

chapter 7, of title 5, United States Code (commonly known as the 'Administrative Procedure Act')".

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent the order for the quorum call be rescinded.

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

MORNING BUSINESS

Mr. KOHL. Mr. President, I ask unanimous consent the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

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

Mr. KOHL. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent the order for the quorum call be rescinded.

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

Mr. WHITEHOUSE. I ask unanimous consent to speak in morning business for 12 minutes.

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

HEALTH CARE REFORM

Mr. WHITEHOUSE. Mr. President, I met in my office today with Donna, a Rhode Islander who suffers from vascular disease. Donna's condition forced her to give up her job, and therefore her insurance. She cannot afford to buy it on her own, since it would cost her \$650 a month—money she does not have. So she pays for her medications out of pocket. They should be \$2,000 per month, but her doctor got them down to \$450. But even this is no walk in the park. Donna read me a laundry list of procedures and services she needs but cannot afford, so like so many Americans, she sits waiting, struggling, hoping she does not get worse.

I want to tell my colleagues what I told Donna today: the Affordable Health Choices Act, the bill that the HELP Committee passed out last Wednesday, would mean hope and change and help for Donna. It would mean that insurance companies could not deny her a policy because of her vascular disease, as they can, and do, right now. It would mean that insurance companies could not charge her sky-high rates because of her vascular disease, as they can, and do, right now. It would mean that if Donna needed financial help to purchase a health insurance plan, she would get it. No pre-existing condition exclusions, affordable premium rates, and subsidies for

those who need help purchasing a plan. That is what the HELP Committee's plan offers every American in this country.

I also have heard from Madeleine, a Pawtucket resident who cannot afford health coverage despite working two jobs. Her family has a history of colorectal cancer; both her sister and mother lost their fight to this disease. Tragically, Madeleine cannot afford to get a colonoscopy. Without insurance, Madeleine waits and hopes that she doesn't get sick, because that is the only option she has.

Under the Affordable Health Choices Act, Madeleine would have the financial help she needs to buy a comprehensive, affordable plan. But even before she did that, even before everything is in place for Madeline to go to a gateway and buy a plan, she could sign up for the Right Choices program. Under Right Choices, even without insurance, Madeline would have access to all basic preventive services. She would get a chronic disease health risk assessment, a care plan, and referrals to community-based resources. Most importantly, she would get the colonoscopy she needs, so that she is not another victim of the terrible disease that took her mother and her sister. It goes without saying that preventing this disease and treating it early would, in the long run, save money for the healthcare system as well as preserve Madeleine's health.

I recently had coffee with Shirley, a Middletown resident who described her relief at turning 65. For the past 20 years, she and her husband did not have insurance. As self-employed business owners in their fifties, finding affordable insurance options was impossible, so they went without. They took their chances. Now 65 and eligible for Medicare, they finally have peace of mind. Shirley admits she and her husband were lucky to make it through those 20 years without serious health problems. During our meeting, she urged us to pass health care reform for the millions of hard-working Americans—hard-working, middle-class Americans—who are not as fortunate as she and her husband.

Under the bill passed by the HELP Committee, Shirley would not have endured 20 years of fear and uncertainty without health insurance. As a self-employed, small business owner, Shirley would be eligible for tax credits to either continue to offer health insurance to her employees, or to offer it for the first time. Shirley could also take all of her employees to the health insurance gateway, which will give small firms a choice of multiple insurance plans at a lower cost and of a higher quality than what currently exist in the small group market. If you are a small business owner, this bill is for you.

Judith from Warwick, has shared with me a story about her brother-in-law, whose lungs collapsed during an outpatient procedure. After staying in

the intensive care unit for 28 days, he contracted a hospital infection and was rehospitalized four times. Thankfully, a year later, he is symptom free. However, the costs stemming from the treatment totaled over \$500,000. Like her brother-in-law, Judith and her husband are retired and live off of their monthly Social Security check. She reflects that on such a limited income, if she or her husband faced a catastrophic health issue like her brother-in-law, they would be in "dire straits."

The HELP Committee bill creates a Patient Safety Research Center at AHRQ, which will support research, technical assistance, and process implementation grants to local providers to teach and implement best practices. No one should go through what Judith's brother-in-law did. No one should contract a hospital infection that leads to not one, not two, not three, but four rehospitalizations. We know how to prevent hospital-acquired infections; we have seen tremendous results in places like Michigan and Rhode Island for years. The HELP Committee bill finally creates a national infrastructure to support the dissemination of these proven techniques so that we can drastically improve the quality of care in our system, and in doing so, drastically lower the cost.

Finally, I recently met David, a self-employed resident from Central Falls, who described the astronomical rise in the cost of health insurance for him and his wife. Years ago, he paid \$85 per month for their plan; today, he pays approximately \$19,000 a year for their health insurance. Despite the dramatic jump in price, their health insurance plan does not cover as much as it used to. To keep their premiums and overall health costs down, David has been forced to drop dental coverage and increase the out-of-pocket expenses he and his wife pay on their plan. He noted, "I'm almost afraid to get sick, because today's health plans have so many holes in them, they can nickel and dime you to death."

The Affordable Health Choices Act would do two important things to help David. One, it would require that plans sold in the gateway offer a truly comprehensive set of benefits so that "affordable" does not mean "skimpy." Affordable will mean inclusive, available, and accessible. Two, the bill would not allow insurance companies to "nickel and dime you to death" as David fears now. Insurance companies would be prohibited from imposing lifetime or annual limits on the dollar value of benefits for any enrollee. So David will not be forced to pay out-of-pocket once he exceeds certain levels of benefits, as he does now.

There is some uncertainty both in this building and around this country right now about the future of health reform. I want to remind everyone—my colleagues on both sides of the aisle, my colleagues in the House, Rhode Islanders back home, and Americans

across the country, the Senate has already put forth a health reform plan that will work for you. It will work for sill-mil businesses. It will work for Americans with pre-existing conditions. It will work for Americans struggling to pay health care premiums. It will work for Americans who are in small businesses. It will work for Americans who are one illness away from their family going into bankruptcy. It will work for Americans who are uninsured. It will work for Americans who have been victims of hospital errors. It will work for Americans who need preventive services they cannot afford.

Most importantly, it will work for Donna, for Madeline, for Shirley, for Judith, and for David, and it will work for their fellow Americans all over this country whose stories are all too similar. Heartache, frustration, exhaustion, and disgust with a health care system that has, at best, disappointed them, and at worst, turned its back on them. The Affordable Health Choices Act offers these Americans a hand up when they need it most, and I am proud to support it.

Before I yield the floor, I want to take one moment to thank the distinguished senior Senator from Iowa for his courtesy in allowing me to proceed. I know he has substantial remarks he wishes to deliver. I hope it was not too much of an inconvenience.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

DEBT AND DEFICIT

Mr. GRASSLEY. Mr. President, I thank the Senator from Rhode Island for his kind remarks.

We are only 9 months into fiscal year 2009, and for the first time in American history the Federal deficit has reached and exceeded \$1 trillion. This is not one of those firsts for our great Nation that calls for celebration, and there will not be any celebration.

Unfortunately, the bad fiscal news is not yet over for the year. We are still on track for a year-end deficit of over \$1.8 trillion for fiscal year 2009. That is not according to this Senator, that is according to our official scorer, the Congressional Budget Office, the nonpartisan organization.

This 2009 deficit as a percentage of gross domestic product will be a staggering 13 percent, the highest rate since the end of World War II. I have a chart that shows this, a chart that puts the deficit in context.

Here is also a chart that puts the debt into context. I want to remind the Senate that I agree with President Obama that he did, in fact, inherit part of these deficits and debt. What is not often pointed out is this: The deficits and debt were bequeathed back then on a bipartisan basis because the Democrats controlled the last Congress. Starting in the year 2007 that Congress wrote the budget, it wrote the spending

bill; that democratically controlled Congress wrote the financial bailout bill. A Republican President, George W. Bush, signed those spending bills. President Bush signed the financial bailout bill. The chart shows the bipartisan deficit President Obama inherited—and that would be the gray part of the deficit chart—and the chart shows the bipartisan debt President Obama inherited. That would be on the chart as well.

Today we have seen more revisionist fiscal history from many of my friends on the other side. It boils down to two very basic propositions. The first proposition is, all good economic policy and beneficial fiscal effects are due to the partisan tax hike of 1993. The second proposition is that all bad economic policy and detrimental fiscal effects of this decade are due to the bipartisan tax relief plans of 2001 and 2003.

How convenient for my friends on the other side of the aisle. If we take this fiscal revisionism to its logical extreme, the answer of some on the other side might be to tax every dollar of income earned by the American taxpayer. There seems to be an attitude that any policy that allows Americans to keep more of their own money is just automatically bad, while any policy which takes more of their money and spends it is automatically good.

I think it is fairly clear the fiscal revisionists on the other side do not have a problem with huge deficits; rather, they are threatened by the prospects of Americans deciding what they want to do with their very own money.

In fact, the deficit effects of the stimulus bill passed within a short time after Democrats assumed full control of the Federal Government exceeded the deficit impact of the 8 years of the bipartisan tax relief. Again, this is comparing the tax relief with the stimulus as you see in the chart.

Since the stimulus package spilled a lot of red ink, let's take a look at how the economy has done. Unemployment currently stands at 9.5 percent, the highest rate in the last 26 years. The economy has shed 6.4 million jobs since this recession began, and that also includes, though, 2.6 million jobs lost since President Obama took office.

Even with the passage of the massive \$787 billion stimulus bill in February, the promise of jobs, jobs, jobs that went with that \$787 billion stimulus bill, there is still no end in sight to the rise of unemployment and job losses.

The President himself recently said:

My expectation is that we will probably continue to see unemployment kick up for several months.

While the short-term news is bad, I have bad news for you. The long-term news is much worse. If the Obama budget is adopted, by 2019 we will have added over \$9 trillion to the national debt held by the public, and our debt as a percentage of the economy will grow in excess of 80 percent, in excess of 80 percent, a level also that has not been seen since this country was in World War II.

Let me say, the 50-year average of that national debt, according to the economy, has been about 40 percent. So we are talking about more than doubling what it has been over the last 50 years.

The huge spike in spending that we have seen over the course of the past 9 months has been advertised as temporary. But even so, the deficit as a percentage of GDP in 2019 is projected to be 5.5 percent, a level that everybody, including the President, agrees is unsustainable. You can see that on our charts as well.

Looking beyond the 10-year window paints an even bleaker picture. I have a chart from the Congressional Budget Office that projects a terrifying rise in debt held by the public as a percentage of GDP over the next 40 years. As we can see from the dotted line, the highest level of debt held by the public as a percentage of GDP, 107 percent, occurred in 1945 as a result and at the end of World War II. In either of the two scenarios outlined in the Congressional Budget Office's long-term budget outlook, shown by the red and green lines on the chart respectively, we are on a course to break this record sometime in the next 15 to 35 years and reach ratios of debt to GDP of up to 128 percent or, at the extreme, 321 percent by 2050.

The Congressional Budget Office's own words are these:

The systemic widening of budget shortfalls projected under CBO's long-term scenarios has never been observed in U.S. history.

Some may ask: Why is this a big deal? What does debt held by the public have to do with my everyday life? The Congressional Budget Office makes three points answering this question. This is the Congressional Budget Office, a nonpartisan group of experts whose sole job is to project, at least 10 years ahead of time, what the situation is with every spending bill and the impact of the deficit. This is what they say: If the ratio of debt to GDP continues to rise, lenders may become concerned about the financial solvency of the government and demand higher interest rates to pay for the increasing riskiness of holding government debt. No. 2, if the debt-to-GDP ratio keeps increasing and the budget outlook is not improved, both foreign and domestic lenders may not provide enough funds for the government to meet its obligations. And No. 3, if the first two points happen, no matter whether the government resolves the fiscal crisis by printing money, raising taxes, cutting spending or going into default, it is certain that economic growth will be seriously disrupted.

Whenever economic growth is seriously disrupted, job growth is seriously disrupted as well. Clearly, a debt-to-GDP ratio approaching 100 percent would have a disastrous impact on everybody's everyday life.

So where do we go from here? Clearly, we are well on our way to fiscal catastrophe unless we change course. What is the best way to break out of