

over 1,200 sites all over the country that desperately need to be cleaned up. There is no money except going to the American taxpayer and getting the money to keep cleaning up these sites.

What we need to do is to reimpose the fee so we go back to the original agreement with these polluting industries; in other words, the polluters paid into the trust fund and they got that in exchange for relieving them of liability for the pollution that left these toxic dumps.

I am introducing legislation that would cause this to occur. The President has recommended it. He has recommended a provision by which it would fill the trust fund partially by \$1.3 billion in the first year from these fees and thereafter \$2.5 billion a year. I am changing the recommendation from the President a little bit because the President is imposing a corporate fee as well and I do not think that corporations that did not have anything to do with polluting ought to be paying this fee. I think it ought to be assessed only on those corporations that were a part of the polluting under the original theory of the law back in 1980, so that is how I have changed the legislation from what the President has recommended. I will be introducing this shortly. I am going to send it around to our colleagues and I hope they will join me as cosponsors.

I want to tell you about one of these sites I visited this morning in Jacksonville, FL. It is right on the St. Johns River. It is right next to one of the main sites of the Port of Jacksonville, which is a major national seaport. It is 31 acres and it is all fenced, with signs with a skull and crossbones that say: Don't go on the property because you could get cancer.

As a matter of fact, EPA has done an analysis of this. They say the toxic chemicals on this site, if somebody were to drink the water, if somebody were to live there, if somebody were to go and scratch around in the sand, they could be exposed to cancer-causing agents. Can you imagine. That is right in the middle of a big city, next to the St. Johns River where the runoff is going into the St. Johns River, and guess who is ingesting that? The fish in the river and the mammals in the river.

What we need to do is clean up these sites. This site is a typical one. It started over a century ago, in the late 1890s. It was a fertilizer plant. It operated for almost a century. It was shut down in the 1980s and then it was declared a Superfund site a few years ago. Analysis showed just what kind of toxic things were there. EPA, doing an analysis of this, has said it could affect nervous disorders; it could cause cancer. They have gone through a whole list of potential terrible health effects that could occur from something that could come from somebody being exposed to this site.

There is another reason we want to close up this site. That is that this 31

acres is sitting right next to the major part of the Port of Jacksonville, which is going to significantly expand once the Panama Canal is widened and the superships that have these cargo containers on them are able to come from Asia, through the Panama Canal to the east coast of the United States. The Port of Jacksonville will significantly expand and this particular location called the Talleyrand part of the Port of Jacksonville will be able to expand by 31 acres, right on the St. Johns River, right next to the Port of Jacksonville. That is highly desirable real estate, of which you cannot dare even go through the fence and walk on the land because of the potential toxic exposure.

Remember, this is just one of 1,200 sites across America that needs to be cleaned up. That is the reason people now should clearly understand, under the theory that the polluter pays, why we need to reinstitute the original agreement struck in 1980 for the trust fund to be filled by the fee associated with these toxic substances and therefore be able to clean up these sites for the benefit of the American taxpayer.

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

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

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the House message to accompany H.R. 2847, which the clerk will report.

The legislative clerk read as follows:

House message to accompany H.R. 2847, an act making appropriations for the Departments of Commerce, and Justice and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Durbin amendment No. 3498 (to the motion to concur in the amendments of the House to the amendment of the Senate to the amendment of the House to the amendment of the Senate), of a perfecting nature.

Durbin amendment No. 3499 (to amendment No. 3498), of a perfecting nature.

Durbin amendment No. 3500, to provide for a study.

Durbin amendment No. 3501 (to amendment No. 3500), of a perfecting nature.

Durbin amendment No. 3502 (to amendment No. 3501), of a perfecting nature.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, the Senate returns today to creating jobs. Today, we return to the HIRE Act.

This bill provides incentives for businesses to hire new employees, and it encourages businesses to invest in building their operations.

It has a payroll tax exemption for newly hired employees. It provides continued funding for the vital Federal highway program. It expands the successful Build America Bonds program. And it extends the tax incentive in section 179 of the Tax Code, which allows small businesses to expense capital expenditures, instead of depreciating them over time.

These proposals will help to get Americans back to work.

The Senate passed the HIRE Act last month, with strong bipartisan support.

Since then, the House of Representatives considered the legislation and returned it to the Senate with some modifications.

The HIRE Act includes the Schumer-Hatch payroll tax exemption for newly hired employees. This is a straightforward tax cut: If you hire a person who has been unemployed for 60 days, you don't have to pay your share of the Social Security payroll taxes for that person for the rest of the year.

And if you keep the newly hired person employed for 1 year, you get an additional income tax credit.

The House modified the Schumer-Hatch payroll tax exemption to allow employers to receive the exemption if they pay the railroad retirement tax instead of the Social Security payroll tax.

The House also included modifications to ease implementation of the payroll tax exemption.

This payroll tax exemption provides a simple and immediate tax incentive for businesses to employ new workers, right away. A business can use the cash that it saves from the payroll tax cut to help pay the wages of the new employee. Or it can invest in equipment. Either way, the incentive will help boost hiring and help businesses.

The HIRE Act will also create jobs in the transportation sector, by extending the 2009 highway funding level through the end of 2010.

Highway construction plays a vital role in our economy. The Department of Transportation estimates that every \$1 billion in Federal highway spending—when coupled with the State or local matching share—creates or sustains 34,500 jobs. These are jobs in construction, engineering, manufacturing and other sectors hard-hit by the recession.

The HIRE Act keeps the program working.

The HIRE Act also expands the successful Build America Bonds program. Last month, Treasury Secretary Geithner testified before the Finance Committee that the Build America Bonds program is the most successful

stimulus program based on jobs per dollar.

And the HIRE Act extends the enhanced expensing provision in section 179 of the Tax Code. This valuable tax incentive allows small business taxpayers to write off up to \$250,000 of certain capital expenditures in 2010, instead of depreciating those costs over time.

This helps small businesses to pay less in taxes now, and thus meet their needs for cash in this difficult time.

The American economy has lost more than 7 million jobs. And the unemployment rate is near 10 percent.

We need to help people to get jobs. We need to do more to help businesses to hire more workers. The HIRE Act does just that.

And so, let us help America's businesses to create more jobs. Let us complete our work on this commonsense legislation. And let us send the HIRE Act to the President, so that this law can start creating jobs right away.

PEOS

Mr. NELSON of Florida. Mr. President, I would like to ask the chairman of the Finance Committee and its ranking member a question on the application of the pending legislation, H.R. 2847, the Hiring Incentives to Restore Employment Act, to Professional Employer Organizations or PEOs.

In my State we have over 700,000 workers in Florida who are working in PEO arrangements regulated by Florida law. PEOs in my State work with over 50,000 businesses, most of them small, providing a range of human resource-related services. I would like to ask the Senators to confirm that for purposes of the retention credit for newly hired individuals contained in the legislation the rules for eligibility and calculating the credits would be applied to each business working with a PEO as if the business was not in a PEO relationship. In other words, the retention credit would be claimed by the business in these cases.

Mr. BAUCUS. The Senator from Florida is correct.

Mr. GRASSLEY. I agree with the chairman.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The 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.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to concur in the House amendments to the Sen-

ate amendment to the House amendment to the Senate amendment to H.R. 2847, the Commerce, Justice, Science Appropriations Act.

Byron L. Dorgan, Carl Levin, Dianne Feinstein, Jack Reed, Mark R. Warner, Patrick J. Leahy, Benjamin L. Cardin, Debbie Stabenow, Daniel K. Akaka, Robert P. Casey, Jr., Michael F. Bennett, Maria Cantwell, John D. Rockefeller, IV, Barbara Boxer, Charles E. Schumer, Patty Murray, Christopher J. Dodd.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call is waived.

The question is, Is it the sense of the Senate that debate on the motion to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment to H.R. 2847 shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from North Carolina (Mrs. HAGAN), and the Senator from Montana (Mr. TESTER) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Utah (Mr. BENNETT), the Senator from Kentucky (Mr. BUNNING), the Senator from South Carolina (Mr. DEMINT), the Senator from New Hampshire (Mr. GREGG), the Senator from Utah (Mr. HATCH), and the Senator from Ohio (Mr. VOINOVICH).

Further, if present and voting, the Senator from Kentucky (Mr. BUNNING) would have voted "nay." The Senator from South Carolina (Mr. DEMINT) would have voted "nay."

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 61, nays 30, as follows:

[Rollcall Vote No. 49 Leg.]

YEAS—61

Akaka	Feingold	Mikulski
Baucus	Feinstein	Murray
Bayh	Franken	Nelson (FL)
Begich	Gillibrand	Pryor
Bennet	Harkin	Reed
Bingaman	Inhofe	Reid
Bond	Inouye	Rockefeller
Boxer	Johnson	Sanders
Brown (MA)	Kaufman	Schumer
Brown (OH)	Kerry	Shaheen
Burr	Klobuchar	Snowe
Burriss	Kohl	Specter
Cantwell	Landrieu	Stabenow
Cardin	Lautenberg	Udall (CO)
Carper	Leahy	Udall (NM)
Casey	Levin	Warner
Collins	Lieberman	Webb
Conrad	Lincoln	Whitehouse
Dodd	McCaskill	Wyden
Dorgan	Menendez	
Durbin	Merkley	

NAYS—30

Alexander	Ensign	Lugar
Barrasso	Enzi	McCain
Brownback	Graham	McConnell
Chambliss	Grassley	Murkowski
Coburn	Hutchison	Nelson (NE)
Cochran	Isakson	Risch
Corker	Johanns	
Cornyn	Kyl	
Crapo	LeMieux	

Roberts Sessions
Shelby Thune
Vitter Wicker

NOT VOTING—9

Bennett DeMint Hatch
Bunning Gregg Tester
Byrd Hagan Voinovich

The PRESIDING OFFICER. On this vote, the yeas are 61, the nays are 30. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The majority leader.

Mr. REID. Mr. President, we are now postcloture. It is my understanding that my Republican colleagues wanted some opportunity to talk about this bill. We certainly have no problem with doing that.

I ask, however, that we have a definite time to vote on this legislation. I hope we could do it before our caucuses tomorrow. I ask my distinguished friend, the Republican leader, to comment on when he expects being able to vote on this legislation.

Mr. MCCONNELL. Mr. President, my members are here and ready to talk. We are going to be talking about health care, which is the most important issue in the country. We are fully prepared to discuss it throughout.

Mr. REID. I appreciate very much my friend being candid in that regard. I ask unanimous consent that we have the vote on this matter by 12 o'clock noon tomorrow.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. Mr. President, as I just indicated, we are here. We have been notified by the other side that they wish to have a lengthy discussion. We are here and prepared to do that and fully intend to talk about what we view as the flaws in the health care proposal that will be voted on in the House apparently sometime later this week. Therefore, I object.

The PRESIDING OFFICER. Objection is heard.

The majority leader.

Mr. REID. Mr. President, we in America today have a major problem, and that is jobs. I appreciate the bipartisan support of this bill; it has been bipartisan, but we need to get to this bill and pass it so we can start having small businesses take the tax credits that are going to be available in this legislation to allow the Build America bonds to be replenished. We need to make sure that the highway budgets go forward as quickly as possible.

I understand the efforts to divert attention from the issue at hand, but there is going to be plenty of time to talk about health care. Let's get this done. The bill we are on now—when we finish this bill, there is the FAA bill. There are amendments in that regard that have been offered. As we know, Senators can speak about any subject they want. But let's get off health care for a few hours and get jobs. This bill should go to the President tomorrow so people can start being hired.

For example, I have a provision in this bill that will allow \$45 million that

has already been appropriated, to be re-programmed—in fact, I use that term, but it will be directed by this bill—it will go to the transportation departments of Nevada, \$45 million. The highway departments in Nevada will build things to create jobs. That is what we need to do.

We understand the concern people have with health care, but this is a jobs bill. I hope that tonight if my Republican colleagues want to talk about health care they will take a little consideration and understand that this is a jobs bill. But the jobs before us are dealing with this beautiful bill that has passed—bipartisan, a bill that will allow small businesses to take a tax credit if they hire somebody who has been out of work 60 days. It will allow someone who has a small business who wants to buy a new machine, a new desk, new office equipment to write that off—not depreciate it but write it off. Of course, saving 1 million jobs with the highway bill and the Build America Bonds.

Mr. SCHUMER. Will the majority leader yield?

Mr. REID. Certainly.

Mr. SCHUMER. Is it not true, Mr. Leader, by the rules of the Senate, that the minority could spend time talking about health care tonight, without holding up the jobs bill; that they could let the jobs bill go forward and then talk about health care all they wanted?

Mr. REID. The answer is yes. I say to my friend from New York, we would be happy to give consent, if they want to talk all night on health care or whatever they want. That is fine—and we would be able to respond to that, of course—but let us get this done. There are people waiting to buy things. Not only does this help small business and help them purchase items, but the businesses are going to buy them—up to \$250,000. In Reno or Las Vegas, this is big-time stuff, and I would think the same is true all over the State of New York.

Mr. SCHUMER. That is true.

Mr. REID. I would bet, in the first week, that this bill was effective, there would be a massive purchase of property because people no longer have to depreciate. They can write it off, up to \$250,000. That is a lot of stuff.

Thank you, Mr. President.

The PRESIDING OFFICER. The Republican leader.

Mr. MCCONNELL. My good friend, the majority leader, left out one thing, which is this is the second time he has done what is called filling the tree. What that means to the constituents we represent on this side of the aisle is, we got to offer no amendments, no amendments whatsoever, to this bill. This is the second time and the 27th time the majority leader has filled the tree, thereby denying to the minority an opportunity to offer any amendments at all.

We can argue, I guess, about the relative merits of this bill. What we do

know for sure is that \$47 billion of it is not paid for. So it adds that much additional money to the deficit. We also note, for sure, the one kind of jobs this administration has been able to produce is government jobs.

As a result of the spending binge we have been on for the last year, we have added 120,000 government jobs. In America, if you work for the government, you make an average of \$70,000 a year. If you work in the private sector, you make an average of \$40,000 a year. We have had a job boon all right—with the government. Of course, the stimulus package principally benefitted State governments, which were very happy to have the money so they did not have to pare back their employment.

So we are interested in talking about jobs all right, but health care is what the majority has been trying to ram through the Congress over the last year. It is the big issue this week. I am sure Members on my side of the aisle who will speak tonight will indeed talk about jobs, but we also fully intend to talk about the health care bill that will be voted on over in the House that cuts Medicare by $\frac{1}{2}$ trillion, that raises $\frac{1}{2}$ trillion in new taxes, and is replete with special deals. We now understand the fix-it bill—the second bill that will come after the health care bill—will not fix all the special deals; maybe only one of the special deals. So we will have an opportunity—

Mr. DURBIN. Would the Senator yield for a question?

Mr. MCCONNELL. I believe I have the floor.

The PRESIDING OFFICER. The Republican leader has the floor.

Mr. MCCONNELL. We will have an opportunity to discuss all these things, and what I would suggest to the majority leader, if he wants to maximize the time, we could simply agree to vote on this bill at 9 a.m. on Wednesday and then go back to the FAA bill, upon which we have made substantial progress. That would be another way to advance the ball, which I would suggest.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. REID. Mr. President, my friend from Kentucky said it all in the last statement. He would be willing to agree to have a vote at 9 a.m. on Wednesday morning. Why in the world would we want to waste American taxpayer dollars sitting around here not sending a bill to the President? This is a bipartisan bill. It is a bill that has been widely acknowledged to be approved by groups such as the liberal-minded Chamber of Commerce, the National Chamber of Commerce, and other such groups. It is a bill that is so badly needed in this country.

I would also suggest to my friend, I don't know of a single government job that would be produced with our HIRE bill. I don't know of a single job because everything we have done in the four provisions will create jobs in the

private sector—thousands and thousands of jobs, new jobs, in the private sector.

Mr. SCHUMER. Would the leader yield for a question?

Mr. REID. Of course, I would.

Mr. SCHUMER. Again, first, there are four provisions in this bill: One is the highway bill, which as I understand it hires private sector people to build highways; is that correct?

Mr. REID. That is true.

Mr. SCHUMER. Second is Build America Bonds, which allows the States and cities to hire private people; is that correct?

Mr. REID. The only thing it can be used for.

Mr. SCHUMER. Third is the depreciation for small businesses, which is obviously for the private sector.

Mr. REID. Nondepreciation. Just write it off.

Mr. SCHUMER. Four is the provision Senator HATCH and I put forward, which gives directly to small businesses a payroll tax deduction if they hire; is that correct?

Mr. REID. The four things my friend has enunciated create not a single government job.

Mr. SCHUMER. Let me ask one other question because my friend, the minority leader, talked about the \$48 billion not paid for. Isn't it correct this bill is fully paid for?

Mr. REID. Yes, it is.

Mr. SCHUMER. I thank the Senator.

Mr. REID. I would also say, Mr. President, the State of Kentucky and the State of Nevada have been having tremendous problems with a number of programs, one of which is Medicaid. One of the things we did in our recovery package was to give all 50 States—Nevada and Kentucky, all 50 States—some help with their Medicaid. The cost of health care is wreaking havoc with our States. There is nothing wrong with doing that. We have an obligation. Medicaid was a program we started back here. To talk about the States getting some kind of a big benefit they do not deserve I don't think is right.

I met 2 weeks ago tonight in Room 219 with 12 Governors. They handed me a letter signed by 48 Governors all saying: We need some help, and one of the places we need help is with Medicaid. These health care costs are skyrocketing. Even though we have given help, there are very few States in the Union that haven't had massive layoffs.

Again, I would hope we could get this out of the way and have a discussion on health care at some subsequent point. There is another bill that this is holding up. This bill is going to pass, and I appreciate very much my Republican colleagues voting for this legislation, but let's not waste 30 hours because we are not only holding up sending this bill to the President but we are holding up finishing work on the Federal Aviation Administration bill.

My friend has wanted to offer amendments. Amendments are being offered

on this legislation as we do on most everything. I have been very nonrestrictive in how I have handled the floor. Of course, there have been occasions when we have done what has been done here for generations; that is to say, at this time, we are not going to have, on a bill dealing with jobs, an abortion amendment, we are not going to have an amendment on gay marriage or on income tax. On things such as that, there comes a time.

On this FAA bill, the first year—the first year—the experts tell us will create 150,000 jobs, but not only that, it will make air travel safer. We will have the air travelers' bill of rights. We will have, for the first time in the history of this country, a GPS system for our aircraft which will allow us to do more flights into airports and to make it safer.

I would hope we don't waste this time. It is Monday night, it is 10 after 6. Let's not waste tonight and tomorrow and into Wednesday. Let's get off this, get to FAA, and if somebody wants to give a health care speech and beat up on Obama, let them do it on the FAA bill.

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. McCONNELL. As you can see, we are all in the mood for a spirited debate, and I know the junior Senator from Florida is on the floor and anxious to begin the discussion.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. REID. Before my friend leaves, if I could just say this. I think we could probably accomplish what we both should want by saying: OK, let's vote at a reasonable time Wednesday morning on this jobs bill, but in the meantime—in the meantime, all day tomorrow—let's work on the FAA bill. That way we would accomplish two very important things.

I would hope my friend would consider that. That way we could not only have a time certain where we are going to pass this bill—the HIRE bill—but we could also work on FAA. We have Senators waiting to do work on the FAA bill.

Mr. DORGAN. Would the Senator from Nevada yield?

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. McCONNELL. Mr. President, if I could respond to the majority leader's suggestion, it may very well be worth talking about. As I understand the suggestion, it is that we lock in a time for a vote certain, such as the one I suggested, at 9 a.m. on this bill, and we resume consideration of the FAA bill between now—tomorrow—and then.

Mr. REID. I think that is very appropriate. During that period of time, people can offer amendments or, if they feel so inclined—

Mr. McCONNELL. I think that is a matter worth talking about. Why don't we put in a quorum call and have that discussion.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

Mr. WYDEN. 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. WYDEN. Mr. President, we are going to have the leadership discuss the process for moving forward, but I wish to take a minute and talk about one of the important bipartisan provisions in the jobs bill. I think colleagues know it is never hard to get me to focus on the health reform issue, and we are certainly going to be doing a lot of that in the days ahead, but our constituents want us to focus on jobs as well and particularly a jobs effort that is going to work. We have that in the Build America Bonds program. I say to colleagues, the Build America Bonds program has far exceeded even the optimistic projections some of us had for this program.

I have been involved in the development of this program now for 6 years. Senator THUNE, on the other side of the aisle, has worked very closely with me. When we started our work on the Build America Bonds program, our hope was that perhaps \$4 billion or \$5 billion worth of these Build America Bonds would be let. What we have seen is that now close to \$80 billion worth of these bonds have been issued. They are literally selling like hotcakes. They have revolutionized municipal finance, and some have projected that perhaps this year \$150 billion worth of these Build America Bonds will be sold.

So Build America Bonds work, and they put people in the private sector to work as well. In my home State of Oregon, it has been proven, time and time again, that private investment follows well-targeted public investment. That is what we are seeing with this bipartisan program, and that is why colleagues on both sides of the aisle have proposed expanding it.

I note my good friend, Senator THUNE, on the other side of the aisle, is here. He and I have worked hand in hand on this effort because we wanted to have something that would create jobs in our country that was non-partisan.

The reason Senator THUNE and I have worked on this effort in a bipartisan way is we wanted to have something that is common sense, we wanted to have a jobs creation effort that responded to basic needs of our country, and we wanted to see it part of an effort where the private sector takes the lead.

I am particularly appreciative the chairman of the Senate Finance Committee is here, Chairman BAUCUS. I wish to express my appreciation to him and his staff for their help in this effort. We saw in the Senate Finance Committee—Chairman BAUCUS is here,

he remembers our discussions—our projections for Build America Bonds were pretty modest. The reality blew past those projections almost overnight. The projections for Build America Bonds were a few billion dollars, and we blew past those projections like a bullet train.

Build America Bonds are getting desperately needed funding flowing into local communities, they are creating jobs, and they are helping to strengthen America's infrastructure. Almost \$80 billion has been generated. This is in addition to the \$80 billion of direct Federal infrastructure spending that has been included in the Recovery Act.

I note that in the HIRE bill there is going to be an effort once again to ensure there is direct support for infrastructure, and we also have this very promising opportunity with the private sector that we have been able to secure with Build America Bonds.

When a project is funded with Build America Bonds, the Federal Government pays a portion of the finance costs. It equals a very small percentage, perhaps a single-digit percentage of the total project cost. The city or State pays almost the entire cost of the project over time.

A project that is funded with direct spending will often have the Federal Government pay 50 percent or 75 percent of the project costs. Some communities need that kind of help to get needed projects off the ground. But when some argued that projects should only be funded with direct spending, I thought it was important to look for other opportunities. That is why Build America Bonds came into existence. It is not possible, given the enormous needs for infrastructure improvements, for roads and bridges and transportation systems, to rely just on direct spending or rely just on bonds. What we ought to do is what we have done here in the Senate on a bipartisan basis; that is, put more options in the tool box for funding infrastructure. Of course, direct spending will be important. What we have seen is Build America Bonds take off as an additional tool.

In my home State, in the Dayton School District, they are using Build America Bonds to employ up to 150 people building and remodeling classrooms. By using Build America Bonds, this small school district in my home State saved an estimated \$1.2 million in interest costs.

Up in Washington State, in Grand Coulee, the Coulee Medical Center was able to finance a new hospital building with Build America Bonds, saving more than \$7 million in finance costs. They were able to start construction immediately. We had discussion on the floor earlier—are these government jobs? What that project did was put people in the private sector to work—construction workers, plumbers, electricians, tradesmen. Once the building, of course, is completed at the end of the year, doctors and nurses, clerks and

support staff get to work in the new hospital.

Recently, a joint Congressional Budget Office-Joint Tax Committee report highlighted other benefits flowing from Build America Bonds. As my friend Senator THUNE, who is in the Chamber, knows about Build America Bonds, this report shows that tax-credit bonds, such as Build America Bonds, can be more effective than tax-exempt bonds. The report also concluded that because the bonds are more attractive to investors, they are more efficient at raising capital.

Once again, Democrats and Republicans have been able to come together in the Senate to advance a fresh approach that saves municipalities time and money and effort that can otherwise be devoted to other priorities.

Aside from the fact that the funds are raised efficiently, they are answering a cry we hear again and again; that is, get the job done quickly. People are frustrated that sometimes it takes eons for government to work out the particular project, particularly in the transportation area. Bond funds need to be spent within 2 years of the date the bond is issued. What that means is money is not just flowing into projects, it is being spent in the short term. People get back to work quickly. You get more bang for your dollar, and that obviously is what Americans are asking for, and Build America Bonds deliver.

Back in the days before these bonds were issued, the market for the traditional, normal municipal bond was just about frozen. It was hard to sell them. Now Build America Bonds have changed that. The private sector is strongly supporting this program. Groups such as the Chamber of Commerce and the National Association of Manufacturers and businesses across the country are saying they need a fresh approach to build infrastructure. Particularly with Build America Bonds, we are now seeing businesses say this is an approach that gives them a long-term boost to what they know they can count on. They can plan new avenues for their businesses when they know there is going to be infrastructure there to support it.

It is not, however, just businesses that are buying Build America Bonds. Nonprofits such as pension funds are finding these bonds are an attractive investment. Nonprofits cannot benefit from the tax credits, but bond issuers can pass on the value of the tax credits in the form of a higher interest rate for Build America Bonds than other types of bonds. By contrast, traditional tax-exempt municipal bonds have not been a good investment for pension funds and other institutional investors that do not pay taxes. What Build America Bonds have been able to do is provide a way for nonprofits to invest in American infrastructure that traditional tax-exempt bonds don't provide.

We are not surprised that Build America Bonds are reinventing the municipal bond market. We were told by

people in the private sector, in the States, in the finance community, all across the country, that they thought this was a chance to, in effect, unfreeze the municipal bond market that had been frozen in Illinois, in Oregon, in South Dakota, and across the country. In some cases, these bonds are going to make the difference between whether the infrastructure projects come to fruition. In other cases, they are going to lower the cost of the projects and allow the community to reinvest the savings in other projects.

By any scenario, the Build America Bonds program helps local government, local businesses, and those who rely on them for jobs and dependable infrastructure. In my view, that is exactly what the American people are looking for from their elected officials—something that works, something that is common sense, something that is bipartisan, something with a proven track record. That is, in fact, the Build America Bonds program.

Let me close with one last point. There have been discussions—and we have been in consultation with Chairman BAUCUS and the Senate Finance Committee staff on this—about financial institutions and whether the fees they are charging are appropriate for the issuance of Build America Bonds. First of all, it has been the position of Chairman BAUCUS, myself, and others that anybody who tries to take advantage of State and municipal issuers needs to understand that the Senate Finance Committee is going to have a zero tolerance policy—zero tolerance policy—for ripping off the taxpayers. This program is designed to create jobs and make infrastructure funding more efficient and certainly not create any opportunities for somebody to try to skate around the rules and to take advantage of taxpayers.

In the Senate Finance Committee—and I am very appreciative of Chairman BAUCUS taking this approach. The Congress included a 2-percent limit on the amount of fees issuers of Build America Bonds can charge. In practice, the typical fee, in fact, has been far less than the statutory maximum fee that is allowed.

As the market for Build America Bonds has grown—and I pointed out that it has mushroomed far beyond projections—the fees have kept coming down. They have come down close to the levels currently charged for tax-exempt bonds. With Build America Bonds having become well established—in fact, they now represent 20 percent of the municipal bond market—in our view, there simply is no longer a justification for charging a higher fee.

As the expiration of the Build America Bonds program approaches at the end of the year—and I am very glad the administration has proposed making the program permanent—I intend to keep monitoring the fees charged for issuing the bonds. If some can present the case that it is appropriate to further reduce the statutory cap on fees, I

am certainly open to listening to it. I want to make sure every single dime of taxpayer money goes to these bondholders.

I am open to listening to any suggestions and any ideas to make a program that works, a program that Senator THUNE and I have worked on together for many months that is working—we are certainly open to ideas for improving on it.

I see my friend from Florida is anxious to speak. I appreciate his desire to talk tonight.

Let's keep focusing—whether it is health care, whether it is transportation, whether it is tax reform—on ideas that bring the Senate together. I wanted to take a few minutes to talk about Build America Bonds specifically tonight. Again, the chairman of the Finance Committee is in the Chamber. I am very appreciative of his support and Senator GRASSLEY's support. As the majority leader, Senator REID, noted earlier tonight, we have to zero in on jobs. There is no economic multiplier out there like jobs. If you put people to work, as I outlined—construction workers, electricians, plumbers—restaurants make the sandwiches to feed all the men and women who are doing the work. Let's keep coming back to approaches that bring both sides together. I have tried to do that in health care, in tax reform, and certainly in transportation, where Senator THUNE and I have been able to team up on something that works and is being used around the country. Let's remember that is what is needed right now when our folks are hurting. When they are looking for approaches that are common sense, that are nonpartisan, we can give them one specifically with the Build America Bonds program.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida is recognized.

HEALTH CARE REFORM

Mr. LEMIEUX. Mr. President, I thank my colleague from Oregon for his good words tonight and for his approach in trying to do things in a bipartisan way.

There are some good things in this jobs bill. I think the issue we on this side of the Chamber have had is we would have liked to have offered some amendments. The 18 million people I represent in Florida expect that we have the opportunity to offer amendments, to bring up ideas, good ideas, and let those ideas rise and fall depending upon their merit. Unfortunately, we did not have the opportunity to have amendments. My colleague, the Republican leader, said earlier what was done on the majority side was something called filling the tree. What does that mean? It means we do not have the opportunity to bring forward our good ideas. The people of Florida, the people of all of our States, expect that we get to do that. So while there are some good things in here, it is a shame that we could not have made this bill better.

What I really want to speak about tonight is the debate Americans are having around their living room tables and around their kitchen tables about this health care bill. This is a trillion-dollar bill that is being discussed in this country and that we now hear is going to go through the House of Representatives and possibly come back to this Chamber through a procedure called reconciliation.

It occurs to me that what we are dealing with here is a little bit of fantasy land. Why do I say that? This weekend, I took my kids to see "Alice in Wonderland." That is a famous story. It occurred to me that we are creating our own sort of wonderland here in the Senate.

A lot of things have been said about this health care bill, what it does and what it does not do. I thought tonight it would be important to go through the representations that are being made to the American people as to whether we should pass this health care bill. Let's go through all the things we have heard, things that President Obama has said, things that Members of the majority have said in this Chamber as to why we should pass this health care bill.

Let me first say that everybody believes we need health care reform in this country. We have 4 million-plus Americans who do not have health insurance. Nearly 4 million Floridians do not have health insurance.

We know the cost of health insurance is too high for those Americans who have health insurance. In the last 10 years, health insurance costs have risen by 130 percent. That is unsustainable. It is something that is afflicting the people of Florida and all across this country.

It is hard to make ends meet when your salary may be going down or you may have lost your job but your health care costs continue to go up. So there is no debate within this Chamber that we should do something. Of course, we should do something. The debate is about what we should do.

On this side of the aisle, we would like to take a step-by-step approach. We would like to go after the cost of health care. We would like to increase competition in health care so that costs could actually go down. We would like to put patients back in charge of their health care purchasing decisions.

We know if the consumer is back involved the price of health care will go down. But we find ourselves having to vote on this massive new government entitlement program, a program that I cannot support because I do not believe it will be in the best interests of Floridians.

Last Monday I was down in South Florida, down in Miami and Fort Lauderdale. In Fort Lauderdale I had the opportunity to have a townhall meeting where we specifically talked about health care. In that meeting I had many Floridians come up to the microphone and ask questions. Most of them

were bewildered about this plan. They wanted to know why we cut a \$½ trillion out of Medicare. Medicare is health care for seniors. Why would we create a new program by cutting a program we have now that is already in financial trouble?

We know in the next 7 years Medicare is going to have its own solvency problems. Why would we take money out of health care for seniors—more than 3 million Floridians in that program—to start a new program?

They want to know why we are going to raise taxes on medicine and health care devices which we know will increase the cost of health care. They want to know why we are creating a \$1 trillion new entitlement program when we cannot afford the entitlement programs we have, when we cannot afford the \$12 trillion debt we are saddling upon our children and our grandchildren.

So with that, I would like to go through some of the myths, some of the myths that have been created in this wonderland I spoke about before, and try to debunk those myths and say what is in this bill and let the facts speak for themselves.

The first myth—and the President likes to say this; he said it again today in a rally—if you like your health insurance, you can keep it under his proposal. Well, it is simply not true. The Congressional Budget Office has said between 8 and 9 million people who would be covered by employment-based plans under current law would not have the offer of such a proposal. Why is this going to happen? Because under the incentives and penalties this bill creates, businesses are going to drop health insurance for their employees and put them into the government-subsidized system.

So for those 8 or 9 million Americans, they are not going to get to keep the health insurance they have now. They are not going to be able to keep the health care they want.

Rick Foster, the CMS Actuary—and those are the folks who administer Medicare and Medicaid—says the number could even be higher. He concluded that 17 million people will lose their employer-sponsored coverage. Seventeen million people will not be able to keep the health care they enjoy today. So what the President says is simply not the case.

Second, we know under this myth that you will be able to keep the health care if you like it, that people who have Medicare Advantage, Medicare Part C, a lot of them will not be able to keep their program either. Medicare Advantage is a promise that offers extra benefits for folks on Medicare.

If you sign up for it, you get wellness benefits, you get hearing benefits, you get dental benefits oftentimes. People like it. We have more than 1 million people in Florida on Medicare Advantage. This bill cuts \$120 billion out of Medicare Advantage.

Now, I am not sure how it is going to impact Florida. There was this Florida

fix that was going to be an off-ramp, not an exit. But over several years they would be in the same situation as the rest of the folks in America. I do not know whether that is going to make it into the final bill. But I do know we are going to cut \$120 billion out of Medicare Advantage. When that happens, according to Rick Foster, the CMS Actuary, lower benchmarks will reduce Medicare Advantage rebates to plans and thereby result in less generous benefit packages.

He estimates in 2015, enrollment in Medicare Advantage plans would decrease by about 33 percent. So for many folks, they are going to get dropped by their employer and not be able to keep the health care plan they have now. For many folks on Medicare Advantage, they are going to get dropped as well, as much as 33 percent by 2015. You are not going to be able to keep the health insurance you have now.

We also know these mandates that exist in this bill are going to change your health insurance policy. If the government deems that your health insurance plan does not pass muster, they are going to mandate that your health insurance plan change.

Now, you may like your health insurance plan the way you have it. You may have a high deductible. You may have bought catastrophic insurance. You may not want to buy a comprehensive health insurance plan that is soup to nuts; you may only want certain things covered.

Well, under this plan, under this bill, there are going to be certain mandates put in place, and you may not be able to keep the type of insurance you have. So for those three instances alone—for people who are going to get dropped by their employer and get forced into the public plan, for people who are Medicare Advantage, and for people who have a certain type of insurance plan—they may not be able to keep it.

So we know, unfortunately, what the President is telling us about this bill is not true. Myth No. 1 is busted.

Myth No. 2: Your health insurance premiums will go down. Why did he get involved in this whole debate to start with? What was told to the American people during the Presidential campaign in 2008 and since the time that we have discussed this health care plan? That we were going to lower the cost of health insurance for most Americans.

That is not going to happen under this plan. We are not going to lower the cost of health insurance. In fact, for some Americans the price is going to go up. Table 1—I hate to get into the weeds, but let's look at the facts.

We have the CBO report I cited earlier. There is a Table 1 on page 5 of that Congressional Budget Office report that analyzes this plan. It goes through what people have in the current insurance market.

There are about 25 million people in the small group market. There are 134

million people in the large group market. That is 159 million Americans who have health insurance. So the small group market, it is estimated the cost increase or savings is between a 1-percent increase or down 2 percent.

For those in the large group, it is zero to potentially minus 3 percent. So this is not reducing the cost of health insurance in any meaningful way. For individuals who are out there who are not in a group, who are purchasing insurance individually, the Congressional Budget Office says their cost of health insurance will go up 10 to 13 percent.

So the whole very reason, the primary reason we are about the business allegedly of debating health care and passing this big bill was to lower the cost of health insurance for most Americans. Not only is it not going to lower the cost of health insurance for most Americans, it is going to increase it for those who are in the individual market.

I ask unanimous consent that Table 1 be printed in the RECORD.

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

(See exhibit 1.)

Mr. LEMIEUX. So you are not going to be able to keep your health insurance, for a lot of Americans, if you like it, and the cost of health insurance is not going to go down. Those two myths have been busted.

Myth No. 3: This plan, the Democratic plan, will lower costs, lower the cost of health care overall. We have all heard about—and I said before the rising cost of health care, 130 percent in the past 10 years. There is an expression, “bending the cost curve down,” making sure that we can get control of costs. This plan is not going to do that. This plan does not have mechanisms, true mechanisms in it to really control costs.

In today’s Washington Post, Robert Samuelson takes on the President’s claim that his plan will control costs.

In this article, he talks about the fact that when people get insurance they use more health services; that spending rises and by the government’s latest forecast health spending goes from 17 percent of the economy in 2009 to 19 percent in 2019.

According to the CMS Actuary, he estimates overall national health expenditures under this bill will increase by an estimated total of \$222 billion during 2010 to 2019.

It is also going to increase the government’s share of health care spending. According to the CBO, under the legislation, national outlays for health care would increase by \$210 billion over the next 10 years. So we are just chasing our tails. We are going to put a lot more money into health care, but we are not going to reduce costs.

How could we reduce costs? How do we get at the problem of increased health care? Well, we could try to foster more competition among health insurance companies instead of creating these subsidies, which is going to plow

more money into the insurance companies.

We could make the insurance companies compete across State lines. That is one of the ideas the Republicans have brought forward. We also could go after meaningful lawsuit reform. There is one estimate we would save more than \$50 billion a year if we had meaningful lawsuit reform.

My colleague, Senator COBURN from Oklahoma, talks about the fact, being a practicing physician, that doctors are engaged in defensive medicine, and when thousands of kids across this country this year get hit in the nose with a baseball they are going to show up at the emergency room. Instead of just watching the patient and making sure the kid is going to be OK, they are going to order a CT scan even if one is not necessary because that has become the standard operating procedure in order to protect the doctor from lawsuits.

The CBO says if we had real medical malpractice reform, we could save as much as \$54 billion over the next decade. We also do not have transparency. Here is the essential problem with health care costs. We do not know what anything costs.

In the next couple of days my wife and I are going to be fortunate enough to have our fourth child. She is due any day now. When we go to the hospital, we are going to get back—after that baby is born, just like we have done with the last three kids, we are going to get back a bill. It is going to be page after page after page of things that we cannot understand.

At the bottom of the bill, we will pay some small fraction because we have good health insurance in the Senate. We will pay some small fraction of the total bill, and we will never question the pages and pages and pages of line items of information we do not understand.

We will not because we do not have to pay for it, and we, as consumers, have been removed from the transaction in health insurance because of third-party payers, whether it be Medicare, Medicaid, or insurance companies. We are not involved in that transaction.

Now, let me give you a different example. If we had to look at that bill because we were responsible for a portion of it because we were given, say, a tax credit to go out and buy insurance, and we were trying to get the most bang for the buck, and they tried to add \$75 for a bedpan or gauze or for Band-Aids, Mrs. LeMieux would not pay for that. Mrs. LeMieux would be in there saying: Wait a minute. I can go to Target and I can get Band-Aids for \$1.50, not \$75.

I guarantee you that the men and women of this country, if they really had to look at those bills because they really had to pay them, we would not have these exploding costs. We also would not have all of the cost shifting that is going around.

The dirty secret about health care is that if I have insurance, my full pay-

ment on insurance or close to the full payment is going to pay for the Medicare patient and the Medicaid patient because Medicare and Medicaid do not pay enough for the services they render.

The hospitals cost shift all the money around. At the end of the day, we don’t have a transparent system or a market-driven system. What we should do is give every American who needs it a tax credit to buy health insurance on their own. If they were out in the marketplace, that would lower cost, because competition would reign and they would insist on bang for their buck. But that is not in this bill. We know now that, one, you will not be able to keep, in a lot of cases, your health insurance, if you like it. We know, two, it is not going to reduce your cost of health care. And we know, three, it will not lower the cost of health care in general. Those myths have been busted.

Let me go to the next one, myth No. 4: The Democrats’ plan will reduce the deficit. We have heard this estimate that over \$100 billion is going to be saved over the next 10 years. Not true. The way this is scored or evaluated by the CBO is that whatever you send them, they have to give you an answer back on the confines and the specifications of what you sent. So the Democrats’ bill has 6 years of spending or benefits and 10 years of taxes. If they have 10 years of taxes and only 6 years of spending, then they can get to a situation where the CBO will come back and say: It is going to reduce the deficit. But if you compare apples to apples, spending to deficit, if you compare spending to taxes, we know it is going to run a deficit. You cannot create a new entitlement program and not run a deficit. It is going to cost us, by some estimates, more than \$400 billion over a 10-year period, in the first 10 years, and \$1.4 trillion in the next 10 years. We know that myth is busted. It is not going to reduce the deficit.

Let me also say this is going to be a budget buster for States. The States, unlike the Federal Government, have to make ends meet. The States have balanced budget requirements. As we increase the requirements of Medicaid, which this bill does, then we will be putting increased burdens upon our States. Our States are going to have to find more money to put into Medicaid. They can’t print money like the Federal Government. They can’t spend more than they take in. What is going to happen? They are going to have to cut other programs, or they will have to raise taxes. What is going to get hurt? I can cite the example of Florida where they are suffering under a huge and emerging Medicaid problem. Medicaid and Health and Human Services is the No. 1 portion of the budget of the State of Florida. It grows every year. So what loses out? Education, money for teachers and schools, law enforcement, protecting the environment, and economic stimulus. Florida has to live

within its means, unlike the Federal Government.

This is not a Republican or Democratic issue. Governors of both sides of the aisle are very concerned about the increased mandates placed upon States. Governor Phil Bredesen of Tennessee called this bill the mother of all unfunded mandates. The head of Washington State's Medicaid Program believes that States facing severe financial distress may say they have to get out of the Medicaid Program altogether.

CBO released its first estimate of expected discretionary spending under this bill, confirming that \$10 to \$20 billion in discretionary spending over the next decade will be used to implement this legislation. We are going to spend \$10 to \$20 billion to implement this bill; \$5 to \$10 billion to the IRS and to Health and Human Services. Also in terms of this topic, of looking at how the plan will reduce the deficit, which it will not, we know this is going to be a \$1 trillion program over time. With rare exception, when this Congress creates a program, especially an entitlement program, it does not stay within its estimates. It grows and grows.

We have a debt. When I first came to the Senate and had the privilege to serve here back in September of last year, we were at something like \$11.6 or \$11.7 trillion. Now we are already at \$12.4 trillion. It is unsustainable.

The fifth myth: Medicare cuts won't affect seniors. This bill cuts half of a trillion dollars out of Medicare. Some say this is savings. The money that is going to be saved is not going back into Medicare to prolong the life of Medicare. We had an amendment from my colleague Senator GREGG who said that any savings would have to go into Medicare. The majority party defeated that amendment.

It makes no sense to me that we would take half a trillion dollars out of Medicare to create a new entitlement program. I can't go back to my seniors in Florida, more than 3 million of them, and say: Your Medicare Program is already facing insolvency in about 7 years, but we are going to take a half a trillion dollars out of it now to create a new health care program.

This could not be good for seniors. On its effect on Medicare, there was a letter from the CBO Director to the majority leader, Senator REID. He warned that while the effects of the cuts to Medicare remain unclear, they could reduce access to care or diminish the quality of care. Let's go through the cuts: \$135 billion from hospitals; \$120 billion from Medicare Advantage; nearly \$15 billion from nursing homes; \$40 billion from home health agencies, \$7 billion from hospice. The CMS Actuary says that many of the Medicare cuts are unrelated to the providers' cost of furnishing services to beneficiaries. That means it is not about savings. That means the money is being taken from Medicare, robbing Peter to pay Paul. He concludes it is doubtful that

providers could reduce cost to keep up with these cuts. The CMS Actuary also finds that because of the bill's severe cuts to Medicare, providers for whom Medicare constitutes a substantive portion of their business could find it difficult to remain profitable and might end their participation in the program.

What does this mean in plain language? We are not paying these health care providers enough under Medicare, but we are going to take out still more money, and they will not be Medicare providers anymore. They will not provide health care for seniors. If you want to see the future of this, look at Medicaid. Medicaid is even one step worse in trouble than Medicare is. We know now that folks who are entering into the Medicaid system who are trying to find a specialist in a metropolitan area, half of them can't find a specialist. We know in Medicare, according to a June 2008 Medicare Payment Advisory Commission Report, that 29 percent of the Medicare beneficiaries it surveyed had trouble finding a primary care doctor. That is up from 24 percent in 2007. If the doctor is not in, it is not health care reform.

How can I go back to my seniors in Florida and say: We are creating a new program by taking money out of your program, and you may not be able to find a doctor who is going to see you anymore? That is not conscionable.

Florida will be disproportionately affected by these cuts. It has the second highest population of seniors and highest concentration of seniors in the Nation at 19 percent. Let me tell you how it will specifically hurt one portion of health care for seniors, home health care. I talked to Ron Malone, vice president of Gentiva Health Services, one of the largest providers of home health services in Florida. He said: Look, it is not going to hurt us so much. We are a big company. We can spread costs. We will get more market share. But it is going to hurt the smaller companies, and a lot of the smaller companies are going to go out of business.

How is that health care reform? Who do we owe an obligation to provide health care more than to our seniors?

I recently visited with the president of the Florida Medical Association, which is the largest physician association in Florida, with 20,000 members. They say:

... this legislation does not adequately fix what's wrong with our current system. It contains many provisions that would allow government bureaucrats to interfere with patient care decisions and actually raises the cost of health insurance unnecessarily.

This is from the doctors association in Florida. They say it is going to interfere with the doctor-patient relationship and increase costs. Why are we doing this?

The sixth myth I want to tackle is this idea that emergency rooms are going to be less burdened. You hear this justification. People now are uninsured. They go to the emergency room

to get health care. If we give folks insurance or they have the ability to purchase insurance at a subsidized rate, they will stop going to the emergency room, and that will lower the cost of health care because emergency room procedures are expensive. It will free up the emergency room for its intended purpose, for people who really have an emergency. But according to the Urban Institute, after Massachusetts adopted a somewhat similar plan, emergency use remained higher than the national average. More than two-fifths of the visits in these emergency rooms were nonemergencies and, of these, the majority of adult respondents said it was more convenient to check into the ER. More convenient?

We know we are going to be paying health care providers less. What does that mean? There is going to be less of them providing health care. That means your lines at the doctor's office, which are already too long, are going to get longer. So what are folks going to still do? They are going to still show up at the emergency room. If we look at the Massachusetts model, that has happened. We also know that ultimately we are going to have a severe doctor shortage. We have not prepared, nor does this bill prepare, to make sure we will have sufficient health care providers to meet new demands.

Seventh myth: The Democrats' plan takes on the insurance companies. You have heard the President say we are going to fight against the insurance companies; we are going to make sure that we are putting the patient first. Basically what we are going to do, in reality, is create a lot of new business for the insurance companies. This subsidy plan is going to force a lot of new people into health care with an insurance company. That is why the insurance companies are for it. What we need to do is empower individuals. What we need to do is give individuals money that is in their own pocket and let them go out and be consumers. If they were consumers, it would lower the cost of health care. What we need to do is let insurance companies compete across State lines so we as consumers have more choices. Look at auto insurance. It is so easy a caveman can do it. In 15 minutes, you can save 15 percent on your auto insurance. These folks are out there competing. We need that in health care. Why do I only get to pick from the insurance companies that are in Florida? If there is an enterprising insurance company from South Carolina that wants to come into my State and offer cheaper prices, why should I not have that opportunity as a consumer? There are commonsense things we can do, market-driven things we can do that will lower the cost of health insurance and, by doing so, when it is less expensive, more people can afford it and you have more access.

The eighth myth: It has been said that this bill takes an unprecedented step to fight health care fraud. It is

going to go after waste, fraud, and abuse, and we will save billions of dollars. In fact, the \$500 billion being cut from Medicare is often described as an elimination of waste, fraud, and abuse. It is not. It is just taking money out of that program and putting it in this program. To be fair, there are some provisions of this bill that go after health care fraud. They are good, but they go around the margins. They are going to save a billion or two, which is a lot of money, I will grant you that, but it is not the kind of money we need to save. We believe there are \$60 to \$100 billion of fraud in Medicare every year alone, not talking about Medicaid, not talking about veterans health care, just Medicare, \$60 to \$100 billion, \$1 out of every \$7 spent. What we need to do is implement a plan that is going to stop the health care fraud before it starts.

I have a bill, S. 2128, that has bipartisan support, has more than a dozen Senators who sponsor it. It would do three things. One, it would create a person at HHS who would be the No. 2 person at the agency for Health and Human Services, appointed by the President to be the chief health care fraud prevention officer of this country. No other job, not focused on worrying about H1N1, not focused on anything else that should be done in health, focused on stopping health care fraud, someone we could measure against performance to make sure we are doing everything we can to stop wasting the people's money. The second thing it does is it takes a page from another business that exists in the marketplace that does an excellent job at stopping fraud. There is another business that is about the same size as health care, about \$2 trillion a year. That business, instead of having a \$1-in-\$7 fraud ratio, has a ratio of 7 cents out of every \$100. That is the credit card industry. We have all had this experience. You go somewhere to use your credit card and you get a phone call or an e-mail that says: Did you mean to make that purchase? If you do not say yes, they do not pay.

What we do in health care is we pay, and then if we think something is fraudulent, we chase. When we chase, the money is gone. The credit cards stop the fraud before it starts.

Now, why couldn't we implement that kind of computer technology? In health care, it is called predictive modeling. So when someone tries to sell a wheelchair 100 times in an hour, the bells go off, the phone call is made, and if it is not verified, we do not pay.

We have people—unfortunately, a lot of them in my home State of Florida—who are bilking the system for tens of millions of dollars a year because it is much easier to steal from Uncle Sam than it is to steal from anybody else because nobody is watching.

One group in town that has evaluated my bill with this predictive modeling system, where we would set up a computer program to stop the fraud before it starts and make people verify when

there is a questionable transaction, has said it will save \$20 billion a year.

During the health care debate we had last December, I asked to amend my bill on to the main health care bill, and my colleagues on the other side of the aisle objected. Why we wouldn't implement real waste, fraud, and abuse reform is beyond me. But this bill we are talking about does not have it. That myth I, too, believe is busted.

The third part of my bill is, it will require background checks for all health care providers. Can you believe we do not do background checks on people who bill Medicare and Medicaid in this country? We have folks who are convicted felons who are billing alleged "health care" providers. It is so bad that in reimbursements for AIDS treatment under Medicare, while south Florida only has 7 percent of the AIDS population, they bill 78 percent of the treatment—only 7 percent of the population and they bill 78 percent of the treatment. It is just fraud, and it should stop today.

The ninth myth I want to tackle is that this Democratic health care reform bill will not impact the doctor-patient relationship. In fact, it will. I agree with my colleague, Dr. BARRASSO, who supports a patient-centered approach. Real health care reform should ensure a doctor and a patient can work together to the best efforts in the health of the patient. As I said before, we are still going to have third-party payers. We have to put the patient back in charge of their health care. That is the only way we are going to reduce costs.

There is a common thread throughout our governmental programs that has led entitlements to expand and expand and expand; that is, people do not have what is called skin in the game. If I am not paying, I do not care. But if I have to go out as a consumer, if the government would give me a tax credit to go buy health insurance, all of a sudden I am in the game. If I have a reasonable deductible where I have to pay a little when I go to the doctor, all of a sudden I am in the game and I am not going to ask for a procedure I do not need. I am going to sit there and talk with my health care provider about whether this is something I really need. Now, if you tell me it is free, I will take it. And if you advertise to me on television every drug in the world, I will go to my doctor and say: Sign me up for that because I get it for free. We have to change the whole structure of how we do health care because this will just continue to expand. Medicare will continue to expand. Medicaid will continue to expand. If this program passes, it will continue to expand.

While it might be great to throw all this money into these programs, we cannot afford it. We cannot afford the programs we have, let alone the programs the majority in this Chamber want.

The tenth and final myth I want to tackle tonight is that taxes will not go

up. This is a jobs bill for the tax collector. We already said there is going to be \$5 billion to \$10 billion to the IRS and HHS to implement this bill. Remember, if you do not buy health insurance for yourself, you are going to have to pay a tax, a fine, a penalty to the IRS—\$750 a person. Small businesses that do not provide certain levels of health insurance will be fined. And what do you think they are going to do? Pay that fine or drop to under 50 employees so they do not have to pay the fine anymore, which will cause more people to be out of work.

Can you believe that in the United States of America, we are going to tax you if you do not buy health insurance for yourself because the government cares more about you than you care about you? If the government can tax you for not buying health insurance, what else can they tax you for not doing? Not working out? Not eating your spinach? That cannot be what our Founders intended.

Remember, we give up our rights to the government. Our institution was created that it governs with the consent of the governed, that we have the inalienable rights. In our social contract, we give those rights up to the government. It is not the other way around. How is it the government can fine me for not doing something?

So at the end of the day, when this entitlement program increases beyond its means, when it is more than we can afford, and when the \$500 billion we take out of Medicare starts to put Medicare in insolvency even quicker, what is going to happen? Is the majority in this Chamber really going to cut Medicare? Probably not. So what are they going to do to help pay for this new program without their cuts? They are going to raise your taxes—raise your taxes to levels that are going to be hard to imagine when you factor in what we are going to have to do for all the other entitlement programs we cannot afford, when you factor in what we are going to have to do with our \$12 trillion debt that is estimated to be \$10 trillion higher by 2020.

That is why the National Federation of Independent Businesses has said:

When evaluating health care reform options, small business owners ask themselves two specific questions. First, will the bill lower insurance costs?

We know the answer to that is no.

Second, will the bill increase the overall cost of doing business?

The answer to that is yes.

They say:

In both cases, the Patient Protection and Affordable Care Act fails the small business test and, therefore, fails small business.

It has been my goal tonight to present facts. I know others have a differing view.

As a Senator from Florida with more than 3 million folks in Medicare, as a Senator who cares about health care reform and wants to create more access but also wants to lower the cost of health care, I cannot support this bill.

I hope my colleagues in the House who are being faced with this option of voting for this bill and then passing something on reconciliation will do the right thing. I hope they will not be pressured politically to change their votes from “no” votes to “yes” votes. I hope they will stand for the people of

their State and for the American people.

We could get this right. We could work together on a bipartisan way, as all of the other big, important bills over time have been done, with 70 or 80 Senators working together to do the right thing for the American people. I sign up for that. I am standing ready to

do that if that opportunity presents itself. But I cannot vote for this bill that will not lower the cost of health insurance for most Americans, nor will it put us in a situation financially that is tenable going forward.

With that, Mr. President, I yield the floor.

EXHIBIT 1

Table 1.

Effect of Senate Proposal on Average Premiums for Health Insurance in 2016

	Percentage, by Market		
	Nongroup ^a	Small Group ^b	Large Group ^c
Distribution of Nonelderly Population Insured in These Markets Under Proposal	17	13	70
<i>Differences in Average Premiums Relative to Current Law</i>			
<i>Due to:</i>			
Difference in Amount of Insurance Coverage	+27 to +30	0 to +3	Negligible
Difference in Price of a Given Amount of Insurance Coverage for a Given Group of Enrollees	-7 to -10	-1 to -4	Negligible
Difference in Types of People with Insurance Coverage	-7 to -10	-1 to +2	0 to -3
Total Difference Before Accounting for Subsidies	+10 to +13	+1 to -2	0 to -3
<i>Effect of Subsidies in Nongroup and Small Group Markets</i>			
Share of People Receiving Subsidies ^d	57	12	n.a.
For People Receiving Subsidies, Difference in Average Premiums Paid After Accounting for Subsidies	-56 to -59	-8 to -11	n.a.
<i>Effect of Excise Tax on High-Premium Plans Sponsored by Employers</i>			
Share of People Who Would Have High-Premium Plans Under Current Law	n.a.	19	
For People Who Would Have High-Premium Plans Under Current Law, Difference in Average Premiums Paid ^e	n.a.	-9 to -12	
Memorandum			
Number of People Covered Under Proposal (Millions)	32	25	134

Source: Congressional Budget Office and the staff of the Joint Committee on Taxation.

Notes: n.a. = not applicable.

- The nongroup market includes people purchasing coverage individually either in the proposed insurance exchanges or in the individual insurance market outside the insurance exchanges.
- The small group market includes people covered in plans sponsored by firms with 50 or fewer employees.
- The large group market includes people covered in plans sponsored by firms with more than 50 employees.
- Premium subsidies in the nongroup market are those available through the exchanges. Premium subsidies in the small group market are those stemming from the small business tax credit.
- The effect of the tax includes both the increase in premiums for policies with premiums remaining above the excise tax threshold and the reduction in premiums for those choosing plans with lower premiums.

Mr. LEMIEUX. I yield the remainder of my post-cloture time to the Republican Leader, Senator MCCONNELL.

The PRESIDING OFFICER (Mr. MERKLEY). The Senator from Illinois.

HEALTH CARE

Mr. DURBIN. Mr. President, I thank the Senator from Florida for coming to the floor and expressing his point of view on the issue of health care, and I would like to have a few minutes to express my own.

Let me explain our health insurance, the health insurance we have as Members of Congress. It is a government-administered health insurance plan. It has been around for 40 years. It is called the Federal Employees Health Benefits Program. It is a government plan that provides health insurance for most of the Senators in both parties and their families, and it establishes minimum standards for the health insurance we receive as Members of Congress so we do not end up buying health insurance that is worthless when we need it. The government picks up a share of the cost—70 percent or so, I believe—and we pick up the rest. If you decide in the open enrollment period of each year that you want to change your insurance company, you want more coverage, then you are going to pay a higher premium out of your paycheck. The government pays a share of it, but you will pay a higher premium. That is something like an insurance exchange. In Illinois, my wife and I, through the Federal employees program, can choose from nine different private health insurance plans. It is a dream come true that most Americans never, ever experience: competition and choice.

That is at the heart of health care reform. We want to give to people across America the same thing we have as Members of Congress. I have yet to hear the first Senator come and stand in this well or stand before a microphone and say: The Federal Employees Health Benefits Program is socialism. It is a government-run health care program and it mandates benefits, and therefore I cannot in good conscience insure my family with it, and I am turning in my Federal employees health insurance. Not one. Yet when we suggest that for the rest of America, they say: This is an awful idea. It will never work.

It has worked for 40 years in providing private health insurance for Members of Congress and Federal employees. It is what we want to make available for small businesses, which have no choices. If Members on the other side think this is such a bad idea, I want them to march down the middle of this aisle and say: We are giving up our Federal Employees Health Benefits Programs today; it is such a bad idea. But they will not because it is a great program and it works and it gives us choice and it empowers us as consumers. If we do not like the way we are treated by an insurance company, we can shop for another one next year in open enrollment.

So to argue insurance exchanges are some radical notion—really? We live with it every day as Members of Congress. Don't the people of America deserve as good of insurance as their Members of Congress? That is the starting point in this debate. I think they do.

Secondly, when it comes to whether health care reform is going to add to the deficit, we can debate that for a long time. But the people who are the experts, the umpires, and referees, are from the Congressional Budget Office. They came back and told us: If you do this health care reform, you will reduce the deficit by over \$100 billion in the first 10 years and by over \$1 trillion in the second 10 years. That is it. They looked at it. They analyzed it, and they concluded it. I hear Members come to the floor and say: Oh, this is just going to run the deficit up to higher levels than we have ever seen before. There is no evidence of that. The CBO analysis comes out with exactly the opposite position.

This argument about heaping a new burden on Governors because there will be more people on Medicaid—Medicaid is health insurance for the poor and disabled in America, and the Federal Government pays at least 50 percent of the cost of it. It is true the States have to assume a burden. But it also says to the State of Illinois, with 11 percent unemployment, when people lose their jobs and lose their health insurance and go on Medicaid, the Federal Government is going to pick up, in this case, 62 percent of the cost of these Medicaid recipients in my State of Illinois, and 38 percent is going to be picked up by the State. So Governors can say Medicaid is a terrible thing. What is the alternative? More uninsured people in your State showing up seriously ill and needing treatment, being treated as charity patients? Is that the alternative?

I have listened carefully while the people on the other side of the aisle for over a year have criticized every idea we have come forward with on changing the health care system and making it more affordable. I have yet to see them come forward with any kind of comprehensive bill. They have ideas, and some of them are not bad, but they have never put them together in a bill and brought them to the floor. We have. That is the responsibility of governing.

There are other elements here too. The Senator from Florida is naturally concerned about senior citizens, and he should be. His State has a lot of snow birds from Illinois going down to Florida who spend their winters there and some of them end up becoming permanent residents. They love the nice climate in your State. We miss it. We go visit too, I might add. But the point is if we do nothing about Medicare, it is going to run out of money in 9 years. It will run out of money and 40 million people plus will wonder why Congress didn't act.

The health care reform bill adds 10 more years to the life of Medicare. It closes the gap known as the doughnut hole in prescription drug coverage under Medicare, and it gives every senior citizen a free annual checkup so they can at least get in to see a doctor and find out if something has happened that might be stopped early and avoid a major expense or major illness. Those are dramatically positive improvements in Medicare.

Are we going to have to take some money out of Medicare spending? Yes. Why? Because we have waste in the system and things that need to be reconciled. For the Senator from Florida, let me give a couple of illustrations. I lived in Springfield, IL. The average expenditure annually for Medicare recipients in my hometown is \$7,600 a year average. The average in Chicago, IL, for Medicare recipients is \$9,600 a year. The average expenditure for Medicare recipients in Miami, FL, is \$17,000 a year. Miami may be a little bit more expensive than Chicago—we can argue that point—but it is twice as expensive? I don't think so. I want to know why. Why does it cost so much more in Miami, FL, and in McAllen, TX, for Medicare patients than it does in Chicago or Springfield or Rochester, MN? And are there ways to save money without compromising quality?

Senator MICHAEL BENNET of Colorado offered an amendment adopted on the floor that said when we get done cutting waste and fraud, we are not going to cut the basic benefits under Medicare. We are on record. That is part of the bill. That is part of the health care reform bill. We could make Medicare better and stronger and save money. There are a lot of things being ripped off in Medicare. Turn on late-night TV and watch all the come-on ads for people to come and get something they may or may not need and Medicare is going to take care of it. Those are the things we ought to take a look at and I think it is well worthwhile.

Let me also say this: We cannot as a nation address the problems of health care with 50 million people uninsured and the numbers growing dramatically. Our proposal will put 30 million of those under the protection of Medicaid and health insurance through exchanges. We will provide, thanks to the leadership of Senator NELSON of Nebraska, up to 2 or 3 years with the Federal Government picking up every penny of the cost for the new Medicaid recipients; then, beyond that, high amounts—90, 95 percent—for several years. It is a reasonable transition for the States to absorb people who are now uninsured presenting themselves for care.

We end up with 30 million people with coverage. The Republicans' best effort addressing the 50 million uninsured in America covered 3 million. We can do better. We need to do better as a nation. Uninsured people show up at

hospitals, incur costs, and pass them along to other people. I think we need to move forward on health care reform.

I had a call in my office on a Saturday. I was sitting around doing a few things at my desk by myself in my office and the phone rang in Springfield and a lady was calling from Nokomis, IL, which is not too far away from Springfield, in Montgomery County. It is a small town with a lot of retired farmers and a lot of conservative folks I have represented in Congress for a long time.

She said: Senator, whatever you do, don't vote for health care reform.

I said: Do you have health insurance?

She said: We do. My husband and I have health insurance.

I said: You can keep it. If you want to keep it, you can keep it. We are not changing that.

Well, I just worry about the government getting involved in it, she says. She says, When government gets involved in insurance, I am not sure it is a good thing.

I said: Is anybody in your family on Medicare?

Well, sure. We have all signed up for it and my mother who is 85 is on Medicare and recently had a surgery, major surgery at Memorial Medical Center in Springfield.

How is she doing?

Just fine.

I said: I am glad your mom could depend on Medicare to pick up the bills for the surgery and didn't have to exhaust her savings or sell whatever property she has left in this world. But that is a government health insurance plan, ma'am. It has been there for all of us. My contributions out of my paycheck help pay your mom's medical bills and that is just fine with me, because I think we are all in this American family and we should watch out for one another.

Well, she didn't see it that way and I am sure I didn't convince her. The phone is ringing off the hook in all the offices of Senators and Congressmen for and against this idea. There is a lot of misunderstanding out there. I think this is an important step forward for America. We have put a lot of blood, sweat, and tears in this effort and now we need to get it done. We need to give the American people an alternative, because watching health insurance premiums go up the way they are going up is unsustainable. Businesses can't afford it; individuals can't afford it; our Nation cannot afford it.

For those who stand on the floor and have different ideas, that is your right. As a Member of the Senate, that is your right—maybe your responsibility. But I also think you have a responsibility to come forward with your plan, with your idea, unless you think everything is fine and we ought to leave it the way it is; we shouldn't worry about the uninsured; we shouldn't be concerned about the increases in health insurance premiums; we shouldn't worry that Medicare is going to go broke in 9

years. If you think those are things that we should push aside and, as some say, let's start over, let's do baby steps, let's think about it later, let's go back to it next year, that is a point of view, but I don't think that is the responsibility we have as Members of the Senate to address the issues facing our Nation.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. BURRIS. Mr. President, I wish to commend my senior Senator from Illinois for his comments on health care and what we must do in this body to pass health care. It is long overdue. It is time for us to work with our colleagues in the House of Representatives to make sure we cover those 50 million Americans who are uninsured.

URBAN PREP ACADEMY

I wish to do a little presentation here for some young men from Chicago. In 2006, a brandnew school opened its doors to the community of Englewood on the south side of Chicago. This school is called the Urban Prep Charter Academy for Young Men. It was designed to provide quality education to an area desperately in need of a new approach.

Local schools were failing. Last year, 93 percent of the public high school students in the neighborhood were classified as low income. The public school attendance rate was around 60 percent. The local high school ranked 81st out of 98 Chicago public schools in terms of preparing students to succeed on college entrance exams such as the ACT.

Until 2006, there were few places to turn. Most residents were unable to afford to send their sons or daughters to expensive private schools. It seemed inevitable that these young people would face an uphill fight to graduate from high school, let alone move on to get a college education and find a good career. It seemed as though there was no alternative and no way to break the cycle.

But then, in 2002, a group of African-American business persons, educators, and civic leaders came together under the leadership of a young man by the name of Tim King, and they decided to find a solution. They started a non-profit organization designed to give local residents the tools to succeed in college and to build a better future for themselves. They saw beyond the low-income level and the stereotypes and the destructive cycle that kept the neighborhood schools from succeeding. So, in 2006, the Englewood campus of Urban Prep Charter Academy admitted its first class of students.

Many charter schools are able to cherry-pick their students, selecting from the cream of the crop to ensure a high success rate, but the founders of Urban Prep rejected this idea. They looked at the kids in the Englewood public schools and they saw that every one of them had the potential for success, if given the opportunity. So they

selected students based on a lottery system rather than strictly by the numbers. Some 400 names went into the barrel and the names were drawn from the barrel.

Today, the very first class of Urban Prep students is preparing for their graduation date. While other local schools have had attendance rates of only 60 percent, Urban Prep maintained an attendance rate of 91 percent. The local public school ranked 81st at preparing their students for the ACT with an average score of 13.4, but Urban Prep is ranked third, with an average ACT score of 16.5.

When the class of 2010 enrolled in Urban Prep in 2006, only 4 percent of these students were reading at grade level. But today, as their commencement date draws near, I am proud to say that every one of them—100 percent of the first-year class—has been accepted to a 4-year college. Not only that, they were accepted with scholarships, 4-year scholarships.

This is an extraordinary success story. This is a testament to the vision of Tim King and the faculty and staff that he and other local leaders have assembled. I applaud them for their dedication and I congratulate them on this outstanding achievement. Most of all, though, this is a testament to the students of Englewood and to all of the other communities in Chicago—the students who broke the cycle and proved they do have the talent, the skill, and the drive to succeed, if only they were presented with the opportunity. Thanks to Urban Prep and the leadership of those who founded this organization, these students got that chance.

But the story doesn't end here. In August of 2009, a second Urban Prep campus opened its doors in East Garfield Park, and later this year a third school will open in South Shore, extending the reach of this great organization and expanding the opportunity for Chicago students to realize their dreams.

So in the coming months, as my colleagues and I take up President Obama's update on No Child Left Behind, I urge them to remember success stories such as this one. As we reexamine our educational priorities, I hope we can move in a direction that will provide investment in public schools that need assistance as well as organizations such as Urban Prep. Organizations that grow out of local communities demonstrate a shared interest in seizing the best future for our children. We need to invest in communities such as Englewood and East Garfield Park and South Shore and dozens of others in Chicago and across the country. We need to make sure more and more students have the opportunity to succeed so they can go to college, find a career, and become productive members of our society and, as I always say, become an asset to society and not a liability to society.

It really does take a village to educate these young people. It takes a

steadfast commitment to education and a vision such as the one Tim King shared with others in his community back in 2002. As a member of Sigma Pi Phi fraternity, we played a minor role in assisting Urban Prep with our fundraising efforts to contribute to the purchase of a uniform for these young men. We also make ourselves available to go there and work with them during career day to point out our successes and opportunities to challenge them to do no less than what we were able to do. So the men of Sigma Pi Phi worked with these young men at Urban Prep and we made sure that we made a similar contribution to the overall efforts.

Let us renew our investment in America's education system. Let us affirm our priorities for young people today and make sure every one of them has a chance to get the education they deserve. Together, we can build more success stories such as Urban Prep, and that is what we must do. Urban Prep is a public school so, therefore, we do not have to be dedicating all of the resources commitment to the private schools. We can educate our young people in the public system.

I thank you, Mr. President. I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I ask unanimous consent that notwithstanding rule XXII, the Senate resume consideration of H.R. 1586 at 2:15 p.m., Tuesday, March 16; further, that during any recess, adjournment or period of morning business, postcloture time continue to run; and that after the convening of the Senate at 9:30 a.m., Wednesday, the Senate resume consideration of the House message with respect to H.R. 2847, and all postcloture time be considered expired, the motion to concur with an amendment be withdrawn, and no further amendments or motions be in order, except as provided in the DeMint motion to suspend; that it be in order for Senator DEMINT to offer a motion to suspend the rules in order to offer an amendment, and that if the motion is offered, Senator DEMINT be recognized for up to 10 minutes; that upon disposition of the DeMint motion, the Senate then vote on the motion to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment to the bill.

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

Mr. DURBIN. 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. BROWN of Ohio. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

HONORING THE SERVICE OF JOHN HATCHER

Mr. BROWN of Ohio. Mr. President, I rise to speak about a dear and trusted friend, not just for me and my family but for the people of Lorain County, OH. John Hatcher was a man of conscience and courage. His commitment to the highest ideals is unwavering, even in the face of criticism and attempts to silence him.

In large and small ways, John Hatcher has done more for the working men and women of Lorain County and organized labor than anyone else I know. John is a retired United Auto Workers member from the Ford Motor Company Ohio assembly plant in Avon Lake.

For generations, the plant helped build Lorain's middle class—the same way that American manufacturing built America's middle class. He has long held a position of leadership in the labor movement, and his loyalty to his fellow workers and to those who champion them has never wavered. He is still president of the Lorain County UAW CAP Council and a board member of the Lorain County Labor Agency.

He has chaired the Lorain County Labor Day Festival Committee for several years—an event that attracts thousands of Lorain County families to celebrate the accomplishments and heritage of organized labor. And every month, John finds time to deliver food to the elderly through the Lorain County Office on Aging.

For the many years I have known John—two-and-a-half decades, perhaps—he has been a fighter who is not afraid to stand up for what he believes. And as he battles cancer, John is displaying the same vigor, the same fighting spirit. Yesterday, hundreds of friends, families, and elected officials joined in honoring John with the Lorain County AFL-CIO Lifetime Achievement Award.

John said—and I was standing with him—“I haven't been out in the community much the past few months, but as the warm weather comes, I will be back out soon.”

In many ways, John's presence is always felt in Lorain—through the workers he has helped and for the causes which he has championed. He is a tireless champion for working men and women. He has made an invaluable contribution to the labor movement.

You never wonder where you stand with John Hatcher. He is the best kind of friend. He stands sturdy at your side in the highest winds, but is also willing to rein you in if you are getting too full of yourself. He is one of the kindest people I know, always greeting his friends with a twinkle in his eye and the hug of a man twice his size.

Of all his accomplishments, the hours of labor spent at the factory, in the union hall, or on the picket line fighting for others, if you asked John, his proudest achievement is being a devoted husband to Carol—one of my favorite people—and a loving father to 6 children, 13 grandchildren, and 7 great-grandchildren.

Thank you, John, for your service to the working men and women of Lorain County, for your service to the State of Ohio, and for your service to our Nation. Connie and I are honored to consider you our dear friend.

TRIBUTE TO MARILYN ROBERSON

Mr. BROWN of Ohio. Mr. President, I rise today to honor Marilyn Roberson of Massillon, OH, a proud grandmother of five Eagle Scouts. This year, the Boy Scouts of America celebrates its hundredth anniversary of service to our Nation. Already this year, I have attended Boy Scout celebrations and Eagle Scout Courts of Honor across my State.

Around Ohio and our Nation, families and friends, community and business leaders, are celebrating Scouting's commitment to service, to protecting the outdoors—some of the original environmentalists—and to instilling the values of faith and fellowship.

Growing up in Mansfield, OH, a city of 50,000 in north central Ohio—an industrial town—my parents instilled in my brother and me our own values of compassion and commitment to community. My two brothers and I are Eagle Scouts and my mother wore a charm bracelet representing each of her Eagle Scout sons. I always claimed my Eagle Scout emblem was larger than my brothers'. She always denied that.

In many ways, Scouting's commitment to family and community laid the groundwork for my years in public service—as it has for the Eagle Scouts now in elected office in this body—I think there are 6 others in the Senate—or executives in boardrooms, teachers in classrooms, or just model citizens everywhere in our country.

On March 20, 2010, the Boy Scouts of America, Venture Crew 10 of Massillon, OH, will hold an Eagle Court of Honor for five young men who will become Eagle Scouts. Among the Eagle Scouts will be Andrew and Timothy Bushman, who will become the fourth and fifth grandsons of Mrs. Marilyn Roberson to become Eagle Scouts.

Marilyn Roberson is now 86 years old, and like many of our role models she has taught her grandchildren the capacity for selflessness, and to have the confidence to serve with humility and honor. I knew Marilyn's late husband Al 25 years ago, when I first met Al and Marilyn and several of their children. Al grew up in Tupelo, MS, across the street from Elvis Presley, then moved north, started a business, was very successful, and always—always—Marilyn and Al and their children gave back to the community.

I congratulate Andrew, Timothy, their fellow Eagle Scouts, Ian Christopher McKinney, Mathew Michael McKinney, and Michael David Ternaux, for earning this important honor. I congratulate Eagle Scouts across Ohio—there are hundreds of New Eagle Scouts every year—for earning this