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Senate

The Senate met at 9:45 a.m. and was called to order by the Honorable KIRSTEN E. GILLIBRAND, a Senator from the State of New York.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Almighty God in whom we live and move and have our being, we need You every hour, in joy and in pain, in prosperity and in adversity, in success and in failure, in the moment of prayer and in the hours of toil.

To the human strivings of our Senators, add Your divine strength. Restraine and correct them when they do wrong and confirm and strengthen them when they do right. Guide them by Your spirit and support them by Your grace. Then in quietness and confidence may they leave the consequences to Your unerring judgment, remembering that Your judgments are "true and righteous altogether."

We pray in Your wonderful Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable KIRSTEN E. GILLIBRAND led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The bill clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, June 18, 2009.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby

appoint the Honorable KIRSTEN E. GILLIBRAND, a Senator from the State of New York, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mrs. GILLIBRAND thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Madam President, following Leader remarks, the Senate will be in a period of morning business for up to 1 hour. Senators will be allowed to speak for up to 10 minutes each. The majority will control the first 30 minutes and the minority will control the final 30 minutes.

Following morning business, the Senate will proceed to consideration of the concurrent resolution relating to an apology for slavery. There will be up to an hour for debate, equally divided and controlled between the two leaders or their designees prior to a vote. We do expect that vote to be a voice vote.

Upon disposition of the concurrent resolution, the Senate will resume consideration of the conference report to accompany H.R. 2346, the emergency supplemental appropriations bill. We hope to reach an agreement that will allow us to vote on motions to waive points of order and a time for a vote on adoption of the conference report. But if we are unable to reach an agreement, there will be a cloture vote on the conference report tomorrow morning.

We will resume consideration of the travel bill upon disposition of the supplemental conference report.

Madam President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Republican leader is recognized.

HEALTH CARE REFORM

Mr. McCONNELL. Madam President, Americans certainly want health care reform. There is no dispute about that. People are frustrated with the high cost of care, and many are worried about losing the health care coverage they already have. Some can't afford care or have to choose between basic necessities and the treatments they need. These are some of the things that are wrong with the current system, and they need to be fixed.

But while all of us recognize that serious reform is needed, we should also recognize the necessity of getting it right. Before we rush to pass just anything in the name of reform, such as the bill introduced in the HELP Committee this week, Americans have a right to ask some very basic questions: How much will it cost? How will we pay for it? What will this mean for me and for my family?

As to the first question, Americans have good reason to be concerned about what the bill would cost. The Congressional Budget Office estimates that just a portion—just a portion—of the HELP Committee bill would spend \$1.3 trillion over 10 years. That doesn't even include major portions of the final proposal, including a massive expansion of Medicaid, which will cost untold billions of dollars. These are staggering amounts of money for taxpayers to contemplate, which is why it

- This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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is troubling to a lot of people when we see committee members in such a rush to pass this legislation before the Congressional Budget Office even has a chance to fully estimate its cost. On something as important to the American people as health care reform, cost and effectiveness should be a higher priority than speed.

But even if we decided this bill was the right reform, another question arises: How would we pay for it? Most people don't walk onto a car lot, pick out the most expensive model, buy it, and then figure out how they are going to pay for it. Even if they wanted to, the car salesman wouldn't let them. We need to take the same approach here.

The proposal we have seen is full of creative new ways to spend taxpayer dollars, but it offers little in the way of offsetting the cost of the overall bill. We will have to either charge the money to the national credit card or, more likely, raise taxes on working families—in other words, more spending, higher taxes, and even more debt. So far, some of the taxes under discussion include a tax on soft drinks and juice boxes, the creation of a new tax on jobs, and new limits on charitable donations. But this would just be the beginning. The HELP Committee bill would be hugely expensive by any reckoning, and no one has a plan to pay for it. This isn't a very good start as far as health reform is concerned.

Americans are also right to wonder how these changes would affect the family budget. Will the HELP Committee's so-called reforms raise the health insurance costs for millions of families and businesses at a time when they are already struggling? This isn't a scare tactic or a theoretical question. Not only does the CBO estimate suggest the final bill is far too expensive, but we also have the example of States that have tried some of the proposals it suggests. Shouldn't we look at the experience of these States to determine whether we want to replicate these proposals nationwide?

Take Kentucky, for example. Many of the same concepts embraced by the HELP Committee bill were tried 15 years ago in my State—with disastrous results. Instead of reforms that were promised, Kentuckians were left with higher expenses and fewer choices for health coverage. Instead of more affordable care, one report estimates that 850,000 Kentuckians faced dramatically higher premiums. Instead of increased competition, about 50 insurance companies stopped offering individual insurance, leaving only a handful of private insurers and a government-run plan that wasn't affordable for taxpayers. After years of failure, many of these so-called reforms were repealed but not without significant damage to the Commonwealth. While the market has rebounded some, Kentucky's small businesses and families tell me that a lack of competition in the health care market continues to keep prices high. Shouldn't this experience figure into our consideration?

When it comes to our approach on legislation as costly as health care, we should learn from our experience with the stimulus. Democrats rushed that bill on the grounds that we needed it to jump-start the ailing economy. Yet a few months later we are already hearing outrageous stories of abuse and the unemployment rate actually continues to rise.

When it comes to specific proposals within any so-called health care reform bill, we should learn from the experience of Kentucky. We should not be rushed into enacting so-called reforms that cost taxpayers trillions and could increase premiums to consumers.

Americans indeed want reform, but they want us to do it right. They do not want a blind rush to spend trillions of dollars they and their grandchildren will have to pay for through higher taxes and even more debt.

Madam President, I yield the floor.

The ACTING PRESIDENT pro tempore. The majority leader.

HEALTH CARE REFORM

Mr. REID. Madam President, if you will indulge me, it appears appropriate and necessary to briefly summarize the sorry state of health care in America today.

Nearly 50 million people in the greatest country and the largest economy the world has ever seen lack the fundamental ability to stay healthy or care for a loved one. Nine million of those people are children. Eight million fewer people who in 2003 had health insurance through their jobs can say the same today. Among those between 18 and 64, the State of Nevada has the second highest rate of uninsured citizens. Health care costs an average family more than twice what it did at the start of this decade. Half of all Americans who file for foreclosure do so because they can't afford both a house and their health care. More than half of all Americans who file for bankruptcy do so because health care is too expensive. More than half of all Americans skip doctor visits or treatments they need to stay healthy because it is too expensive.

Those fortunate enough to have health care pay a hidden tax just to cover those who don't. If your family has insurance, you pay at least \$1,000 more for it than you would need to if other families had their insurance. If you are like about everybody I know and not in absolutely perfect health—if you have a history of anything from heart disease, to high cholesterol, to hay fever—your insurance company can force you to pay exorbitant rates or deny you coverage altogether. Insurance companies call these preexisting conditions. Everyone else calls them tragedies.

I know I am not telling the American people anything they do not already know. They know it better than any statistics can say. They struggle with these challenges every morning when

they wake up and when they go to bed at night, second-guessing the agonizing decisions they made that day about what to sacrifice to stay healthy.

I said I thought it would be appropriate to go back to the basics for the benefit of our Republican colleagues. Their lack of interest in an open and candid debate, their lack of interest in coming to the negotiating table with productive proposals makes it painfully evident they need to be reminded of the reality of this crisis.

By any measure, these are serious problems, and serious problems deserve serious efforts by serious legislators to develop serious solutions. Our Republican colleagues think things are just fine the way they are. Why shouldn't they? They like the status quo. They are the ones who created the status quo. In fact, this is hard to comprehend. Just yesterday, the Republican leader in the House of Representatives said the following: "I think we all understand that we've got the best health care system in the world." When we have 50 million people with no health insurance, is that the best health care system in the world? When we have 9 million children with no health insurance, is that the best health care system in the world? Is it the best health care system in the world when today there are 8 million people fewer than in 2003 who have health insurance through their jobs? Is it the best health care system in the world when people between 18 and 64 in the State of Nevada have the second highest rate of uninsured citizens? I don't think so. Is it the best health care system in the world when the health care cost for the average family is more than twice what it was at the beginning of this decade? Is it the best health care in the world when more than half of all Americans skip the doctor visits they need or the treatments they need because they cannot afford them?

The Republican leader in the House of Representatives is saying, "I think we all understand that we've got the best health care system in the world." I think he better go back and check that out. He said that to a room of reporters. I doubt he would say the same with a straight face to the millions of Americans who have to skip routine medical checkups or live just one accident or illness away from bankruptcy or wonder if they will live long enough to fight through the red tape. We have heard President Obama talk about the death of his mother and how she fought as strongly as she could to get the health care she needed. She lost that battle.

What about the Republicans in the Senate? We talked about the Republican leader in the House. How have they approached the crisis? I am sorry to say they have only subscribed to more of the same stalling strategy that the American people are tired of. Republicans have introduced 400 amendments to the health care bill that is in