The Parliamentarian and his staff conducted extensive research on rule XV and the precedents governing the reading and withdrawal of amendments prior to what happened during Wednesday's session. While the Riddick's text the Republican leader cited seems plain enough, it is trumped by section 2 of rule XV itself, which clearly and succinctly states:

Any motion, amendment, or resolution may be withdrawn or modified by the mover at any time before a decision, amendment, or ordering of the yeas and nays, except a motion to reconsider, which shall not be withdrawn without leave.

Prior to the time Senator SANDERS withdrew his amendment, no action had been taken on it that would have prevented such a move without consent for a very simple reason: the amendment wasn't officially pending while it was being read into the RECORD. So Senator SANDERS had an unfettered right to withdraw it under such conditions.

The precedent for a Senator's ability to withdraw an amendment while it is being read without gaining consent first, either to dispense with the reading or to withdraw it, was firmly established in 1950 and reiterated in 1992. On April 14, 1950, Senator Forrest C. Donnell insisted that an amendment being offered by Senator William Benton be read in its entirety. Afterwards, Senator Benton sought unanimous consent to withdraw his amendment. Senator Donnell made a parliamentary inquiry of the Chair, asking the Presiding Officer whether a Senator may withdraw an amendment while it is being read. He further stated that if consent were necessary he would object. The Presiding Officer replied that an amendment may indeed be withdrawn while it is being read, citing the language in rule XV I just mentioned. And Senator Benton withdrew his amendment.

On September 24, 1992, Senator Brock Adams offered an amendment to a tax bill and sought consent twice to dispense with reading it. In both instances, Senator Bob Packwood objected so the clerk proceeded to read the amendment aloud. Later, Senator Adams asked for ''permission'' to withdraw the amendment and the Chair replied affirmatively that he had the right to do so.

The 1950 precedent is cited on page 119 of Riddick's for the proposition that an amendment may be withdrawn ''even as soon as it has been read'' but it is, in fact, the same ruling as the 1992 precedent, that a Senator may withdraw his amendment while it is being read.

The Republican leader did not refer to the 1950 precedent in his comments on Wednesday but spoke disparagingly of what happened in 1992, saying, ''the Chair made a mistake and allowed something similar (to Senator SANDERS' move) to happen. But one mistake does not a precedent make.''

The Parliamentarian doesn't share the Republican leader's contention that the 1992 action was a ''mistake,'' not a precedent. The Parliamentarian's view is echoed by Walter Oleszek, the noted senior specialist in American National Government at the Congressional Research Service, CRS, who wrote last year, ''Senators are free to modify or withdraw their amendments until the Senate takes ''action'' on them.'' This is from Senate Amendment Process: General Conditions and Principles, CRS Report 98–707, May 19, 2008. Martin Gold's book, ''Senate Procedure and Practice,'' states:

When a senator sends an amendment to the desk, he continues to ''own'' that amendment in the sense that he can modify or withdraw it *at will* (my emphasis) . . . Once ''action'' has been taken on the amendment, that situation changes, and the senator can modify or withdraw his amendment only by unanimous consent. This is from page 102.

The minority has tried to argue that there was Senate action on the Sanders amendment because the Senate previously had agreed to a unanimous consent request defining the amendment and the Hutchison motion to recommit as the only propositions in order at that stage and prohibiting amendments to them. It is true that if an amendment is on a defined list of the only amendments made in order, that amendment when pending cannot be withdrawn except by unanimous consent. But that order is irrelevant in this case because, as I mentioned before, the Sanders amendment was not pending and could not be until it was read in full or unless the reading was dispensed with by unanimous consent. Another way to put it is that the reading of the amendment was not ''interrupted'' by Senator SANDERS; in withdrawing it he obviated the reason for a reading. The order allowed but did not require, as it could not, that Senator SANDERS offer the amendment and take steps to make it pending.

So, to summarize, rule XV of the Standing Rules of the Senate and the 1950 and 1992 precedents are clear that Senator SANDERS was well within his rights to withdraw the amendment, the reading of it notwithstanding. The Parliamentarian advised me accordingly and I followed his advice. I would add that Senator COBURN never explicitly objected to Senator SANDERS withdrawing the amendment. He called for regular order. While regular order was indeed the reading of the amendment, that status couldn't prevent Senator SANDERS from exercising his right to withdraw it.

Finally, I regret that several of my colleagues on the other side of the aisle made comments that were critical of the Parliamentarian and his staff following this incident. The current Parliamentarian helped to write, edit, and revise Riddick's Senate Procedure and he has served in his current capacity as Chief Parliamentarian for 17 years and counting, and as a Senate Parliamentarian for 33 years. He and his staff have a combined total of 84 years of experience. They are professionals who serve this institution and the American people with distinction.

ORDERS FOR MONDAY, DECEMBER 21, 2009

Mr. KAUFMAN. Madam President, I ask unanimous consent that the Senate now stand in recess until 12 noon today, that immediately upon reconvening at noon and after any leader time, the Senate then resume consideration of H.R. 3590, with the time until 12:30 p.m. equally divided and controlled between the two leaders or their designees; that from 12:30 p.m. to 6:30 p.m., there be 1-hour alternating blocks of time, with the majority controlling the first block; that all postcloture time continue to run during any recess, adjournment, or period of morning business until 6:30 p.m. Monday.

The PRESIDING OFFICER. Without objection, the request is agreed to.

RECESS UNTIL 12 P.M. TODAY

The PRESIDING OFFICER. The Senate stands in recess until 12 p.m. today.

Thereupon, the Senate, at 1:33 a.m., recessed until 12 p.m. and reassembled when called to order by the Presiding Officer (Mr. ROCKEFELLER).

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 now report.

The bill 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.

Reid amendment No. 3276 (to amendment No. 2786), of a perfecting nature.

Reid amendment No. 3277 (to amendment No. 3276), to change the enactment date.

Reid amendment No. 3278 (to the language proposed to be stricken by amendment No. 2786), to change the enactment date.

Reid amendment No. 3279 (to amendment No. 3278), to change the enactment date.

The PRESIDING OFFICER. Under the previous order, the time until 12:30 shall be equally divided and controlled between the two leaders or their designees.

The assistant Democratic leader is recognized.

Mr. DURBIN. Mr. President, this morning we are continuing to run time postcloture on the managers' amendment. Following any leader remarks, the time until 12:30 p.m. is equally divided between the two leaders or their designees. Senator REID has asked me to serve as his designee on the Democratic side. At 12:30 p.m., we will begin alternating 1-hour blocks of time until 6:30 p.m., with the majority controlling

the first hour. If all 30 hours postcloture is required, then the rollcall vote on the managers' amendment will occur about 7:15 a.m. tomorrow, Tuesday morning, and the cloture vote on the substitute will occur immediately after that. So we expect at least two rollcall votes early Tuesday morning. Hopefully, votes will not be needed today to recess or adjourn this evening. That is the state of play and business on the floor.

I see the majority leader has arrived on the floor, and I wish to give him a chance, if he is seeking that opportunity, to make any announcements he believes will be timely and appropriate.

The majority leader indicates he is not going to make an announcement, so I wish to make some comments about where we are at this moment.

I can't imagine there are many people in America who have been following this day's session because it began at 12:01 a.m., when the Senate was reconvened for a vote on the managers' amendment to health care reform, which took place just a few minutes after 1 a.m. this morning. We recessed and now are returning for the rest of the legislative day.

When the history of the Senate is written, I think this vote will be included because it is a historic vote. We consider many issues in the Senate of great importance to individuals, groups, States, and to our Nation, but seldom do we address an issue of this magnitude or scope. This health care reform issue literally touches every person who is following this debate and many who are not even aware of it. What we are doing is addressing some of the fundamentals of our health care system in America that need to be changed.

Whenever you are suggesting change in America, there is resistance. There are people who are currently comfortable with the health care system as we have it, and there are people who are benefiting from the system as we know it, particularly health insurance companies which enjoy great profits because of the current system of health care in America. But at the heart of the issue, we know this system is unsustainable and, as a result, we have engaged in almost a 1-year effort to thoroughly investigate our health care system and to find ways to change it for the better. This has called on so many of our colleagues to make extraordinary contributions to this search for reform.

I wish to commend, first, our majority leader HARRY REID, who usually stands at our caucus meetings and says: Stop congratulating me; I am just doing my job. I am going to do it anyway. Senator REID has worked tirelessly—and I have seen most of it firsthand—to build a coalition for health care reform within the Democratic caucus. We didn't have a single Republican vote that was in support of reform in the early morning hours. I hope that changes as time passes, but he had to build a coalition within our caucus of conservative and progressive Senators, and he did it, so we had all 60 Democratic Members voting for health care reform.

We are united in the belief that there are fundamental things that need to be changed in our health care system. First, it needs to be more affordable. People cannot afford this dramatic escalation in the cost of health care. Ten years ago, a health care policy for a family of four offered through their employer cost about $6,000 a year in premiums. That is $500 a month which, instead of being paid to an employee as salary, was taken from them for health insurance—$500 a month.

Today, that number has grown to $12,000 a year for an average family of four for health insurance through their employment. One thousand dollars a month that might otherwise go to a family for basic necessities of life and savings and buying things that are important to their future instead goes to pay for health insurance. That escalation, that 100-percent increase in health insurance premiums in 10 years, is troubling but not nearly as troubling as the projection that if we continue to see an escalation in costs of health insurance premiums based on what we have seen in the past, in another 8 years it will double again. Imagine 8 years from now, in 2017, that you have to work and earn $2,000 a month just to pay for your health insurance. How many people will be able to do that? How many businesses will be able to afford it? The answer is obvious. More and more people will be dropped. Today, 50 million Americans have no health insurance. Many of them go to work every single day, but their employers can't afford to provide health insurance or they are unemployed or they have some other problem where they have been excluded by a health insurance company. So in addition to dealing with the fundamental issue of health care reform, we are focusing on affordability, how to bend the cost curve, as they say, or reduce the increase in costs of health insurance premiums. I wouldn't stand here and say to the people of America, with the passage of the bill we are now considering, everyone's health insurance is going down, but I think I can say, with some confidence, the rate of increase is going to decline, and that will give people a better chance of affordability. That is essential.

Secondly, what about those 50 million uninsured people? I have met them, as the Senator from West Virginia has as well. These are not lazy, shiftless people who aren't trying. Many of them are trying hard, but they don't have a chance for health insurance coverage for a variety of reasons. We are going to change that. Of the 50 million currently uninsured, over 30 million will have insurance under this bill. Those in the lower income categories will qualify for what we call Medicaid, which is a Federal-State health insurance program for the poor and disabled. Most of those people—those who make less than $15,000 a year—will not pay any premiums because they can't. They don't have enough money. For those who are making slightly more, we provide in this bill tax credits that will help people pay for their premiums. So if your family is making up to $80,000 a year, the Tax Code will now help you pay for your monthly premium for health insurance.

So we are going to expand coverage. Thirty million people are going to have the security of health insurance coverage. We are bending the cost curve so the increase in health insurance premiums is not as steep, making sure more people are covered, and then, equally important, we are changing the rules when it comes to health insurance companies.

For too long, these health insurance companies have ruled the roost. Since the early 1940s, they have been exempt from antitrust laws which allow them to literally collude and conspire with these set prices. Over half the insurance markets in America are dominated by only two companies, and it is legal under our law for those two companies to sit down and say: OK, how much are we going to charge? They don't compete with one another, they conspire with one another to set premium rates. If you think I am a conspiracy theorist, what I am stating to you is what the law clearly says in the McCarran-Ferguson Act—something I think should be repealed posthaste—because they can sit down and set premiums. They can also allocate markets. They can say to two companies: You take over St. Louis and those two companies will do Chicago and these two companies are going to do Wheeling, WV. They can set up the market structures so there is little or no competition. How can that be good? If we truly believe in a free market system, how can this be good for America?

So what we are doing as well is saying: We are going to change some of these rules, some of the most egregious abuses by these health insurance companies—first and foremost, preexisting conditions. How many of us are in such perfect health that we can count on a health insurance company covering us without delving into our background, finding something in our family history or something in our own personal history and saying: Well, we are either not going to cover you or we are going to charge you dramatically more. Those days have to end.

Let me tell my colleagues what this bill does. It says immediately—immediately—children under the age of 18 with preexisting conditions cannot be discriminated against by health insurance companies. You can't deny them coverage because a child is born and develops diabetes. You can't deny coverage because a child has had cancer and is fighting that cancer. You cannot

deny coverage because of those preexisting conditions. That is fundamentally fair. It gets to the heart of what we should be doing as a nation.

Senator TOM HARKIN of Iowa stood at this podium early this morning and said: What this debate is about is whether health insurance is a right or a privilege. If it is a privilege only for the wealthy in America, then we have lost our way as a nation. We have to understand that protection of our wellbeing and health through health insurance is something every American is entitled to. We have to understand we are the only developed Nation on Earth where a person could literally die because they don't have health insurance.

If you think that is overly dramatic, let me give an illustration.

A man I met in Illinois had a health insurance policy that wasn't very good. It had a $5,000 copay. He had to take that copay so his premiums would be low enough so he could afford it. That man went to a doctor who said to him: I see some indications from tests that you need a colonoscopy. You may be developing colon cancer. So the man went and priced a colonoscopy procedure and found out it was $3,000 he would have to pay out-of-pocket and he said: I don't have it. So he didn't go through with the procedure. That is a risky thing, and it is something no one should have to face, but that is the current system.

What we are trying to do is change that system so that basically preexisting conditions are excluded from the discrimination of health insurance companies, that basic procedures that are needed for prevention and wellness are included in every health insurance policy. We are also making certain that these health insurance companies can't cut you off when you need them the most, can't cancel your policy when you face an accident or a diagnosis where medical bills are going to pile up. That is one of the provisions of this bill as well.

We also say, for families with young children who are off to college—and my wife and I have been through this—that you reach the point where you finally say: Wait a minute. My daughter is graduating from college. I wonder if she is still under my family health insurance plan. Today, in most cases, if your child has reached the age of 24, they are off your family plan. Well, we extend that now so those 24 and 25 will have the protection of their family health insurance plan while they finish school, look for their first job and obtain their own health insurance. That is going to be peace of mind for a lot of families across America, just those 2 years when young people are the most vulnerable and need the protection of their family health insurance plan.

Are these worth anything, these changes? I think they are worth a lot. I think that is why 60 Democrats stood proudly and voted for this.

Senator MCCONNELL, the Republican leader, turned to us in the midst of this dramatic debate early this morning and said: If one of you—and he pointed to all of us sitting here—doesn't vote against it, then all of you Democratic Senators will own this.

We know that, and we have pride in that ownership because we know the alternative. Those who voted against change are voting for a system that is unsustainable and morally indefensible—a system which, frankly, today puts good, hard-working people, folks who follow the rules, Americans who believe they are doing the very best for their country, at a distinct disadvantage for one of the most basic things we expect in life: protection of good health care when we are facing illness and when we need a helping hand.

This bill is also going to change the face of health care in America. I don't think I overstated it. Our bill has $10 billion to be invested in community health clinics. Senator BERNIE SANDERS of Vermont has been such a leader on this issue and deserves credit for it. He was dogged. Some Members looked to this bill for a variety of things, but Senator SANDERS looked to this bill to provide a helping hand across America through community health clinics. As those clinics are built and expanded, more and more small towns in West Virginia and in Illinois are going to have satellite clinics where people, regardless of whether they are wealthy or not as wealthy, will have a chance to walk in the front door and see a medical professional. They will not be queuing outside the emergency rooms of hospitals, where their care is much more expensive. They will be going to these community health clinics and meeting primary care physicians who will give them the basic care they need before their medical problems become much more serious.

That is what this bill is fundamentally about. There are many other parts to it, parts I am proud to be cosponsoring and proud to be supporting—giving a hand to small businesses, giving a hand to individuals to expand health insurance coverage.

Some might ask: If you voted on it at 1 o'clock this morning, why are you still here? Because the minority is exercising its right under the Senate rules which requires us now to wait 30 hours before we can vote again on this one section of the bill. As I announced this morning, that means that in the early hours tomorrow morning, about 7:15 or 7:20, Senators will be coming to the floor again for two votes to move this process forward. I understand it is the right of the minority to ask us to come in at 1 in the morning or early in the morning. They have that right. Historically, we have usually reached some accommodation and agreement, and I hope we can here. The 60 votes that were there last night will be there again tomorrow morning, and they will be there every time needed until this bill is finally passed.

Those on the other side believe this bill is so bad that it is going to revitalize the Republican Party in the next election. I disagree with them. I think the American people, as they come to understand this bill, will view it in its historic context, one of the most dramatic steps forward to provide peace of mind and security to families and businesses across America for an issue we know needs to be addressed.

There are some who came to the floor yesterday—there was one Senator. I invited him to come in and explain his remarks. He said people should say a prayer that someone would miss the vote at 1 a.m. I do not think we should be praying for misfortune for our Senators, that they would be delayed or for some other reason could not make the vote. Instead, we should be praying to overcome the misfortune of 30 million Americans who will not have health insurance if this bill fails. That is the kind of misfortune I want to avoid in the future.

We also have one other item of business remaining, and that is the debt ceiling of America. It is something none of us want to face. It is almost like making your monthly payment for the mortgage, and that is what it is, the mortgage of America. We have to acknowledge the fact that as we fight a war and incur the costs, as we have the workings of government assessed, and we know there are costs, it adds to the expense of our government, and some of it is in debt, and that debt needs to be extended for a short period of time as we move forward into the next year that begins in just a few days. This debt ceiling issue is one we need to come to grips with before we leave at the end of this month. There is a short-term extension which I hope the Senate will consider.

I wish to also say that Senator CONRAD of North Dakota, chairman of the Senate Budget Committee, has been a real leader in talking about coming to grips with this long-term debt. I have said to him, in the midst of a recession, with high unemployment, most economists believe it would be a mistake for us to pull back in terms of the safety net for families out of work, to pull back in terms of the investment in infrastructure to put people to work, and Senator CONRAD says he agrees. Although he believes we need to be honest about the debt of America, he has said to me repeatedly that he is not a Hooverite, referring to that period in history when the Great Depression hit and President Herbert Hoover believed government should address the debt of America instead of the depression of America. He lost that election to Franklin Roosevelt in 1932 as a result of that point of view.

Many of us believe the debt is a serious issue to be grappled with, but at the current moment we have to focus on the millions of Americans out of work who need a helping hand, first with unemployment benefits, COBRA benefits, food stamps, the basic necessities of life. We have to provide opportunities for education and training,

and then we have to find a way to spark this economy and move it forward.

Senator REID has given to me and Senator DORGAN of North Dakota the responsibility of looking at the Senate jobs-creation package. We have been working on that, and we are close with our colleagues in the House in coming up with some ideas on how to expand employment. I hope we can have bipartisan support for that. It would certainly make it a lot easier, and it would be done more quickly so that we do not lose jobs in the next construction season coming up next year.

That is the reality of the agenda we face when we return. I did tell you that now most Members of the Senate on both sides of the aisle are anxious to share their holiday season with their families. It is one of those special times of the year. We now have a record vote of 60 Members on this side on health care reform. I hope we can get the agreement from the Republican side to bring this matter to closure soon, to vote on the debt ceiling, and to have at least a short adjournment for some time for us to return home to our States and home to our families.

Mr. President, if there is no one seeking recognition at this time, I suggest the absence of a quorum and ask that the time under the quorum call be assessed against both sides.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

Under the previous order, the time until 6:30 p.m. will be divided in 1-hour alternating blocks of time, with the majority controlling the first block.

Mr. BAUCUS. Mr. President, I wish to take a few moments this morning to talk about a provision in this package about which I am particularly proud. This would finally follow through on the Federal Government's responsibility to provide screening and medical care to residents at Superfund public health emergency sites.

The term ''public health emergency'' is defined by the Comprehensive Environmental Response Compensation and Liability Act of 1980, otherwise known as CERCLA. People call that the Superfund law—CERCLA. That law reserves the declaration of public health emergency for the most hazardous Superfund sites. These are sites where the release or potential release of a hazardous substance rises to the level of an emergency.

When a public health emergency is declared, the law requires that the Secretary of Health and Human Services provide screening and medical care services to people who have been exposed. But to date, the government has not created a mechanism to allow the Secretary to deliver the screening and medical care required under current law. The bill before us finally provides that mechanism.

First, it authorizes a grant program for the screening services. These screenings would determine if a medical condition is present that is attributable to environmental exposure. Then, it allows those individuals with a diagnosed medical condition due to the environmental exposure at the site to get medical care services.

It also establishes a pilot program to provide additional medical care appropriate for the residents of the Superfund site at Libby, MT. This language responds to Libby's rural nature and the lack of access to traditional care. This provision is important because it will provide vital medical services to Americans who, through no fault of their own, have suffered horrible effects from their exposure to deadly poisons. It will provide the vital medical services we owe these Americans under our commitment in prior legislation; that is, the Superfund Act.

This provision is especially important to me for a special reason. The Environmental Protection Agency currently has 1,270 sites designated where pollution contamination presents a danger to public health and welfare. Throughout the history of the program, the EPA has found only one site where conditions are so severe and the contamination so pervasive to have it warranted a declaration of a ''public health emergency.'' That declaration occurred on June 17 of this year. EPA Administrator Jackson found that a public health emergency exists at the Superfund site in Libby, MT.

Many Senators have heard me speak about Libby. Libby, MT, is a beautiful little town, a small town in northeastern Montana, surrounded by millions of acres of Federal forest lands. It appears to be an idyllic spot. It is home to families of all ages. It is a place where people spend their lives creating a sense of community not often found in the country today. It is also a town that has gone through lots of stress, lots of economic difficulties. The timber industry has virtually shut down Libby, one of the mainstays in Libby. Mining there is not quite what it used to be in years past. Here the people work together. They love Libby. It is tucked away, almost isolated in the northeastern part of Montana. Most people in Montana have never been to Libby, and some don't even know where Libby is, but they have this wonderful sense of community in their own town.

However, Libby is also a Superfund site. It is the home of a big mine. It is a place where hundreds of people have grown sick and died—died due to pervasive presence of asbestos spewed from the vermiculite mining and milling operations of W.R. Grace.

Gold miners discovered vermiculite in Libby in 1881. In the 1920s, the Zonolite Company formed and began mining vermiculite. In 1963, W.R. Grace bought the Zonolite mining operations, operated it, and made a lot of money, frankly, and the mine closed in 1990.

The EPA first visited Libby in 1999. In October 2002, EPA declared it a Superfund site. Cleanup was begun. It was very pervasive, very difficult, and it was a hard time getting the trust between the EPA and the people in the community. A lot of people didn't trust that EPA was doing the right job, not doing it the right way. In fact, I had to get so involved in so many ways in holding EPA's feet to the fire because they weren't doing something such as a base-level study. They didn't know how clean clean was. They did not do a very good job.

A guy named Paul Peronard was the onsite coordinator, who was finally able to convince EPA back in Denver what they had to do. In my personal judgment, they didn't send Paul back because he was doing such a good job. Anyway, cleanup began in 2002, and we still have a long way to go.

For decades, the W.R. Grace operation belched 5,000 pounds of asbestos into the air in and around Libby every day. Deadly asbestos coated the town and its inhabitants. People used raw vermiculite ore or expanded vermiculite to fill their gardens, their driveways, they put the stuff on the high school track, the little league ballfield, and put the stuff up in their attics. It was used everywhere, this stuff. People sort of sensed there was something not quite right with all this vermiculite and asbestos, but it was kind of hard to put your finger on.

One day, I visited Libby, and I will never forget, when I went to the mine, I was stunned to see these miners come off the mine and into their buses. They were caked with dust. I mean, it added new meaning to a dustbin. They were just caked with the stuff on their clothes. They got on the bus, went home.

The one person I talked to and who got me interested in doing something about this—a guy named Les Scramsted—told me, when he got off the bus, he would go home—caked with dust—and embrace his wife, his kids would jump in his lap, and guess what: Les is now dead from asbestos-related vermiculite. His wife is ill, and one of his children has died as a consequence. Think of the pain he went through. He died because of mesothelioma asbestos. Also, even worse, he caused his wife to be ill and caused his son to die because of this disease.

Mine workers brought the dust home with them, as I mentioned, on their clothing. They contaminated their own families without knowing the dust was poison. We knew something was wrong, but we didn't know it was that wrong.

I think the company knew exactly what it was doing. In fact, I might say, the company has been subject to a criminal action against their officers, with allegations the officers knew they were contaminating the people and

didn't disclose it. That suit went on for a year. It is true the officers were acquitted not long ago, but in my personal judgment, it was because of a lousy prosecution. But it is an example where somebody thought—a lot of people thought—not only did the officers of this company contaminate people, but they knew they were contaminating people at Libby, MT.

Asbestos was everywhere in Libby for decades. I must say, W.R. Grace Company sure did not help matters. I might say, parenthetically, this is the same company that is the subject of a book and a movie called ''Civil Action,'' where W.R. Grace contaminated the water in Woburn, MA. In my judgment, they knew what they were doing. It is clear they knew what they were doing. As I recall, a big civil judgment was rendered against W.R. Grace because it was clear they knew what they were doing. They are now bankrupt. W.R. Grace shoved all their assets to another location so the plaintiffs in the suit against W.R. Grace could not attach their assets—and all the shenanigans this company undertook for their own benefit and at the expense of the people in Libby.

The type of asbestos in Libby is particularly deadly, and so many people in Libby are dead, dying, and sick because of this tremolite asbestos, an especially vicious, pernicious form of asbestos. This is not regular asbestos, such as chrysotile, this was tremolite asbestos mined at Libby, MT, where the fibers are deeper and they are stronger. They get in your lungs and they cause more damage and it takes longer to detect. It is that vicious.

The effect on Libby has been severe. Today, we know that nearly 300 residents of Libby have died—300. It is a small town. Thousands more have become sick with asbestos-related disease. That is 291 deaths in a county of 18,000. Lincoln County, MT, home to Libby, has the highest age-adjusted death rate due to asbestosis in the Nation.

Libby is an isolated community with limited access to health care. The median household income in Libby in 2007 was $30,000. When I say ''isolated community with limited access to medical care,'' what do I mean? There is just not that much there. And the company has reneged on its insurance policies. The company had mediocre insurance policies for folks, but as time goes on, the company just backs off—backs off. It is really what is happening in the health care reform here. They rescind—renege on their policies for one reason after another. The poor folks, when they know they have asbestos-related—either cancer or other lung-related disease, they do not have the resources to go to get the medical attention.

I have been at this for years. It is so frustrating, it is so wrong what has happened to the people of Libby, MT.

It is this combination of devastating characteristics that led the EPA Administrator in June to find that the public health emergency does exist at the Libby Superfund site. This finding was based on years of work, having originally been recommended by the EPA in 2001.

I might say, I read the transcripts between EPA Administrators and OMB back in those years. The EPA Administrator under the Republican administration recommended that this action be taken, but it was squelched at the White House by OMB. The correspondence is clear. This is exactly what happened back then in a previous administration. That is why EPA has never used this authority, and the Agency indicates there are currently no sites on the National Priorities List that come close to the conditions at Libby.

It is worth highlighting a few parts of the Administrator's findings. Let me indicate what they are. The Administrator has said:

> The Libby Asbestos Site is unique with respect to the multiplicity of exposure routes [all ways this stuff gets to them], the cumulative exposures experienced by community members, and the adverse health effects from asbestos exposure already present and documented in the residents.
>
> Investigations performed by the Agency for Toxic Substances and Disease Registry (ATSDR) have found hundreds of cases of asbestos-related disease in this relatively small community. ATSDR documented a disease and death rate from asbestosis in the Libby area significantly higher than the national average for the period from 1979–1998. The occurrences of disease are not limited to vermiculite facility workers or their families, but are spread throughout the population.

This is pervasive in the town—ballfields, tracks, lawns; it is awful.

> Medical care in Libby has historically been limited due to Libby's isolated location and economic situation, thus reducing the chance of early detection and treatment of asbestos-related disease.

This piece bears repeating:

Let me refine that point. For a long time, we have been talking to lung specialists across the country about the Libby tremolite asbestos, and we got just so-so responses about how dangerous it was. Why? Because virtually none of those doctors had experience dealing with the pernicious kind of asbestos we have in Libby, MT. It took a long time to get their attention. We finally got some doctors to say this stuff in Libby is wicked stuff. That is why, frankly, EPA has started to understand how bad this really is.

Essentially, the lack of access to health care services in Libby—I will say it again—has actually worsened the effects of this contamination. It just worked to their disadvantage.

The language before us today helps to solve this. It allows us to fulfill the commitment we made to the people of Libby when we passed the Superfund Act 30 years ago. Heaven forbid, if in the future another Superfund site like Libby emerges, the bill before us today will allow the Secretary to use the authorities in this provision to fulfill our commitment to provide health care services for those residents as well.

I can never talk about Libby without remembering my friend Les Skramsted. I mentioned his name a few moments ago. I first met Les in the year 2000 at the home of Gayla Benefield. Les was there, Gayla was there, and lots of other miners were there pleading for help, for some attention: We are dying. Someone pay attention to us. We are a small, isolated community up here in northwestern Montana. Please, someone, pay attention to us.

This did get our attention. I was stunned by the stories they told. I was talking to Les over coffee and huckleberry pie—a very popular pie up in Libby. Les was watching me very closely when I said: You bet, I will help do something about this. He was very wary.

After his neighbors and friends had finished telling me their stories, I will never forget that Les came up to me and said: Senator, a lot of people have come to Libby, and they told us they would help. Then they leave and nothing happens.

He told me, I remember, I think at that instant—you know, in life sometimes you find four, five, six, seven instances, man to man, whatever it takes, you are going to make sure they get justice; whatever it takes, whatever it takes. Such a commitment. That was one. I said to myself: Boy, I am going to do whatever it takes to take care of this because these people of Libby deserve justice. They have not received it.

He said: Senator, I heard you say that, but I will be watching you.

I knew he would watch. I knew that would help. I didn't actually say it because I was going to do it anyway. I accepted Les's offer, and I have a big photograph of Les behind my desk.

Les passed away a couple or 3 years ago. I spent a lot of time with him and his family at the hospital. I have a wonderful picture of Les Skramsted that reminds me what we have to do for the people of Libby but also for all the people in the Nation, people like Les Skramsted. It means that much to me.

I have not forgotten Les. I will not forget Les. That is why this provision is in here. I think Les, right now, up there, may be smiling, saying: Yup, he did not forget Libby, he did not forget Les. That is what this provision is all about.

This is a photograph behind me of Les Skramsted in Libby, MT. He is in a cemetery there, graves of lots of people in Libby who died. Les played a pretty mean guitar. He was a great guy—still is, always will be.

I yield to my colleague from Montana, Senator TESTER.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. TESTER. Mr. President, come snow or sunshine—day or night—we are close to sealing the deal to change our country for the better, to finally hold insurance companies accountable, and

to make health care affordable for all folks in this country.

Right now we are all paying far too much for health insurance. Many of us can not get health insurance at all. And even worse, insurance companies don't always live up to their end of the bargain.

Sure, a lot of folks are happy with the health care they have.

Our doctors, nurses and hospitals and medical research are the best in the world.

But when you add it all up, many are paying too much for it. Or nothing for it. Too many lives are lost. Too much money is wasted. And too many folks are falling through the cracks.

They are calling out for help. I have heard their voices. Now I want you to hear their stories. They are ordinary people who stand to lose everything unless we reform our health care system.

I support this health care reform bill because it saves lives. It saves money. It saves Medicare. And it is tough on insurance companies—taking them to task to ensure affordable, fair coverage.

I have a perspective different than most of my friends in the Senate.

I am—and always will be—a third generation Montana farmer. My wife Sharla and I do all the work on our farm. I am the guy sitting on the tractor.

A farmer knows a good year from a bad year. And I have had my share of bad years. In fact, for a few of those years—not long after our first kid was born—Sharla and I had to give up health insurance to make ends meet. We had no other choice but to hope and pray for health and safety.

Thank God our prayers were answered.

Now, I have the honor of serving Montana in the Senate.

But mine is one of the thousands of real Montana families that has been forced to wing it, rather than depend on a health care system that works. And that holds insurance companies accountable.

I know of a woman from Ravalli, MT, who cannot afford health insurance because of her pre-existing condition. She and her husband got letters from the insurance company telling them their premiums were going up, $500, to $600, to $700 per month. Through no fault of her own, her insurance just became too expensive. So she gave up.

This legislation will prevent that sort of nonsense in the insurance industry from happening again. In this bill, a health insurer's participation in the exchanges will depend on its performance.

Insurers that jack up their premiums before the exchanges begin will not be included. That is a powerful incentive to keep premiums affordable.

We all have friends and relatives who aren't fortunate enough to have a job where health insurance is part of the deal. So they do what millions of others are forced to do: they hope and pray they stay healthy.

We have a problem. It is time for a solution using common sense and fiscal responsibility. And that is why I am going to vote for this health care reform bill, so we can save lives, save money, save Medicare. And so we can hold insurance companies accountable, so they don't drop people when they are sick, or drive families into bankruptcy.

Because of tax credits, this bill is good for small businesses. It gives eligible small businesses access to up to 6 years of tax credits. That will help small businesses buy health insurance for their employees.

Because of tough new rules for the insurance industry, it is good for families and kids.

And because of commonsense ideas like cross-State insurance markets, more competition, and more choices, it is good for millions of Americans who—until now—have had to rely on hope and prayers.

If we do not pass this bill, our entire economy could fall apart beyond repair. Right now we are working hard to rebuild our economy, and it is working.

We are creating jobs and investing in the basic infrastructure needed to get our economy back out of the ditch. Fixing our broken health care system is part of that job.

Over the past few years, I have heard from thousands of Montanans telling me about the need to fix health care.

One of them is Roxy Burley. Roxy owns a hair salon in Billings, MT.

She just bought a home. She works hard. But she just can't afford health insurance. So, she says, she is walking a tightrope. Her home and her business are on one side. Her health is on the other side.

If Roxy gets sick, she worries she will lose her home and her business.

In Montana, our economy relies on people like Roxy Burley. We can't afford to have our economy walking a tightrope.

In this bill, Roxy will be protected from losing her home and business. Her annual out of pocket expenses are capped at no more than $5,950 per year.

I want to share another story that hits home for me. It is the story of Mindy Renfro. She lives in Missoula, MT.

Mindy got breast cancer not just once, not just twice, not just three times—four times: Breast cancers, four different cancers.

The same cancer didn't come back. She got a different cancer each time. The first two times, Mindy's insurance paid for her treatment.

The third time, the insurance company called her and said: We are sorry, but we are not going to pay. The underwriter, she says, determined her chances of survival were just too slim, so instead they offered to send a hospice nurse.

Mindy was a single mom in her early 40s, and she was simply not ready to check out. So she asked about her options. She was told if she wanted to start chemo, she would have to come up with more than $100,000 in cash. Her only option was to sell her home. Mindy and her children sold their home, and moved into an apartment. They packed up and moved out of their home so they could sell it and she could start the treatment she needed to stay alive. After many years of trying to repay that debt, Mindy recently declared bankruptcy.

I have heard many stories from folks in Montana who are in the same boat that Mindy is in. This isn't good business. This needs to stop. It is why I support this health care reform bill. I support it because under this bill, Mindy and people like her wouldn't have to declare bankruptcy. She would have had insurance, despite her pre-existing condition of being a cancer survivor, and her annual out-of-pocket expenses would have been capped at no more than $5,950 per year, not the $100,000 in cash she needed to start cancer treatment. This bill is strong and decisive and tough on insurance companies so they cannot say, sorry, but no, when you get sick; so they cannot say, sorry, but no, if you have a pre-existing condition.

Another story is about former ranchers Dan and Pat Dejong. This picture is of Pat. Dan and Pat used to own a cattle ranch in northwestern Montana. The ranch had been in their family for four generations. Dan and Pat couldn't afford health insurance. Then Dan was diagnosed with cancer. To pay the bills they had to make the painful decision to sell off their ranch.

I am going to tell you, when a piece of land has been in the family for four generations, you develop an attachment to that piece of land. But nonetheless when Dan got cancer, they had to pay the bills. They sold the family ranch. Under this bill, the Dejongs would have had access to subsidies so that they could have afforded health insurance in the first place. They never would have had to sell the ranch to pay the doctors' bills.

I want to read what Pat wrote to me about that experience:

> The cancer ravaged Dan's body, but selling our ranch to pay for medical costs broke his spirit.

Dan Dejong lost his battle with cancer 2 years ago. All his bills were paid, but the ranch that had been in the family for four generations was gone, as well as Dan. After all that, Pat still cannot afford health insurance today.

Under this health care reform bill, getting sick won't force folks such as Dan and Pat Dejong to sell the land that has been in their family for generations. That is because it limits the amount of money you would have to pay out-of-pocket to a rate you can afford based on how much you earn. That means no Americans would have to sell their homes or their family ranches to pay the medical bills.

I know a lot of folks already have health insurance, and they are wondering, how is this going to affect me. Let me be clear: If you like your plan, you get to keep it. If you don't, you can look for a more affordable plan that works best for you and your family. Everyone will have access to affordable health insurance. Right now those with health insurance are subsidizing those without.

The other day I struck up a conversation with a trucker back in Montana who told me: I don't need insurance. I don't want insurance. I don't get sick. I asked: What happens if you get into an accident? You are a trucker; that is always a possibility. He said: All I have to do is go to the emergency room where they take care of me, no questions asked.

That is exactly the problem. When everybody is insured, costs will go down, because no one will be paying extra to cover the folks who rely on the emergency room for health care that they eventually never pay for. It is common sense. It saves lives, and it saves money.

I have been on the phone with tens of thousands of Montanans over the past few weeks answering questions about health care. A lot of them want to know how we are going to pay for this bill. How much will it increase our debt?

It won't increase our debt one thin dime. In fact, it will lower our deficit by hundreds of billions of dollars, $132 billion over the next 10 years alone. It reduces the deficit even more in the decade after that. The fact that this bill saves money is pretty important to me. It doesn't add to the deficit. It cuts billions of dollars of government waste. It requires a bigger chunk of your premiums to go directly to better health care instead of administrative costs and profits, it saves money for families by lowering costs for everyone and by limiting the amount of money you have to pay out-of-pocket for health care and by emphasizing wellness and prevention—the low-hanging fruit of health care reform, and by holding insurance companies accountable so we don't pay more than our fair share for the health care we need.

When you turn on the TV these days or open the newspaper, you see all sorts of spin about the health care reform and Medicare. It amazes me how distorted the facts have become. I have read the bill. The plain-as-dirt fact is it makes Medicare stronger. All guaranteed Medicare benefits stay as they are. They are just that—guaranteed. Seniors are guaranteed to keep their benefits, such as hospital stays, access to doctors, home health care, nursing homes, and prescription drugs. How do we make Medicare stronger? We make it stronger by getting rid of wasteful spending, by making prescription drugs for seniors more affordable, and by spending your money smarter.

Without this bill, Medicare will be on the rocks within a matter of years. If we don't fix it now, it will go broke, leaving entire generations in the lurch. Millions of Americans have worked hard all their lives for Medicare benefits. They have earned it. That is why we are making Medicare better, not worse. That is common sense.

The same goes for VA health care. This bill does not affect VA health care or TRICARE. I serve on the Veterans' Affairs committee. Over the past 3 years we have made good progress in delivering the promises made to veterans. We still have a lot of work to do, but this health care reform legislation takes us forward even further for America's veterans.

Finally, this bill preserves some of the most important parts of quality health care: the relationship between you and your doctor and the freedom of choice you have as a patient. In Montana, as in many parts of the country, we don't tolerate the government snooping around our private lives or making personal decisions for us. Health care is no exception. This health care reform bill not only saves lives, it saves money and saves Medicare. It keeps the government out of the exam room and waiting room.

I go home to Montana about every weekend to visit with the folks and hear what is on their minds. I meet with doctors and nurses, hospital administrators and regular folks from all over the State to hear their concerns. Everywhere I go, health care is the No. 1 issue. It is clear that the worst option is to do nothing at all. If that happens, insurance companies won't be held accountable. As costs go up, health care costs will continue to break families and people who need treatment to stay alive won't get it.

I know a fellow farmer who worked some land back in Montana. When he got sick, he had to sell off entire chunks of his family farm to pay the bills, piece by piece. Piece by piece, I watched as he made painful sacrifices for his health care. Piece by piece, his livelihood was broken apart. No American deserves that.

People are calling out for help, because a lot of folks are falling through the cracks. I say to them: We are listening. We hear you, and we are doing something about it. That is why this is a good bill. It is a bill I support. It will allow Americans to get the health insurance they have needed, and the insurance will be affordable. It is the result of a lot of hard work and working together to do what is right for the country—for America's rural families, seniors, veterans, small businesses, family farms, and ranchers. The people of this country deserve no less.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I was proud last night to have voted for the health care bill. The reason is, as Senator TESTER indicated, this bill accomplishes a whole lot. Before I go on to talk about what I want to focus on this afternoon, I do want to say there are a number of provisions in the Senate bill I don't support and I hope we can improve in the conference committee by adopting the House language. One is the issue of the public option, with which the Presiding Officer has been so strongly involved. At the end of the day, it seems to me the American people have been very clear. If they are not happy with their private insurance, they want the option of a Medicare type public option. I think we should give them that.

Furthermore, as we look at the soaring cost of health care, we understand that one important mechanism to control escalating health care costs is a public option which provides real competition to private insurance companies that are only concerned about making as much money as possible. I know the Presiding Officer has worked very hard in that effort. I hope we can, in that regard, take the House language which includes a public option.

The other area where I disagree with the Senate and agree with the House is on the issue of taxing health benefits for middle-income workers. The House provision raises substantial funding by putting a surtax on the very wealthiest people in the country, people who received huge tax breaks during the Bush years. That makes a lot more sense to me than taxing the health benefits of middle-income workers.

Having said that, I want to focus on one new provision that was placed in the health care reform bill by Majority Leader REID. I thank him very much for his strong support for this concept. I also thank DICK DURBIN, CHUCK SCHUMER, PATTY MURRAY, the Presiding Officer, and the entire Democratic leadership for their support.

That provision simply provides $10 billion over a 5-year period to the Federally Qualified Health Center Program and the National Health Service Corps. In my view, these two programs are some of the best and most effective public health care programs in the United States. They enjoy widespread bipartisan support. President Bush was a supporter. JOHN MCCAIN, when he ran for President, was a supporter of community health centers. Many Republicans have spoken positively of community health centers, as have virtually all Democrats. The reality, however, is that both community health centers and the National Health Service Corps have been starved for funding for many years. We are finally, in this bill, doing right by them.

I should mention, importantly, that while we have placed $10 billion in the Senate bill, in the House bill there is $14 billion. My strong hope, expectation, and belief—and I have talked to the White House about this and the Senate leadership and House leadership—is that when this bill is finally passed, we will adopt the House language which calls for $14 billion.

Let me tell you why this money is so terribly important. In a few days, the

Senate will be voting on final passage of a historic health reform bill that will insure an additional 31 million Americans who have no health insurance. That is a huge accomplishment. About half of the new people who will get health insurance will be enrolled in an expanded Medicaid Program. While this reduction in the number of uninsured is an essential step in achieving reform, we have to ask a very simple question: If 15 million more people go into Medicaid, where are they going to access the health care they need?

It is no secret that today Medicare is a strained program. When some of my Republican friends make that point, I have to say they are right; it is a strained program. That is why expanding community health centers in the National Health Service Corps is so important.

We talk about the number of people uninsured—a very important number—46 million. But we do not talk about the number of people who every day do not have access to a physician or a dentist on a regular basis, and that number is close to 60 million. These are people who, when they get sick, cannot find a doctor. Where do they go?

Well, several things happen. They may end up going to the emergency room, which is the most expensive form of primary health care we have—that is where they go—or even worse, they do not go to any doctor at all. What happens is, they get sicker and sicker. Then they go stumbling into a doctor's office, and the doctor says: Why didn't you come in here 6 months ago?

And the person says: I don't have any health insurance. I couldn't afford it.

Then they go to the hospital, and we spend tens and tens of thousands of dollars treating somebody who is now suffering in a way they should not be suffering, at greater expense to the system than should have been the case. Now, what sense does that make?

Let me tell you the worst-case scenario. The worst-case scenario is, they walk into the doctor's office, and the doctor says: It is too late. I can't help you anymore. You should have been in here 6 months ago. I have talked to physicians who have told me about that. I suspect the Presiding Officer has as well. That is why this year we are going to see 45,000 of our fellow Americans die because they do not have health insurance, and they do not get to the doctor when they should.

Now, one of the advantages of the community health care program is that it is an enormously cost-effective program. One study recently reported that $20 billion is wasted every year in this country in unnecessary and inappropriate use of hospital emergency rooms for nonemergency care. When you walk into an emergency room—I do not know about West Virginia—but in Vermont it is about $600. If you get that similar care for a nonemergency-type ailment, the cost is $100. So think about all of the money we save—we save—when we have community health centers expanding all over the country.

One of the issues we have not focused on enough, in my view, in this whole health care debate is the very serious crisis in primary health care in general. The American College of Physicians, in a recent report, warned that the Nation's primary care workforce—which it called ''the backbone of our health care system''—is, in its own words, ''on the verge of collapse.'' That is the American College of Physicians.

Over the past 8 years, for example, the number of family practice residents fell 22 percent, while the overall number of medical residents rose 10 percent. Currently—this is an extraordinarily frightening statistic—only 2 percent of medical students interested in internal medicine intend to pursue primary care as their specialty—2 percent.

This growing crisis was recently underscored in a report by the Association of Academic Health Centers, which warned that the country is rapidly running ''out of time to address what is out of order in our health workforce.''

The good news is that 20 million of those people who live in medically underserved areas are fortunate to live where there are federally qualified community health centers.

Let me explain a bit. What is a federally qualified health center—which exists in all of our 50 States? It is a center which says: If you have no health insurance, you can walk in and do you know what. You will pay not only for primary health care but for dental care—which is a huge problem all over this country—for mental health counseling, and you will get the lowest cost prescription drugs available in America. And if you do not have any health insurance, you get it on a sliding-scale basis. If you have Medicaid, you are welcome into the center. If you have Medicare, you are welcome. If you have private health insurance, you are welcome into these centers. Currently, these centers serve 20 million Americans in all of our 50 States.

Conceived in 1965 as a bold, new experiment in the delivery of preventive and primary health care services to our Nation's most vulnerable people and communities, community health centers are an enduring model of primary care for the country and are designed to empower communities to create locally tailored solutions that improve access to care and the health of those they serve.

West Virginia centers will be different than Vermont centers, which will be different than California centers because they are designed and locally controlled to serve the needs of the local population.

By mission and mandate, community health centers must see all those who seek their care regardless of health status, income level, or insurance status. If you are rich, if you are poor, you will gain access to these community centers. Nobody is tossed away. Today, these health centers are America's health care home to one out of every four low-income uninsured individuals, one out of every six rural Americans, as well as one out of every seven Medicaid beneficiaries, and one in four low-income people of color. We need to guarantee that as we expand coverage, we expand community health centers as well. They are the one primary care provider who will see those on Medicaid without restrictions.

Furthermore, community health centers already employ so many of the features of what we seek in the medical home model. They provide integrated health care, which is what we are talking about.

A study recently by George Washington University—we are talking about spending money. What is so exciting about this whole concept is you are going to create more health care opportunities for people, and you save money—save money—by keeping them out of the emergency room and out of the hospital. A study by George Washington University found that patients using health centers have annual overall medical care costs that are more than $1,000 lower than those who do not use a health center—$1,000. That translated to more than $24 billion in savings for the health care system last year alone.

We are keeping people out of the emergency room, we are keeping people out of hospitals, and we are keeping them from getting sicker than they otherwise would be. That is why I am so pleased Majority Leader REID has looked at this track record and concurred that we will guarantee—guarantee—funding of health centers over the next 5 years in order to provide health care to more people and to save money at the same time.

Let me tell you in concrete terms what $14 billion—the amount of money that is in the House bill—will mean to the American people. What it will do is it will increase the number of people who have access to community health centers, from the current 20 million to 45 million over a 5-year period—20 million to 45 million. We are more than doubling the number of people who will be able to walk into a clinic for health care, dental care, low-cost prescription drugs, primary health care—in 5 years going from 20 million to 45 million people.

This funding would create new or expanded health centers in an additional 10,000 communities—10,000 communities—from one end of our country to the other. In some cases, entirely new federally qualified health centers would be established. In other cases, new satellite centers would be created. In Vermont, for example, we have eight community health centers. We have 40 total sites. That is true all over this country.

But can you imagine, Mr. President, that in the United States of America, within a 5-year period, 10,000 new community health centers in this country

would be established? People would not have to go 50 or 100 miles to find access to health care. It would be there in their own community. It would be in urban areas, in rural areas. This is extraordinary.

Now, these community health centers and the growth of these community health centers do not mean much unless we have the medical personnel to adequately staff them.

As I mentioned a moment ago, everybody concludes we have a real crisis in terms of access to primary health care in this country and the number of physicians and dentists and nurses who serve in the primary care area. What this language does, that we have just added, is it would—if we adopt the House numbers—triple funding in a 5-year period for the National Health Service Corps, which provides loan repayments and scholarships to medical students.

For the University of Vermont Medical School, if my memory is correct—this is fairly typical for America—the average medical school student graduates with $150,000 of debt. Well, if you graduate with $150,000 of debt, what are you going to do? You are not going to do primary health care. You are going to go into some fancy specialty and start making a whole lot of money to pay off that debt. But what the National Health Service Corps will be able to do is provide debt forgiveness and scholarships for an additional 20,000—an additional 20,000—primary care doctors, dentists, and nurses. That is a lot of new medical personnel that is going to get out into underserved areas all over America. That is a very exciting thought.

In short, when we more than double, in 5 years, the number of people who have access to community health centers, and within that same period of time we add an additional 20,000 primary health care doctors, dentists, and nurses, we are talking about nothing less than a revolution in primary health care in America—something which we have needed for a long time.

So let me conclude by saying: I want to again thank the majority leader, Senator REID. I want to thank Senator DURBIN, Senator SCHUMER, Senator MURRAY, and thank the Presiding Officer and the Democratic leadership for their support of this concept. As you know, this idea was developed back in the 1960s with Senator Ted Kennedy, who developed this concept in the first place. It has expanded, and now we are going to take it a giant step forward and, in the process, I think we are going to make a difference—a real difference—in improving the lives and the well-being and the access to health care of tens of millions of Americans.

Mr. President, thank you very much. With that, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. GRASSLEY. Mr. President, I would call to the attention of the leadership of the majority party that I have a unanimous consent request I wish to make. I am going to be visiting with my colleagues about the issue of taxes on medical devices, so my unanimous consent is in regard to that. I hope people would observe that if there is an effort to block this motion I am going to make, I think it is an endorsement of the tax on medical devices such as the Berlin heart and hundreds of others that children across this country rely on.

With that in mind, I ask unanimous consent to set aside the pending amendment in order to offer my motion to commit.

The PRESIDING OFFICER. Is there objection?

Mr. DURBIN. With regret, I object.

The PRESIDING OFFICER. Objection is heard.

Mr. GRASSLEY. Mr. President, it is disappointing for those of us on this side of the aisle to not be permitted to offer an amendment or motion that is as important as this, so I will go ahead with my remarks.

This is another major problem in the Reid bill. Of the many taxes in this bill, I am especially worried about the excise tax on medical devices. Medical device technology is responsible for saving many lives and extending the overall life expectancy of people in the United States.

In the United States, over 6,000 companies are in the business of developing lifesaving medical products. The majority of these companies are very small businesses. Small business we tend to measure around here as being those with less than 500 employees. So what will happen when the Reid amendment imposes a tax hike of $20 billion on these innovative medical devices? I think that is something we ought to consider if we are considering the quality of life in America and quality health care to preserve that life and extend life expectancy.

During the markup of the Finance Committee bill, I asked the question to the nonpartisan Congressional Budget Office and the nonpartisan Joint Committee on Taxation—and let me emphasize the word ''nonpartisan'' because these folks are professionals. So both of these organizations, the Congressional Budget Office and the Joint Committee on Taxation, said these excise taxes will be passed on to consumers in the form of higher prices and higher insurance premiums.

Also, I wish to emphasize on this chart a statement of the Chief Actuary of the HHS. The Congressional Budget Office, the Joint Committee on Taxation, and the Chief Actuary all say the tax gets passed on to consumers. Who are the consumers of these devices? Who is going to bear the cost of the new medical device excise tax? Well, it is quite a burden, so I am going to share some real-life stories here.

I will start by telling the story of the Tillman family, a family who would bear the burden of this new medical device tax. At only 5 months old, Tiana Tillman had her life saved by a medical device. This story has received a lot of attention because Tiana's father is a professional football player for the Chicago Bears. However, lifesaving stories such as this happen all across the country regularly.

When Charles Tillman reported to training camp in 2008, it wasn't long before his coach told him that his 5-month-old daughter Tiana had been rushed to the hospital. When Charles got to the hospital, Tiana's heart rate was over 200 beats per minute. That doctor told Charles and his wife Jackie that Tiana may not make it through the night. Tiana survived that night, and after a series of tests, she was diagnosed with cardio myopathy, an enlarged heart that is unable to function properly. Her condition was critical, and without a heart transplant she would not survive. But finding pediatric donors is very difficult and many children do not survive the long wait time, so Tiana was immediately put on an ECMO, a device that would help the function of the heart while Tiana waited for a transplant.

However, ECMO is an old device that has many shortcomings. Infants can only survive on ECMO for about 3 weeks, much shorter than the average wait for a donor heart. ECMO also requires that the patient take a paralytic medication which prevents a patient from moving and at the same time that obviously weakens the body.

The Tillmans waited for one of two outcomes: Either Tiana would receive a transplant or she would die waiting on ECMO.

But then the doctors told them about a new pediatric medical device called the Berlin heart. The Berlin heart is an external device that performs the function of the heart and lungs. It is designed for a long-term support to keep infants and young children alive for up to 421 days while they wait for the donor heart—obviously a lot longer than the 3 weeks on ECMO. So the Tillmans decided to move forward with the Berlin heart.

After 13 days of being on ECMO without any movement, Tiana underwent surgery to connect the Berlin heart. So we have pictures here that show what this is like. These two photos are of Tiana with the Berlin heart. You can see that this device is run by a laptop at the foot of the hospital bed. It pumps the blood through her body, a job that her heart could not perform on its own.

Unlike ECMO, the Berlin heart and its long-term support capabilities allowed the Tillmans some peace of mind while they waited for that donor. The doctor said that the Berlin heart

helped Tiana regain her strength because she was off the paralytic medication and was finally able to move. Not long after Tiana was connected to the Berlin heart, a donor was found and Tiana underwent an 8-hour transplant surgery. The risky surgery was a success. Usually it takes some time for the new heart to start working, but doctors said that due to Tiana's strength, her new heart started working immediately.

I wish to talk about the tax on devices such as this.

This picture shows Tiana today holding a football. That is Tiana today, and we shouldn't be surprised about her love for football, considering her father is a professional football player. She enjoys playing on her swing set and watching her dad play football.

There are many people responsible for the successful effort to save Tiana's life, but without the Berlin heart to keep her alive and help her to gain strength, they may not have had that opportunity.

What does this legislation have to do with this story about Tiana? Well, the Reid bill would increase costs for families such as the Tillmans. In fact, the Reid bill would tax every pediatric medical device.

Pediatric devices aren't the only devices affected by the tax on medical devices in the Reid bill. The Reid bill also taxes one of the most important modern technologies: automatic external defibrillators. The defibrillator is used to save people from sudden cardiac arrest, and that is the leading cause of death in this country. Each year, nearly 325,000 people die from sudden cardiac arrest. That is nearly 1,000 deaths a day. Sudden cardiac arrest occurs when the heart's electrical system malfunctions and the heart stops beating abruptly and without warning. When this happens, the heart is no longer able to pump blood to the rest of the body, and for about 95 percent of the victims, death occurs. Once cardiac arrest occurs, the clock starts ticking and the victim's proximity to a defibrillator could mean the difference between living and dying. As many as 30 to 50 percent of the victims could survive if such a device is used within 5 minutes of sudden cardiac arrest.

Here we have the story then of Mari Ann Wearda. Mari Ann is a constituent of the county I have lived my entire 76 years in, Butler County, IA. She is also a survivor of a sudden cardiac arrest, thanks to the prompt response of the Hampton Police Department and the availability of a defibrillator.

On July 26, 2002, Mari Ann pulled up to a stoplight in Hampton, IA. Without any warning, Mari Ann experienced sudden cardiac arrest. As she slumped over the steering wheel, her car drifted across the road, climbed the curb, knocked over a sign, and came to rest against a tree. She was only minutes away from brain damage and death. At 11:38 a.m. the police station dispatched Officer Chad Elness, who arrived at the scene 2 minutes later, at 11:40. When Officer Elness arrived, Mari Ann was as blue as his uniform, according to his own report.

Officer Elness attached the defibrillator to Mari Ann and pushed the button, sending 200 joules of electricity through her heart. That was one of the two shocks that Mari Ann required. Between the shocks, the defibrillator prompted officer Elness to perform CPR. Twice he almost lost Mari Ann. But by 11:50 a.m., Mari Ann had a pulse and her color was improving. At 11:52, just 11 minutes after the defibrillator was turned on, it had saved her life and was turned off.

Mari Ann then was taken by helicopter to Mercy Hospital, Mason City, IA, where she received care. One week later—just one week later—she was back home with no permanent damage.

Defibrillators are only effective if they are used within minutes of cardiac arrest, which means that in order to save more lives, there needs to be more of these devices. But do you know what this bill would do about all that? It would increase the cost, meaning there would then be fewer defibrillators.

We understand the laws of economics. If we increase a price, we get less of it. If we lower a price, we get more of it. So we are going to increase the price of these devices. That would make it more difficult for police departments, schools, libraries, churches, and other public places to purchase defibrillators, or for an individual to have one. If you have to be within 5 minutes of their use, you can understand why they have to be in every police department, school, library, church, and a lot of other places. Right now, only one-third of police departments are equipped with defibrillators. However, Mari Ann was lucky that the Hampton Police Department had already purchased the device.

Increasing the cost of defibrillators will make it more difficult for communities to make this lifesaving investment. We already have 62—62—defibrillator stations throughout the Capitol and the three Senate office buildings. So you and I are protected, but we are going to put a tax on them for the people in the rest of the country. It seems as though around here we have one set of morals and ethics for Capitol Hill and another set of morals and ethics for the rest of the country. Congress clearly understands why having so many of these devices, the importance of them and having them on hand to protect us and to protect our staffs and the million visitors who come to the Capitol.

I made a motion that was objected to, so I cannot go through with that motion. My motion would have stopped this new Federal tax from increasing the cost of defibrillators and hurting the chances of placing the devices where they need to be—hopefully, within 5 minutes of people who need them. It is a disappointment my colleagues on the other side of the aisle would not allow that motion to go through.

It is a sad state of affairs when the majority is not only blocking the offering of the motions and amendments that will improve the bill but also trying to ram through a bill before the American people even know what is in it.

Yesterday, we heard things about Republicans having not offered amendments. There are 214 Republican amendments at the desk. One would think we would have a chance to offer more than a dozen or so—I doubt it is even a dozen at this point—on a bill that is going to restructure one-sixth of the economy.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, may I ask, is it 10 minutes—what is the procedural position as of now?

The PRESIDING OFFICER. The minority party controls the time until 2:30 and there are no individual limits.

Mrs. HUTCHISON. I thank the Chair.

Mr. President, for weeks we have been debating legislation that will dramatically and permanently reform our health care industry. It will impact the life of every American, and it will add to our growing national debt.

On Saturday, the majority leader filed an amendment increasing the size of this bill. Early this morning at 1 a.m., we had a vote to proceed to the revised bill that makes a mockery of transparency and public policy. Yet even though the majority took the opportunity to amend the bill, it is clear the concerns of the American people were not heard by my friends on the other side of the aisle.

I was astounded to see this revised bill still contains $½ trillion in new taxes, $½ trillion in Medicare cuts and mandates and penalties on individuals and businesses throughout our country at a time when businesses are struggling, unemployment is up, and families are trying to make ends meet.

I wish to talk about the taxes. The revised bill has an additional $25 billion in taxes than the bill as introduced. We have been hearing for weeks about families who are struggling to pay their mortgage, struggling to find a job, struggling to pay their utility bills. Yet what do we find in this new bill? More taxes and more mandates.

The American people overwhelmingly oppose this bill, and just when we thought the final product could not get any worse, it does.

Under the revised bill, the taxes collected from individuals who cannot afford health insurance has been raised from $8 billion to $15 billion—almost double. Why? Because the penalty for not purchasing insurance has become more severe. If you cannot afford insurance, the tax is either $750 or 2 percent of your taxable income, whichever is higher.

There are still taxes that begin next month, less than 2 weeks from now.

Less than 2 weeks from now in this bill, $22 billion in taxes on prescription drug companies will start, and the public can expect to see higher prices for medicines.

In 2011, we see $60 billion in taxes on insurance companies except for companies in two particular States. That does not seem fair. Fortunately, the Constitution's equal protection clause may have something to say about this gross situation. This will not stand the test of the Constitution, I hope, because the deals that have been made to get votes from specific Senators cannot be considered equal protection under the law.

If it does stand and the taxes start in 2011, people who have insurance are going to pay higher premiums—even higher than what has been projected already.

In 2011, we also see the taxes on medical device manufacturers. So the public can expect to see higher prices for devices—thermometers, blood sugar machines, canes, walkers—the things people need to stay healthy. That is another $19 billion in taxes.

Then there is another round of taxes in 2013: $149 billion in taxes on high-benefit plans; a 40-percent excise tax on the amount by which premiums exceed $8,500 for individuals and $23,000 for families; $87 billion collected from a Medicare payroll tax. This tax is actually $33 billion higher than in the prior bill. Individuals earning more than $200,000 and couples earning more than $250,000 are now assessed at a tax rate of 2.35 percent for a new Medicare payroll tax rather than 1.45 percent. So if you are a couple earning $125,000 each, you have another tax increase, in addition to possibly a tax on not having insurance or a high-benefit plan.

Also, $15 billion will be collected by raising the threshold for the medical deduction. To receive the medical deduction, you must now spend 10 percent of your income on medical expenses rather than 7.5 percent. This tax will impact those who have high medical costs or are suffering from a catastrophic or chronic illness.

This bill taxes those who have insurance and those who do not. All these taxes are collected. All the taxes I have mentioned will be collected before there would be the option that is the purpose of this bill. Whatever the insurance option becomes, it takes effect in 2014. All the taxes I have mentioned start before 2014.

Senator THUNE and I had a motion that would have sent this bill back to the committee and required that everything in this bill start at the same time. So if the program starts in 2014, the taxes would start in 2014. Under our motion, not one dime in taxes would be paid before Americans are offered the insurance option in the bill. The motion was defeated. Now the Democrats have revised their bill and the taxes collected are even higher than the previous bill.

But do not forget the penalties to businesses that cannot afford to offer health insurance to their employees. A tax of $750 per employee is assessed. This at a time when unemployment has reached double digits. We should be encouraging employers to hire new workers. Yet this bill imposes $28 billion in new taxes on employers.

What will these taxes do to small businesses which create 70 percent of the new jobs in our country? In a letter sent to the majority leader, the Small Business Coalition for Affordable Health Care stated:

> With its new taxes, mandates, growth in government programs and overall price tag, the Patient Protection and Affordable Care Act—

The bill we are discussing—

> costs too much and delivers too little. . . . Any potential savings from those reforms are more than outweighed by the new taxes, new mandates and expensive new government programs included in this bill.

That letter is signed, in addition to the Small Business Coalition, by associations such as the Farm Bureau, Associated Builders and Contractors, Associated General Contractors of America, the National Association of Homebuilders, the National Association of Manufacturers, the National Automobile Dealers Association, the National Retail Federation, and more.

The National Federation of Independent Business, which is the voice of small business, sent a letter expressing their strong concerns over this bill. It says:

> The current bill does not do enough to reduce costs for small business owners and their employees. Despite the inclusion of insurance market reforms in the small-group and individual marketplaces, the savings that may materialize are too small for too few and the increase in premium costs are too great for too many.

That is the tax situation. How about the $½ trillion in Medicare cuts? They are still there. They were in the first bill, and they are there now.

There are $120 billion in cuts to Medicare Advantage, which we know reduces choices for seniors. In my State of Texas, over 500,000 currently enrolled enjoy the benefits of Medicare Advantage. That is in my State alone. Millions across the country like Medicare Advantage, but many seniors, without a doubt, are going to lose this option.

Oddly enough, once again, one of the points in the new bill is, there was an opt-out for certain States on Medicare Advantage cuts. So some States are going to have the Medicare Advantage cuts while other States will not.

The individual fixes for certain States, presumably to get the votes of certain Senators, do not pass the test of transparency. If you put it in the nicest way, it does not pass the test for fairness, for due process and equal treatment under the law, and it certainly does not pass the test for what is the right way for us to pass comprehensive reform legislation.

The other health care cuts in Medicare would be $186 billion in cuts to nursing homes, home health care, and hospice providers.

Then there are the cuts to hospitals, approximately $135 billion in cuts to hospitals. The Texas Hospital Association has estimated that hospitals in my State will suffer almost $10 billion in reduced payments.

I have a letter from the Texas Hospital Association that outlines their concerns with these cuts and this bill and they are very concerned. Here is one of the quotes from their letter. The Texas Hospital Association says:

> With a significant reduction in payments, hospitals may be forced to reduce medical services. [H]ospitals . . . may be forced to close or merge with another hospital, or severely reduce the services they provide to their community. Essential services, such as maternity care, emergency services, medical-surgical services or wellness programs may be reduced or entirely eliminated.

I have talked with so many hospital administrators and people on hospital boards, and they are very concerned about the cuts in this bill because most of them are on very thin margins. They are struggling, especially in our rural areas. They are very worried there are going to be shutdowns of hospitals throughout our State and certainly our country.

Our aging population is growing, so cutting payments to providers who treat those patients, whether it is in hospitals or health care providers, does not seem to be a way to reform Medicare.

Cuts in Medicare, and especially the payments for treating low-income seniors, will disproportionately impact rural hospitals which are the safety net for health care outside the metropolitan areas. The Texas Organization of Rural and Community Hospitals, which represents 150 rural hospitals in Texas, said in a letter:

> We also fear the Medicare cuts as proposed could disproportionately hurt rural hospitals which are the health care safety net for more than 2 million rural Texans. Because of lower financial margins and higher percentage of Medicare patients, rural hospitals will be impacted more than urban hospitals by any reductions in reimbursement. These proposed Medicare cuts could have a devastating effect . . . which could lead to curtailing of certain services. And the closure of some of these Texas hospitals is a very real possibility. . . .

How could anyone support a reform bill that will result in seniors having to drive 30, 60, 90 miles and more to get the care they need—care that was accessible in their own community before this bill took effect?

Mr. President, what we have is a bill heavy with tax hikes, Medicare cuts, and government intrusion. This bill is being forced through Congress the week of Christmas because everyone knows this is not the reform that Americans want. The polls are showing that. We all know polls can have margins of error, and maybe they are not completely accurate, but the trend in the polls is clear: It has gone from people thinking that health care reform is a good thing and supporting it, in the majority, to going down now to the point where the trend is clear the

American people now do not support this bill, they would rather have nothing, according to the latest polls, and have Congress start all over and do what they hoped it would do, and that is bring down the cost of health care not have this be a big government increase in debt, cuts to Medicare, and increases on taxes to small business and families, especially at this time in our country's economic period.

My Republican colleagues and I have tried to offer fiscally responsible alternatives to reform, allowing small businesses to pool together, increase the size of their risk pools, which will bring premiums down. If you have an exchange it would be fine unless you have so many mandates, such as we see in this bill, that are going to cause the prices to stay up and even go higher because of all the taxes on the underlying companies that are providing the health care.

Creating an online marketplace free from mandates and government interference where the public can easily compare and select insurance plans would be a Republican proposal, something that I think would be a point at which we could start having health care reform that would be truly effective for America, if you didn't have the mandates that would drive up the cost.

Offering tax credits to individuals and families who purchase insurance on their own, that is a bill that we have put forward. Five thousand dollars per family would cut the cost and make it affordable without any government intervention that would be necessary.

Of course, medical malpractice reform could take $54 billion out of the cost of health care by stopping the frivolous lawsuits, or at least limiting them. Yet Republicans were really not at the table. The bill was written in a room, with no transparency, no C–SPAN cameras, and no Republicans. We did not have input into this bill. That is why it is a partisan bill. That is why the vote last night—or this morning at 1 a.m.—was completely, 100 percent partisan. Why would a Republican vote for a bill that goes against every principle we have—higher taxes, higher mandates, and cuts in Medicare—and in which we had not one amendment pass? We offered amendments, but there were hundreds of amendments left on the table that we were closed out of offering because of the rush to pass this bill before Christmas.

Mr. President, Americans asked for reform; they deserve it. This bill is not the reform Americans hoped to get from a Congress that should have acted responsibly but did not.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. CORNYN. Mr. President, as my colleagues on this side of the aisle, I voted against the Reid health care bill last night because it cuts $470 billion from Medicare to create a brand-new entitlement program that will cost approximately $2.5 trillion over the next 10 years—a price we cannot afford. It increases premiums for American families who currently have health insurance and who are struggling to make ends meet during tough economic times. It increases taxes on small businesses and individuals, which is a terrible idea, particularly at a time when our economy is struggling and our job creators are struggling to be able to keep people on their payroll and possibly expand their payroll and hire people back and bring down the unemployment rate.

I want to talk about the way this bill came to pass—at least the cloture vote this morning at 1 a.m.—and I want to talk about the process. I recall when Senator Obama was running for President, he talked about wanting to change politics as usual in Washington, DC. But I have to tell you, the majority and this administration have, in many ways, confirmed people's worst suspicions about Washington politics as usual. They have taken it to a new level—and not a higher level; it is a lower level.

As a matter of fact, the bartering for votes for cloture, the special sweetheart deals with drug industries, with Senators, in order to get the 60 votes last night, does nothing more than confirm the worst fears and cynicism the American people have about the way Washington works.

We know this bill is a direct result of many special deals with special interest groups and their lobbyists. We heard the President say when he campaigned that he wanted to have a transparent process; that this would take place in front of C–SPAN and at a roundtable so people could see who was making arguments on behalf of the drug companies and the insurance companies. But that rhetoric conflicts with the reality, where the drug companies and the insurance companies and others were negotiating behind closed doors for sweetheart deals that ultimately ended up getting 60 votes.

So it turned out it was the Obama administration that cynically said one thing during the campaign and then, when it came to actually passing legislation, did completely the opposite. This is tragic, in my view, Mr. President. The American people want to believe in their government. They want to believe their elected leaders are trying to do their best on behalf of the American people. But this process confirms their worst suspicions. No wonder public opinion of Congress is in the toilet.

Rather than listening to the American people, the creators of this bill started cutting deals with special interests first and cut those deals early. The White House struck a deal with the pharmaceutical industry, as you know, which produced in part, as the New York Times reported, about $150 million in television advertising supporting this bill. This deal got 24 Democrats when we were debating the issue of drug reimportation to switch their votes from their previous position against drug reimportation earlier this month.

Notwithstanding all the rhetoric about insurance companies, basically this is a sweetheart deal with insurance companies because insurance companies will get $476 billion of your tax dollars and my tax dollars to pay for the subsidies and the insurance provided in this bill.

The hospital industry cut a special deal that provided them an exemption from the payment advisory board. Then there were groups such as AARP that purport to serve seniors as a public interest but, as we know, primarily pocket money as a result of the sale of insurance policies—insurance policies that are going to be necessary because of cuts in Medicare Advantage for 11 million seniors, just to name one example.

This bill was the result of backroom deals with specific Senators, persuading them to vote for cloture, which has caused some people on the blogs and the Internet to call it ''Cash for Cloture.'' In order to get 60 votes for cloture, we know one of the first examples of that was the so-called ''Louisiana purchase.'' Charles Krauthammer said it well:

> Well, after watching Louisiana get $100 million in what some have called ''The Louisiana Purchase,'' she ought to ask for $500 million at least. And that's because Obama said he would end business as usual in Washington. So it's a new kind of business as usual.

In other words, I guess the price has gone up. But as one business leader in Louisiana points out, notwithstanding the special sweetheart deal for the State of Louisiana directing $300 million to the State, the Medicare expansion alone will result in the taxpayers and the people of Louisiana being a net loser.

We also know in order to get 60 votes, the majority leader had to cut a deal with a Senator from Nebraska—the senior Senator from Nebraska—in order to get the vote for cloture. It has been widely reported that the meeting with the senior Senator from Nebraska took place for 13 hours behind closed doors, after which they negotiated some language which, purportedly, no longer allowed the use of tax dollars to pay for abortions. But according to the Conference of Catholic Bishops and other pro-life groups, the language is completely ineffectual and it restores or actually produces taxpayer-paid-for abortions for the first time in three decades.

What else did the senior Senator from Nebraska get? Well, the State of Nebraska purportedly got a free ride from Washington's new unfunded Medicare mandates on the States. But, of course, we know every other State ends up paying for that sweetheart deal the senior Senator got for Nebraska. What do Nebraskans think about it? Well,

ask the Governor—Governor Dave Heineman—who said yesterday he had nothing to do with that bill, and called the overall bill bad news for Nebraska and bad news for Americans. Governor Heineman said Nebraskans did not ask for a special deal, only a fair deal.

We also know that in order to get 60 votes, the majority leader had to cut a special deal for Vermont. One Senator from Vermont threatened to vote against the bill, but then, lo and behold, the managers' package included $600 million benefiting only that one State. The Senator who threatened to vote no decided to vote yes after that special deal was concluded.

The New York Times lists several other sweetheart deals that produced this monstrous piece of legislation. The intended beneficiaries, though, in many instances, were identified in a vague and sort of cryptic way, such as: Individuals exposed to environmental health hazards recognized as a public health emergency in a declaration issued by the Federal Government on June 17. Well, there is only one State that would qualify for that, notwithstanding this sort of vague description designed to hide the ball and obscure what was actually happening through another sweetheart deal as part of this bill.

Another item in the package would increase Medicare payments to doctors and hospitals in any States where at least 50 percent of the counties are ''frontier counties,'' defined as those having a population density of less than six people per square mile.

Then we know there was another $100 million sweetheart deal for an unnamed health care facility affiliated with an academic health center at a public research university in a State where there is only one public medical and dental school. The Associated Press reports that the State that qualifies for that special deal is the State of Connecticut, where the senior Senator currently is in a tough reelection fight.

When asked about these special deals in the managers' amendment, the response of Mr. Axelrod—the architect of the campaign strategy for this administration to bring change to Washington—was pretty telling. He said: That is the way it has been; that is the way it will always be.

Well, maybe in Chicago, but not in my State, and not in the heartland and the vast expansion of this great country where the American people want us to come and represent our constituents and vote for what is right in terms of policy, not what kind of sweetheart deals we can eke out at the expense of the rest of the American people.

The very thing that is happening with this health care bill demonstrates why Washington takeovers are such a terrible idea because instead of health care decisions being made between patients and doctors, health care decisions are overcome through a political process where elected officials choose winners and losers.

Politics has become a dirty word outside the beltway, and certainly we can understand why. This process has only reconfirmed in the minds of many people that what we are doing here is not the people's business but protecting special interests and special sweetheart deals. Rather than making decisions about what is best for the American people, this deal has been driven by deals with special interest groups and lobbyists. Rather than listen to constituents, individual Senators have decided that their votes should be traded for tax dollars and other sweetheart benefits that go to their States. No doubt about it, this bill takes the power from individual Americans to make their own health care decisions and transfers that to Washington, DC, and this new low level of politics as usual.

According to one recent poll that was reported today, Rasmussen, for one State I will not mention by name, found only 30 percent of the respondents to this poll favor this health care bill and 64 percent are opposed. The Senators from those States voted for the bill where only 30 percent of their constituents reportedly support the bill. That is not the only example.

You can only ask yourself why in the world would Senators vote for a bill when two-thirds of their constituents are opposed to it. Who must they be listening to? Are they listening to the people whom they represent and who sent them here to Washington to represent them or are they listening to the special interests or have they decided somehow that they have become miraculously smarter than their constituents and they know what is better for their constituents than what their constituents know themselves?

This debate is not over. There is still a chance to vote against this bill. As Senator MCCONNELL said last night, any single Senator on the other side of the aisle can stop this bill or every one who votes for it will own it.

I yield the floor.

The PRESIDING OFFICER (Mr. WARNER). The Senator from Nebraska.

Mr. JOHANNS. Mr. President, let me start my comments today by complimenting the Senator from Texas. I thought he did an excellent job of shining the light on something that is now gathering a lot of attention because the managers' amendment is out and we can read the words and we can start to understand the special deals that were cut to get the votes to make this happen. I applaud the Senator for standing here so courageously.

My State, the great State of Nebraska, has been pulled into the debate. I want to start out today by saying here on this Senate floor that I am enormously proud of my State, probably like all Senators in reference to their State. I am enormously proud of the people of Nebraska. I have gotten to know them well. I was their Governor. On a more localized basis, I was also the mayor of Lincoln. I date my time in public service back to the time when I was Lancaster County commissioner and a city council member in Lincoln. These are good, decent, honorable people who are always looking to try to figure out the right way of doing things.

I stand here today to acknowledge that and to tell all Nebraskans how proud I am to be here today. But I rise today to share with my colleagues the reactions of Nebraskans to the special deal that got cut for Nebraska that came to light over the weekend as the managers' amendment was released and analyzed.

Less than 24 hours after the announcement of the special carve-out for Nebraska, with virtually no warning, no preparation to speak of, 2,000 people gathered in Omaha, NE, Nebraskans who, in one voice, cried foul. Nebraskans are frustrated and angry that our beloved State has been thrust into the same pot with all of the other special deals that get cut here. In fact, they are outraged that a backroom deal for our State might have been what puts this bill across the finish line.

You see, I fundamentally believe that if this health care bill is so good, it should stand on its own merits. There should be no special deals, no carve-outs for anyone in this health care bill—not for States, not for insurance companies, and not for individual Senators.

I stand here today and I find it is enormously ironic that advocates for this bill, who worked overtime to vilify insurance companies, in the last hours of putting this bill together struck a special deal with two insurance companies in Omaha, NE, that they would be carved out of their responsibility in this bill to pay taxes. I find it painful to even acknowledge that happened.

I said at the beginning of this debate that changes of this magnitude, affecting one-sixth of our economy, must be fair and they must be believed to be fair by the people. The special deal for Nevada was wrong. I said that. In fact, one of the six reform principles I publicly outlined and took out to townhall meetings I stand by today. It simply said: No special deals.

The special deal for Nevada was wrong, as is the carve-out for Louisiana. And the same applies for the backroom deal that was struck for my State, the great State of Nebraska.

All of the special deals should be removed from this legislation. If this bill cannot pass without the carve-outs and the special deals, what further evidence could we possibly need to draw the conclusion that this is enormously bad policy? If you literally had to sit down in the last hours of negotiations and strike a special deal, do we need any other argument about how bad the policy of this bill is for my State and the citizens of Nebraska?

Our Governor said it well: Nebraskans don't want a special deal. You see, I went around the State for

months doing townhalls and listening to Nebraskans. They do not want a special deal. No Nebraskan came up to me and said: MIKE, give me a special deal. You see, their request is simple: They want to be able to see the doctor of their choice and to keep the current plan they have. They want our job creators, our small businesses, to get our economy moving and create jobs in our communities from large to small, free of the $½ trillion in taxes and fees this bill will keep on our employers.

The managers' amendment does nothing to change the core problems with this bill. The nearly $500 billion in Medicare cuts will be devastating to Nebraska. No special deal with an insurance company is going to make Nebraskans feel better about that. No special deal to make the State budget look better is going to make Nebraskans feel any better about the Medicare cuts and the impacts on our hospitals, our nursing homes, our home health care industry, and our hospice industry. Nationally, Governors—Republicans and Democrats—have stepped forward to say they cannot afford the unfunded mandates that come from Washington and drive their budgets into the red.

The special deal struck on abortion is enormously tragic and insufficient. It breaks my heart. This is a far cry from the 30 years of policy by this U.S. Government. You see, when this is done and over, what we will be reporting to our citizens is that taxpayer funds will fund abortions if this bill passes. You see, no watered-down accounting gimmick will convince the pro-life community in my State otherwise. In fact, they have publicly said they feel betrayed.

I will wrap up with this. This bad deal is not sealed. There is time for truly pro-life Senators to stand tall and say no. There is still time for principled Senators to reject the carve-outs and to cast aside the bad backroom deals. There is still time for Senators to listen to the people and reject reckless Federal policy.

Fair treatment is not too much to ask of Washington. I know in my State, that is what they are asking for. I will firmly stand behind any Senator who has the courage to stop this train wreck. I will be the first to lead the applause. I am confident that the standing ovation for that courageous Senator will extend all the way back to Nebraska and it will be deafening.

I yield the floor.

Mr. GRASSLEY. Mr. President, how much time remains?

The PRESIDING OFFICER. There is 2½ minutes.

Mr. GRASSLEY. I would think one of the things we would have seen from the majority at this point is a list of what the last two Senators were talking about, all the earmarks that are in this bill, because I asked for a parliamentary inquiry yesterday—I am not going to ask that again—but, as we said yesterday, rule XLIV was adopted as part of a major ethics and reform legislation, adopted in 2007. It was part of the Honest Leadership and Open Government Act. The Democratic leadership made it the first bill to be introduced when they took the majority in 2007, taking control of Congress for the first time for a long period of time. This bill passed by unanimous consent.

When rule XLIV was passed, the theory behind it was that we ought to have total transparency on earmarks. It applies to floor amendments such as the pending Reid bill. It requires the sponsor of the amendment to provide a list of earmarks in that amendment.

Earmarks are provisions that provide limited tax benefits. Those words, ''limited tax benefits,'' are words out of the rule. Another substitute language for limited tax benefits is ''congressionally-directed spending items'' or ''earmarks,'' as they are generally referred to by the public at large.

Given what a priority the new rule passed in 2007 was given and the importance of it, one would expect that the majority leader would be making every effort to comply with it. One would think he would be wanting to set a good example in complying with the rule and disclosing these earmarks. In order to assure transparency of these very narrow provisions, such as what Senator JOHANNS just referred to, to get the votes of specific Members of the majority party who probably would not have voted for this bill, you would think that ought to be made public. That is what rule XLIV is about. Of course, that burden under that rule is on the sponsor to provide the list.

Once again, I am going to ask the Democratic leadership to comply with the Honest Leadership and Open Government Act.

The PRESIDING OFFICER. The time for the minority has expired.

The Senator from Montana.

THE CALENDAR

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Senate proceed en bloc to the following bills: Calendar Nos. 235 through 242; that the bills be read a third time and passed en bloc, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to these matters be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Mr. GRASSLEY. I object. I don't know what this is all about. Has this been cleared with our side?

Mr. BAUCUS. These are post office bills.

Mr. GRASSLEY. I withdraw my objection.

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

The Senate proceeded to consider the bills.

1ST LIEUTENANT LOUIS ALLEN POST OFFICE

The bill (H.R. 2877) to designate the facility of the United States Postal Service located at 76 Brookside Avenue in Chester, New York, as the ''1st Lieutenant Louis Allen Post Office'', was ordered to a third reading, read the third time, and passed.

COACH JODIE BAILEY POST OFFICE BUILDING

The bill (H.R. 3072) to designate the facility of the United States Postal Service located at 9810 Halls Ferry Road in St. Louis, Missouri, as the ''Coach Jodie Bailey Post Office Building'', was ordered to a third reading, read the third time, and passed.

ARMY SPECIALIST JEREMIAH PAUL MCCLEERY POST OFFICE BUILDING

The bill (H.R. 3319) to designate the facility of the United States Postal Service located at 440 South Gulling Street In Portola, California, as the ''Army Specialist Jeremiah Paul McCleery Post Office Building'', was ordered to a third reading, read the third time, and passed.

PATRICIA D. MCGINTY-JUHL POST OFFICE BUILDING

The bill (H.R. 3539) to designate the facility of the United States Postal Service located at 427 Harrison Avenue in Harrison, New Jersey, as the ''Patricia D. McGinty-Juhl Post Office Building'', was ordered to a third reading, read the third time, and passed.

CLYDE L. HILLHOUSE POST OFFICE BUILDING

The bill (H.R. 3667) to designate the facility of the United States Postal Service located at 16555 Springs Street in White Springs, Florida, as the ''Clyde L. Hillhouse Post Office Building'', was ordered to a third reading, read the third time, and passed.

W. HAZEN HILLYARD POST OFFICE BUILDING

The bill (H.R. 3767) to designate the facility of the United States Postal Service located at 170 North Main Street in Smithfield, Utah, as the ''W. Hazen Hillyard Post Office Building'', was ordered to a third reading, read the third time, and passed.

CORPORAL JOSEPH A. TOMCI POST OFFICE BUILDING

The bill (H.R. 3788) to designate the facility of the United States Postal Service located at 3900 Darrow Road in Stow, Ohio, as the ''Corporal Joseph A. Tomci Post Office Building'', was ordered to a third reading, read the third time, and passed.

JOHN S. WILDER POST OFFICE BUILDING

The bill (H.R. 1817) to designate the facility of the United States Postal