

The ACTING PRESIDENT pro tempore. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Wisconsin [Mr. KOHL] proposes amendments en bloc numbered 2234, 2225, and 2226 to amendment No. 1908.

Mr. KOHL. Mr. President, I ask unanimous consent that reading of the amendments be dispensed with.

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

The amendments are as follows:

#### AMENDMENT NO. 2234

(Purpose: To provide funding for the Office of Inspector General to conduct inspections of the national organic program)

On page 8, line 2, before the period, insert the following: “: *Provided*, That of the amount made available for the Office of Inspector General to conduct investigations such sums as are necessary shall be made available for the inspection of the national organic program established under the Organic Foods Production Act of 1990 (7 U.S.C. 6501 et seq.)”.

#### AMENDMENT NO. 2225

(Purpose: To allow State and local governments to participate in the conservation reserve program)

On page 85, between lines 16 and 17, insert the following:

SEC. 7. Section 1001(f)(6)(A) of the Food Security Act of 1985 (7 U.S.C. 1308(f)(6)(A)) is amended by inserting “(other than the conservation reserve program established under subchapter B of chapter 1 of subtitle D of title XII of this Act)” before the period at the end.

#### AMENDMENT NO. 2226

(Purpose: To prohibit funds made available under this Act from being used to enforce a travel or conference policy that prohibits an event from being held in a location based on a perception that the location is a resort or vacation destination)

On page 85, between lines 16 and 17, insert the following:

SEC. 745. No agency or department of the United States may use funds made available under this Act to enforce a travel or conference policy that prohibits an event from being held in a certain location based on a perception that the location is a resort or vacation destination.

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

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

The assistant legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

#### AMENDMENT NO. 2234

Mr. KOHL. Mr. President, the Leahy amendment No. 2234 has been approved on both sides, and I urge its adoption.

The ACTING PRESIDENT pro tempore. Is there further debate on the amendment?

If not, the question is on agreeing to the amendment.

The amendment (No. 2234) was agreed to.

Mr. KOHL. Mr. President, I move to reconsider the vote.

Mr. BROWNBACK. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

#### BOVINE TUBERCULOSIS

Ms. KLOBUCHAR. Mr. President, I seek to clarify with the chairman an effort across two States to address the growing issue of bovine tuberculosis.

I have asked the subcommittee to provide funds for a joint effort between the University of Minnesota and Michigan State University in support of research to prevent the spread of bovine tuberculosis and ultimately eradicate the disease from cattle, deer, and other wildlife. My colleagues from Michigan and I understand the negative economic impacts bovine tuberculosis impose on our States' agricultural industries. In fact, agriculture is the second largest industry in both States, and this research is key to protecting our economies.

However, it is my understanding that this research effort may have been mistakenly associated with Michigan's ongoing eradication efforts.

Mr. KOHL. I thank the Senator from Minnesota for bringing to my attention this issue. I understand the importance of the joint research effort on bovine tuberculosis taking place at the University of Minnesota and Michigan State University.

I will work with Senator KLOBUCHAR to ensure that the bovine tuberculosis joint university research program is addressed as the fiscal year 2010 Agriculture appropriations bill moves through the legislative process.

Ms. KLOBUCHAR. Mr. President, I congratulate the chairman for crafting a strong fiscal year 2010 Agriculture appropriations bill and thank him for his efforts to assist me on this important initiative.

Mr. CONRAD. Mr. President, I rise to offer for the RECORD, the Budget Committee's official scoring of S. 1406, the Agriculture, Rural Development, Food and Drug Administration and Related Agencies Appropriations Act for fiscal year 2010.

The bill, as reported by the Senate Committee on Appropriations, provides \$23.1 billion in discretionary budget authority for fiscal year 2010, which will result in new outlays of \$17.7 billion. When outlays from prior-year budget authority are taken into account, non-emergency discretionary outlays for the bill will total \$24.9 billion.

The Senate-reported bill matches its section 302(b) allocation for budget authority and for outlays.

The bill is not subject to any budget points of order.

I ask unanimous consent that the table displaying the Budget Committee scoring of the bill be printed in the RECORD.

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

S. 1406, Agriculture, Rural Development, Food and Drug Administration and Related Agencies Appropriations Act, 2010

[Spending comparisons—Senate-Reported Bill (in millions of dollars)]

#### General purpose

Senate-Reported Bill:	
Budget Authority .....	23,050
Outlays .....	24,886
Senate 302(b) Allocation:	
Budget Authority .....	23,050
Outlays .....	24,886
House-Passed Bill:	
Budget Authority .....	22,900
Outlays .....	24,686
President's Request:	
Budget Authority .....	22,819
Outlays .....	24,743
Senate-Reported Bill Compared To:	
Senate 302(b) allocation:	
Budget Authority .....	—
Outlays .....	—
House-Passed Bill:	
Budget Authority .....	150
Outlays .....	200
President's Request:	
Budget Authority .....	231
Outlays .....	143

Note: Table does not include 2010 outlays stemming from emergency budget authority provided in the 2009 Supplemental Appropriations Act (P. 1102).

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

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

The assistant legislative clerk proceeded to call the roll.

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

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

#### MORNING BUSINESS

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

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

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

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

The assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. BEGICH). Without objection, it is so ordered.

#### HEALTH CARE REFORM

Mr. CASEY. Mr. President, I rise today to address a topic we have been debating for many weeks and months but especially the last couple of weeks, and that is health care. We have spent a good deal of time in Washington talking about the details of various provisions, the different ideas that have been introduced in bills and through the work of the committee.

I happen to be a member of the Health, Education, Labor, and Pensions Committee, known by the acronym “HELP.” In our committee, we

spent about 60 hours in hearings and 25 hours or so in discussions with our Democratic and Republican colleagues, working through some ideas. We accepted about 160 Republican amendments before our bill came out of committee. As you might know, the vote in committee was 13 Democrats voted for it, 10 Republicans voted against it. But despite that divide in the vote, there was a good exchange on important issues.

Mr. President, you know as well as I do some of the issues with which we are wrestling. We want to try to provide the President a bill that, first of all, in a general sense, provides stability—stability with regard to cost, lowering the cost and also controlling cost, and stability with regard to choices. I believe what we are going to send to the President this fall will allow people to keep the health care they want to keep if they like what they have and are happy with it. But if you don't have any health care or you have a plan that costs too much or is of poor quality, you can choose another option. I hope the options will be both private plans and a public option, but that is a point of contention we will be talking a lot about as well.

Finally, we want to make sure there is quality, at long last that we reach a point where we are introducing quality measures into our health care system. Theories and proposals and strategies have been talked about too much and not enacted or put into the law. There are a lot of good examples by private companies across the country that have wellness policies, that invest in keeping people healthy so they do not have to spend money from our health care system treating a disease—getting out ahead of a problem, so to speak. And there is prevention, with all kinds of ways to save lives, to improve quality, and to save money as well.

I wanted to walk through some provisions in some detail, not to take too much time because I know we are at the end of our week.

First is the fundamental urgency of where we are now. I believe we cannot wait. We have talked this issue to death for the last 15 years especially, since the early 1990s. But even if you look at it beyond that, for about 60 years or so since President Truman introduced this idea of doing something substantial on health care, we have talked about it. The time for action is now. In my judgment, this is no longer just a nice thing to do. It is a necessity for our economy. We cannot even begin to imagine a strong economy over the next decade or longer without health care reform. More American families are unable to get the coverage they need. So where we are now, the status quo, is not just unacceptable, it is economically unsustainable as we debate this issue today.

Let me go to the second chart with that same concept about it being unsustainable, the status quo, staying on the road we are on. Premiums have

doubled over the last 9 years, three times faster than wages. If we do nothing in the next 30 years, a third of our economy will be spent on health care. That is unsustainable. Health care spending will increase from \$2.5 trillion to \$7 trillion in the period between now and 2025.

This might be the most stunning set of numbers of all. Every week, 44,230 people lose their health insurance. We cannot say that enough. We cannot repeat that number enough. How can we build an economy, how can we be a successful, vibrant, growing economy when every single week 44,230 people lose their health insurance? We could chart this just from the time our committee voted the bill out of committee a couple weeks ago in the HELP Committee. Every week since then, more than 44,000 are losing their health insurance.

This is a Pennsylvania number, roughly a 3-year number. From January 2008 to December 2010, the projection is that 178,520 people will lose their coverage. For our State, the Commonwealth of Pennsylvania, that is unsustainable. We cannot grow an economy with those numbers.

Without reform—this is a State of Pennsylvania number—family coverage would cost \$26,679 in 2016, consuming 51.7 percent of projected Pennsylvania family median income. I don't know of any family in America, even a very wealthy family, who can pay half their income to health care, certainly not a middle-income family. But that is the road we are on. That is going to happen if we stay where we are and stay with the status quo. And that is 7 years away, that is not 25 or 30 or 50 years. In 7 years, staying on the road we are on means the average family in Pennsylvania is going to have to pay more than half their income to health care. To say that is unsustainable is something that is an assertion of an understatement by a mile.

Here are some of the themes I talked about before—stable costs, secure choices, and quality care. These are some of the themes we have to keep mentioning.

On the lower cost issue, preventing illness and disease, as I said before, does have a cost implication. It is not all the savings, but we know from research and experience that we will have savings.

Uncompensated care. This is a factor we can consider today. People think: I have health care. There are uninsured people out there, maybe 50 million people uninsured. Someone who has health care might think: I wish they could get coverage, but I am afraid if they get coverage, I am going to be paying more. That is a lot of the debate. But what we fail to realize sometimes in the debate is people are paying right now for the uninsured. Having uninsured Americans is not free. We all pay for that, and by one estimate, \$1,000 per year for every American who has health insurance.

One of the things we are trying to do in this legislation is to cover 97 percent, or one bill might have it at 95 percent, but above 90 percent of Americans is the goal for coverage.

I go to the next chart on reducing waste, fraud, and abuse. One estimate is we could save \$60 billion per year. Some say that is an estimate and that is just what one group said. Let's say it is wrong. Let's say it is not quite \$60 billion. What if it is off by a little? What if it is \$40 billion? That is still a lot of savings. What if it is \$30 billion? What if they are way off? That is a lot of savings every year. But we are not doing that today, preventing that kind of fraud, waste, and abuse.

Capping out-of-pocket limits. Even when they have the benefit of health care delivery, the out-of-pocket costs keep going up and up. So many small businesses worry about this when they are forced, if they want to employ people, to pay more and more, and forcing people to pay more out of their own pockets.

Small businesses and individuals join purchasing pools for lower rates. The reason that is important is because all the desks in this Chamber—every one of us has health care, really good health care, if you are a Federal employee. Thank goodness. I am blessed by that health care. My wife and my four daughters and I all benefit from that, just like every Member of the Senate and every Member of the House and everyone who works in the Federal Government. That is good. Guess what. The reason we have health care and choice of lots of options and plans is because we pool all those people, millions of Americans who happen to be connected in some way to the Federal Government pool. They are in one pool, and that keeps costs down. Why is that good enough for Senators and Congressmen, why is that available to them but small businesses don't have the same plan or the same option available to them? I think every small business in America should have the benefit—the cost-reduction benefit, at a minimum—that comes from pooling their resources and their individuals. That is part of the reform we are talking about. It is not a concept, it is in the bill. And that is important to emphasize.

Finally, if you like what you have, you can keep it. I said that earlier. We should keep saying that because it is important.

Ensuring coverage even when families move, lose a job, or have an illness—why in America, if we can figure out so many complicated things, can't we guarantee when someone loses their job they will not lose their health care? It does not make sense that we have accepted that, tolerated that inequity for so long.

“Gateway” is a word about which we have been hearing a lot. What does that mean? It is really a marketplace. It allows people to go to a Web site and find out what they want in their health

care plan, not having to read hundreds of pages of fine print that the best lawyers in America sometimes do not understand.

A marketplace is a gateway that allows families and businesses to compare rates, benefits, plans, both private and, we hope—we hope—a public option. Why can you go online and learn about a car or some other major purchase in your life and you can't do the same thing for health care? It is ridiculous, in a word. That is what this would allow—giving people the ability to do just that, just as they do for every other major purchase in their life.

Secure choices is important. Individuals will have their choice of doctors and individualized care. Government and insurance will not interfere in the doctor-patient treatment decisions. I know there is a lot of talk about government getting in the middle. It is just not true, and people know it is not true. We have to make sure people understand that is a fundamental building block of what we are talking about. We want people to be empowered, we want them to have more choices, and we want them to have the choice of both the public option and private plans as well.

I am almost done, Mr. President. My colleague from Arizona is here, and I want to make sure he has his time on Friday to speak.

This is bill language. Sometimes we talk about concepts, and the American people never get to the point of seeing in front of them language from a bill that is actually understandable and is focused on the real problem.

One of the biggest problems people in our State and a lot of States run up against is a preexisting condition prevents them from getting treatment. It is unbelievable that we have tolerated that for so long as well. Why can't we say we are going to pass a law that at long last says a preexisting condition will not prevent you, your son, daughter, spouse, or loved one from getting the care they deserve? We should not have to do it. Insurance companies have forced us to legislate, to make this the law.

Here is the language. It is not complicated. It is not mysterious. It is not lawyer language:

A group health plan and a health insurance issuer offering group or individual health insurance coverage may not impose any preexisting condition exclusion . . .

Let me read that again:

. . . may not impose any preexisting condition exclusion with respect to such plan or coverage.

That is in the bill. It is not a fuzzy concept, it is very specific.

One of the reasons I and so many others are saying we cannot stay on the path we are on, we cannot accept again and again the status quo, is because of that—because the status quo means “may not impose any preexisting condition exclusion” does not become part of the law and we have to continue to deal with the horrific and inexcusable

nightmare of a preexisting condition preventing someone in America, someone who might be very sick in America, from getting treatment, from getting the benefit of health care they ought to have a right to expect.

So when we pass this bill, we have to make sure people understand that is in the bill, and that is very specific and it is very pointed and focused on a real problem for families.

Finally, children. One of the goals here, obviously, is to make sure that no child, especially poor children and those with special needs, is worse off as a result of this bill. Children are different from adults. They can't be treated the same way. They need strategies and treatments that adults don't have. They have different health care needs. It is critical that children, especially those who are disadvantaged, who happen to be poor, who have special needs, get the highest quality care, which they deserve. That is why I have a resolution as part of that which I have introduced.

Finally, with regard to children—no child worse off. Because we want them to grow into healthy and productive adults, they need to get the highest quality care throughout their childhood. We want them to get from this picture in a crib to that picture getting a diploma. So we want them to have the kind of quality health care that will allow us to prevent disease and illness in a child early enough which will allow them to lead a productive life and get ready to contribute to our great economy and to our great country.

There is a lot to do. There is still more work to do, but we need to continue to talk about what is in these bills and to have a vigorous debate. We are a long way from getting this done, but I believe we are on the right track. I believe it is not only important, but unless we do this, I think we are heading down a path that is unsustainable for our economy, for our country, and especially for our families.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

#### HOUSE DEFENSE BILL AND EARMARKS

Mr. MCCAIN. Mr. President, I rise to talk for a few minutes about the actions taken by the House of Representatives yesterday when they passed the Defense appropriations bill. It is not a small piece of legislation. It provides \$636 billion for defense, and it avoided one veto fight by stripping out funding for advanced procurement of the F-22 fighter jet, but it chose to ignore veto

threats over funding for an alternative engine for the F-35 Joint Strike Fighter and the VH-71—incredibly, the VH-71 Presidential helicopter. The House bill provides \$560 million to continue pursuing an alternative engine and \$485 million for continuation of the VH-71 helicopter. The VH-71 helicopter is the Presidential helicopter, which Secretary Gates has, I think very accurately, derided as one of the most outrageous examples of overspending for any system the Defense Department has ever acquired. The bill also provides \$674 million for three C-17 cargo aircraft, not requested in the administration's budget. It has been determined time after time that there is no need for additional C-17 aircraft.

So what did they do in return for continuation of things like a Presidential helicopter that costs more than a 747 and all of these other porkbarrel projects? Well, the House bill reduces funding by \$1.9 billion for our request for MRAPs—for MRAPs, the vehicles that are protecting young men and women who are fighting in Iraq and Afghanistan. They reduce the number from what the administration thinks we need—5,244—to 2,000. It is remarkable.

But what I really wanted to talk about for a minute is the 1,100 earmarks totaling \$2.8 billion. Of those, 540, totaling \$1.3 billion, are slated to go to specific private companies without competition. Remarkable—\$1.3 billion. You know, the bill may have language saying funding should be competed, but in reality it is not the case when a specific company is identified in report language.

Also incredibly, there are 70 earmarks in the bill for former clients of the PMA Group—the people whose offices have been raided and shut down. It is currently under investigation by both the Justice Department and the House ethics committee.

Concerning earmark reform, President Obama said:

Earmarks must have a legitimate and worthy public purpose. Earmarks that Members do seek must be aired on those Members' web sites in advance, so the public and press can examine them and judge their merits for themselves. Each earmark must be open to scrutiny at public hearings, where Members will have to justify their expense to the taxpayer.

None of that has happened. The earmarks in the House fail woefully in meeting scrutiny at public hearings. As Representative JEFF FLAKE—a man of great courage and of incredible integrity—so rightfully pointed out when he addressed the earmarks in the bill:

These earmarks receive scant scrutiny by the House Appropriations Committee. The committee's markup of the bill lasted all of 18 minutes. Given the way this bill has been earmarked, you'd never know that serious ethical questions have been raised about this process. Simply put, Members of Congress should not have the ability to award no-bid contracts. Even worse, many times the recipients of these earmarks are campaign contributors. The practice has created an ethical cloud over Congress, and it needs to end.