exchange shall only be required to submit the information required to the Secretary and the State insurance commissioner, and make such information available to the public.”.

(d) Section 2716 of the Public Health Service Act, as added by section 1001(5) of this Act, is amended to read as follows:

“SEC. 2716. PROHIBITION ON DISCRIMINATION IN FAVOR OF HIGHLY COMPENSATED INDIVIDUALS.

“(a) **IN GENERAL.**—A group health plan (other than a self-insured plan) shall satisfy the requirements of section 105(h)(2) of the Internal Revenue Code of 1986 (relating to prohibition on discrimination in favor of highly compensated individuals).

“(b) **RULES AND DEFINITIONS.**—For purposes of this section—

“(1) **CERTAIN RULES TO APPLY.**—Rules similar to the rules contained in paragraphs (3), (4), and (8) of section 105(h) of such Code shall apply.

“(2) **HIGHLY COMPENSATED INDIVIDUAL.**—The term ‘highly compensated individual’ has the meaning given such term by section 105(h)(5) of such Code.”.

(e) Section 2717 of the Public Health Service Act, as added by section 1001(5) of this Act, is amended—

(1) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(2) by inserting after subsection (b), the following:

“(c) PROTECTION OF SECOND AMENDMENT GUN RIGHTS.—

“(1) **WELLNESS AND PREVENTION PROGRAMS.**—A wellness and health promotion activity implemented under subsection (a)(1)(D) may not require the disclosure or collection of any information relating to—

“(A) the presence or storage of a lawfully-possessed firearm or ammunition in the residence or on the property of an individual; or

“(B) the lawful use, possession, or storage of a firearm or ammunition by an individual.

“(2) **LIMITATION ON DATA COLLECTION.**—None of the authorities provided to the Secretary under the Patient Protection and Affordable Care Act or an amendment made by that Act shall be construed to authorize or may be used for the collection of any information relating to—

“(A) the lawful ownership or possession of a firearm or ammunition;

“(B) the lawful use of a firearm or ammunition; or

“(C) the lawful storage of a firearm or ammunition.

“(3) **LIMITATION ON DATABASES OR DATA BANKS.**—None of the authorities provided to the Secretary under the Patient Protection and Affordable Care Act or an amendment made by that Act shall be construed to authorize or may be used to maintain records of individual ownership or possession of a firearm or ammunition.

“(4) **LIMITATION ON DETERMINATION OF PREMIUM RATES OR ELIGIBILITY FOR HEALTH INSURANCE.**—A premium rate may not be increased, health insurance coverage may not be denied, and a discount, rebate, or reward offered for participation in a wellness program may not be reduced or withheld under