

possibly even going to the U.S. Supreme Court, challenging this bizarre “Alice in Wonderland” procedure known as deeming the bill passed. Have you ever heard of such a thing?

Mr. GREGG. The concept where you would take the most important piece of legislation dealing with domestic policy in this country in the last 50 years and not vote on it is an affront to the purpose of a constitutional democracy. We are sent to the Senate to vote on a lot of issues and a lot of them not quite as significant as this one. But if you have the most significant issue you are going to possibly ever have before you, certainly in my career, you would expect that you would want to vote because you would want to express yourself.

I mean, why did you run for this job? Why did you want to serve your constituents if you were not willing to stand on something of this importance?

The ACTING PRESIDENT pro tempore. The hour of 10:10 has arrived.

Mr. GREGG. I thank the Chair, and I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Pennsylvania.

HEALTH CARE

Mr. CASEY. Madam President, I wished to review a couple points with regard to where we are on health care. We are at a point now where, of course, we are still awaiting action in the House—the other body, as it is sometimes referred to in the Senate—so we have to allow the House process to take place, and then, of course, we will be taking up health care more directly or more definitively next week.

But I think it is important to put this issue into the context of real people. We have a lot of discussions in the Senate and throughout Washington on process and procedure and numbers and all that, and that is important and relevant, but at the end of the discussion—the old expression “at the end of the day”—we have to be able to not only talk to the American people, as we have over many months now—in some cases many years—about what this legislation will do, but also we have to be aware of what is concerning a lot of people, a lot of families.

I received a letter in the early part of 2009 from a woman in Pennsylvania who lives in Berks County—kind of the eastern side of our State, just north of Philadelphia, a couple counties north of Philadelphia, Berks County—and the woman who wrote to me, Trisha Urban, is someone whom I have come to know over the past couple years because of the tragedy in her own life which relates directly to health care.

Trisha Urban related to me, in a letter she wrote to me but also in subsequent conversations, her story, which was the subject of a lot of discussion and public notoriety in her home area. I wish to read portions of the letter—not the whole letter but I think the relevant parts of this letter. She talks

about her husband, she and her husband having all kinds of trouble with health care, which relates directly to almost every major issue we are talking about. Quoting from her, she said:

Like many Americans, we have difficulty with our health insurance. My husband had to leave his job for 1 year to complete an internship requirement to complete his doctorate in psychology. The internship was unpaid and we could not afford COBRA.

I will end the quote there for a second. We have had debates for weeks on extending COBRA health insurance to those who are unemployed—a safety net not only for Trisha Urban and her family, at that time, but so many American families—millions of them—especially in the midst of a terrible recession.

Picking back up on her letter:

Because of preexisting conditions, neither my husband's health issues nor my pregnancy—

She talked earlier in the letter about her pregnancy.

—would be covered under private insurance. I worked four part-time jobs and was not eligible for any health benefits. We ended up with a second-rate health insurance plan through my husband's university. When medical bills started to add up, the insurance company decided to drop our coverage stating the internship did not qualify us for the benefits.

I will comment on that section. In those few sentences, you have the preexisting condition problem and the “insurance company dropped our coverage” problem. This is information we have heard over and over in testimony from real people about what insurance companies in America are doing to these families. They are discriminating against families—legally, apparently, under current law. That is part of why we want to change what has been happening in America, change the law through passage of legislation to deal with the question of protecting families with preexisting conditions.

At long last—we have talked about this issue for decades but certainly in the last couple of years and more intensively in the last couple of months—this opportunity we have, this legislation gives us a chance not just to talk and to pontificate about what is wrong with the system but to act, to vote and to act to change the system to protect families.

Again, we are talking about preexisting conditions, we are talking about people, families who are going to work every day, paying their premiums, doing their part of the agreement they have with an insurance company. Yet, despite paying their premiums, despite doing what they are supposed to do under the current system, they are being denied coverage, they are being discriminated against because they have a preexisting condition or, even more outrageously, their children are being denied coverage because of a preexisting condition.

I have to ask myself—and I think a lot of Americans are asking this question—why do we tolerate this? Why do

we go from year to year and say: it is terrible, insurance companies deny people coverage because of preexisting conditions even though they have been paying their premiums; it is terrible that insurance companies drop their coverage; it is terrible that they put limits on the kind of care they will provide, but they will put a dollar limit on it for a year or for a lifetime? That is really terrible, but there is nothing we can do about it.

That is basically what we have been saying for years. We complain about the problem, and no one or not enough people here in Washington are willing to take on the insurance company and say: No, you are not going to do that any longer. We are going to make those practices illegal.

We have a chance, and it is an up-or-down vote situation. We have a chance over the next couple of days—I hope not weeks but certainly the next couple of days—to decide these questions once and for all. We are either going to stand up to insurance companies or we are going to allow them to control people's lives in a way that is insulting to the American people. It is damaging the ability for families to have coverage and to have better health care.

I believe what insurance companies do on these discriminatory practices is harming our economy long term. How can you be a productive worker if you have to worry every day, even though you paid your premium, whether an insurance company can discriminate against you, against your family, and especially against your children?

That is what Tricia Urban was pointing to here, not because it was an issue in Washington but it was an issue in her life, in the life of her husband, and eventually having an impact on her own pregnancy. I pick up the letter again, and I am quoting Tricia Urban again in the letter. She talks about what the costs were for her and for her husband:

We were left with close to \$100,000 worth of medical bills. Concerned with the upcoming financial responsibility of the birth of our daughter and the burden of current medical expenses, my husband missed his last doctor's appointment less than 1 month ago . . .

Meaning less than 1 month prior to February of 2009.

Here is where she begins to close the letter. I am quoting again.

I am a working class American and do not have the money or the insight to legally fight the health insurance company. We had no life insurance. I will probably lose my home, my car, and everything we worked so hard to accumulate and our life will be gone in an instant.

If my story is heard, if legislation can be changed to help other uninsured Americans in a similar situation, I am willing to pay the price of losing everything.

You might be wondering what happened to her, what happened in her life. Was it just a situation where they got dropped from their coverage? That is bad enough. Is it a situation where they got dropped from coverage and also were denied treatment or care or

coverage because of a preexisting condition? That would be bad enough in and of itself. But, no, the story gets worse from there. She talks about the day when her water broke and she is about to go to the hospital to deliver her baby. The baby's name is Cora—just a little more than a year old now. Here is what she says:

My water had broken the night before, we were anxiously awaiting the birth of our new child. A half-hour later, 2 ambulances were in my driveway. As the paramedics were assessing the health of my baby and me, the paramedic from the other ambulance told me that my husband could not be revived.

She walks out the driveway to get into the car to go to the hospital to deliver her daughter Cora, and she sees her husband dead on the driveway, largely because or maybe exclusively because he missed his doctor's appointment for a heart condition because he was worried about paying for the doctor visit.

This is not some screenplay or some theoretical story; this is real life for people in America. We have to ask ourselves, on both sides of the aisle—our friends on the other side have to ask themselves: Is this good enough? Is this the best America can do, that we have to say sorry to Tricia Urban; sorry that happened to you about a preexisting condition, but we do not have the guts or the ability here in Washington to stand up to insurance companies; sorry you were denied coverage, but it is not going to change; sorry that a doctor's visit might have cost too much at a particularly vulnerable point in your life or the life of your husband; sorry that your husband died, but we don't think we can be responsive to those situations.

Why do we tolerate this? Why do we allow insurance companies to control our lives this way? This is not just another vote in Washington. This is not just some discussion about reconciliation or the House vote and all that other stuff. This is about real life, and in the next couple of days we are either going to stand up to insurance companies or we are not.

I think it is a whole set of questions Tricia Urban is asking. She is asking me, she is asking all the Democrats in this Chamber and all the Republicans.

Then there is another set of questions I have and I think a lot of Americans have for our colleagues on the other side. They say they want health care reform, but they are not willing to support what we are trying to do. You say: OK, if they do not support what you are trying to do, they probably have an alternative plan they have all come together on and worked on for months and they are going to propose that alternative; that is the American way.

They have an idea, we have an idea, we have a debate and vote, and someone wins, right? That is not the case. I am still waiting—we are all still waiting for Republican elected officials in Washington, House or Senate, to tell us

what their plan is, to tell us definitively what they really want to do. Do they really want to be responsive to this problem of a preexisting condition? Do they really want to stand up against the insurance companies and say: No, you can't discriminate against families any longer.

Oh, by the way, they are going to do just fine, those insurance companies, because if our bill passes they are going to have 30 to 31 million more Americans covered. So they are going to do just fine. Don't worry about the insurance companies, they will do just fine even if we put a lot of protections in the bill.

We have to ask our Republican friends: You say you care about covering Americans. Our legislation covers more than 30 million; how about you? Their latest proposal covers 3 million Americans. That is not even a serious attempt to cover Americans. We passed a bill last year on children's health insurance where we are going from 4 million children covered and, because President Obama signed the children's health insurance reauthorization into law, we are going up to 7 million. We have already proven we can cover more children with an expansion of an existing program than the other side of the aisle is going to cover in their entire health care plan. But there is not much detail other than that. They say they want to cover 3 million. So it is a choice: Shall we cover 31 million Americans and strengthen our economy and give people the security of health care or give 3 million coverage and pretend that is a serious proposal?

They say they care. They say they care on deficit reduction and controlling costs. Yet they will not support a proposal that at last count reduced the deficit by \$130 billion. We are getting new information that is just coming out today from the Congressional Budget Office that number might still remain true from what it was in December—\$130 billion of deficit reduction over the first 10 years and in the second 10 years maybe as high as \$1 trillion or more. If you care about deficit reduction, then why wouldn't you sign on to something that would provide maybe the most significant deficit reduction in American history in one piece of legislation?

They say they care about Medicare. We have heard that a lot over there. They care about Medicare and all that. Then, when their proposal comes out, they want to have vouchers for Medicare. Is that a serious proposal?

They have to answer some basic questions, and they have to specifically answer the questions Tricia Urban is asking us because Tricia Urban's story is a story we have heard in different forms all over the country, certainly all over Pennsylvania. Maybe not every story has preexisting conditions, limiting coverage, jacking up rates so you can't afford to have coverage, and, tragically, a death in the family. Maybe not every story is that substan-

tial. But we have heard stories over and over.

I also point to our businesses. I ask unanimous consent to have printed in the RECORD an Associated Press—Pittsburgh Tribune Review article from earlier this month, "Health Tops Pennsylvania Business Woes."

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

[From the Pittsburgh Tribune-Review]

HEALTH TOPS PENNSYLVANIA BUSINESS WOES

STATE'S SMALL BUSINESSES ALSO SEE THE RECESSION AS A SEVERE OBSTACLE

(By Joe Napsha)

PITTSBURGH.—Pennsylvania's small businesses say rising health care costs, along with the recession and business and personal taxes, are the biggest challenges they will face this year, according to a recent survey. "It really confirms that in Pennsylvania, we need to zero-in on health care costs and taxes," said Thomas Henschke, acting president of the SMC Business Councils, a Churchill-based trade association that conducted the Small Business State Opinions survey in February. SMC represents about 5,000 businesses throughout western and central Pennsylvania.

About 71 percent of the 250 businesses that responded to the survey said health care costs were their biggest challenge. More than 70 percent said that high business and personal taxes were a moderate-to-severe challenge to their business.

Increases in health care costs—ranging between 7 and 12 percent a year—are a "huge problem" for small business that isn't being addressed by politicians in Washington, said Peter Cady, president of Command Systems Inc. of Oakmont. The company operates Advanced Mining Service, which repairs and sells coal mining equipment.

"You can't pass those costs along. Nobody wants to hear that your health care costs went up," Mr. Cady said.

In response to a 23 percent jump in health care costs four years ago to cover about 55 employees, Command Systems moved to a high-deductible insurance plan, which makes it partially self-insured. Command Systems pays 99 percent of the insurance costs for its employees, Mr. Cady said.

In addition to health care, the poor state of the economy was cited as a severe challenge by about 45 percent of the respondents.

"Even before the recession, Pennsylvania was a very difficult place to operate a business," compared to the neighboring states, Mr. Henschke said.

The survey was released the same day that President Barack Obama announced his latest version of health care reform.

"That's politics. This is reality," Mr. Henschke said.

"Proposed reforms change daily, and you can't find anything that is going to lower costs."

Small-sized employers often believe they are overpaying for health insurance for employees. But self-insurance for their work force is really not available because the pool of covered employees is "too small to spread the risk out," said Vincent Wolf executive vice president of Cowden Associates Inc., a Pittsburgh-based health care benefits consulting firm.

Health care costs are a major concern for businesses, which is driving their need to make changes in health care plans, said Lorin Lacy, principal for the health and productivity practice at Buck Consultants Inc., a Pittsburgh-based human resources consulting firm. Those changes include revising

cost-sharing between employees and employers and the use of wellness programs, Ms. Lacy said.

COUNTY HEALTH COMPARISON

(Ranking (Out of 67 Pa. counties))

County	Overall health	Environmental and lifestyle factors
Lackawanna	51	19
Luzerne	57	37
Monroe	46	40
Pike	6	20
Susquehanna	41	31
Wayne	62	21
Wyoming	43	46

Source: County Health Rankings Study.

OVERALL HEALTH BY COUNTY

1. Chester	24. Potter	47. Dauphin
2. Centre	25. York	48. Mifflin
3. Union	26. Northampton	49. Allegheny
4. Snyder	27. Fulton	50. McKean
5. Montgomery	28. Juniata	51. Lackawanna
6. Pike	29. Washington	52. Mercer
7. Bucks	30. Erie	53. Forest
8. Lancaster	31. Bedford	54. Venango
9. Cumberland	32. Somerset	55. Northumberland
10. Franklin	33. Crawford	56. Carbon
11. Butler	34. Clinton	57. Luzerne
12. Bradford	35. Perry	58. Armstrong
13. Warren	36. Delaware	59. Elk
14. Columbia	37. Huntingdon	60. Schuylkill
15. Lebanon	38. Sullivan	61. Lawrence
16. Berks	39. Montour	62. Wayne
17. Indiana	40. Cameron	63. Blair
18. Westmoreland	41. Susquehanna	64. Cambria
19. Lehigh	42. Clarion	65. Fayette
20. Jefferson	43. Wyoming	66. Greene
21. Adams	44. Beaver	67. Philadelphia
22. Tioga	45. Clearfield	
23. Lycoming	46. Monroe	

Mr. CASEY. It is an article, so you will not be able to see it, but the headline is "Health Tops Pennsylvania Business Woes." The subheadline is "State's Small Businesses Also See the Recession as a Severe Obstacle."

If you are a small business owner in Pennsylvania, this survey shows, you are worried about two things: the recession—no question about that having an adverse impact; that is why the recovery bill and jobs bill are so important to these small businesses—but also health care.

I am reading an excerpt here:

About 71 percent of the 250 businesses that responded to the survey said health care costs were their biggest challenge.

Health care costs. This is not a group of Democrats sitting around a room in Pennsylvania saying: Let's pass health care. These are small business owners in Pennsylvania. They might be Democratic, Republican, Independent, or they may not have any affiliation. Their life is running a small business and raising their families, and 71 percent of those surveyed describe health insurance as their "biggest challenge." We do not need any longer to debate whether this is an issue we have to deal with.

I want to walk through some of the basic provisions of what we have put in place in the Senate bill, what the House has been wrestling with all these months, and what President Obama has been trying to do. Just a couple of quick highlights.

First of all, if we are successful in this opportunity to pass major health care reform, other issues we have talked about for years but do not get a

lot of attention are going to be finally the law of the land. Quality and prevention—the information and research on this is irrefutable. If you insist on prevention and you make it free or very low cost, that person is going to be healthier because they are going to take steps that are preventive in nature. They are going to be healthier, their family is going to be healthier, they are going to be better on the job and the economy will be stronger. But also we are going to strengthen our health care system in terms of costs. We are going to reduce costs in a lot of ways, but one of them is prevention and elevating the quality of our care. Sometimes people get the best care in the world, but in some places that can be very limited.

The second point on cost and deficit. I mentioned that before. The deficit reduction in the Democratic health care bill is \$130 billion over the first 10 years. We will see if the Congressional Budget Office alters that.

But from what we are hearing today, some of the preliminary reports, that number might hold up. Some thought that because of the passage of time that number might go down \$130 billion to \$100 billion. But it is a tremendous deficit reduction over 10 and over 20 years.

Protections. I talked about that before. I just want to highlight that quickly. Basic protections for American families who have health insurance coverage now, families going to work, paying their premiums, and not protected. They think they are protected because they have a policy, an agreement, and they are paying their premiums. They are doing their part. Then some insurance company bureaucrat or some other player in this marketplace comes to them and says: We know you are paying your premiums; that you are holding up your end of the bargain. But we, the insurance company, do not think you or your child should have coverage. Sorry. You are out of luck.

Well, we are dealing with that in a couple of ways. First of all, it is important for people to understand what will happen now and what will happen later. If we get this bill passed, 6 months after the President would sign it into law, it would be illegal for an insurance company to deny a child coverage because of a preexisting condition. That is a tremendous change in the first year—literally, after 6 months.

In that same time period and beyond that, if you are an adult, technically you would not have the legal protection because you cannot do all of this at once. So we had to decide, do we do nothing in the short term or do we at least protect children. We are protecting children in the first couple months of the bill. But even though technically an adult would not have legal protection until 2014, they will have recourse. They will have an option to say: I am an adult. I have been

denied coverage because of a preexisting condition. I can go into a high-risk pool and get coverage.

So there is recourse in the first—actually, that is in the first 3 months for the adult. So that is a very important protection. We can talk more later about that.

Finally, and I will begin to close, on children's health insurance—I talked about that before—it is important to note what the bill does on a great successful program, the Children's Health Insurance Program.

For example, in our State this is what children's health insurance has meant. It has meant that we have been able to reduce our rate of uninsured children down to 5 percent. It is still not good enough; we still want to go lower. But our uninsured rate among children in Pennsylvania is 5 percent. With regard to adults between the ages of 18 and 64, it is 12 percent, so more than double for the adult uninsured prior to getting to the age of Medicare. That is more than double the children's uninsured rate. That is good for children that we have made progress—we need to make more—but it is bad for adults who have not had a strategy to help them.

That is part of why we are trying to pass the bill. At long last we are going to be helping many adults, tens of millions. The Children's Health Insurance Program is extended under the bill for 2 years, until September 30, 2015.

What the President wants to do as part of the so-called reconciliation process is to maintain—he proposes to require States to maintain eligibility for children's health insurance to 2019, not just 2015, 2019. He wants to fund it through 2016. I think that is a very important change that the President has proposed and that we have a chance to ratify in our debate.

There is a lot more we can talk about, but I am running low on time. But I think the basic question for the American people is, Are we going to have an up-or-down vote on health care?

Some over there who have used this process before for other measures over many years seem to not want us to have an up-or-down vote on health care.

I think the American people want that, even if they disagree with parts of the bill. But the real question for our Republican friends is, Will they be responsive to Trisha Urban? Are they just going to say that preexisting conditions are a problem; I know recisions are a problem, I know limits on coverage are a problem for you and your family; I know that denying a child health care coverage because of a preexisting condition is a problem, but we are not going to do anything about it; the insurance companies were too strong; we could not beat them; we are just going to go the way that so many have gone in Washington.

I do not think that is going to be a good enough answer for Trisha Urban

and her family and for millions of Americans.

Finally, the question is, If you are not for our bill, if you are going to vote against it, what are you going to do about this? What are you going to do if you vote against covering 31 million Americans? What are you going to do? Are you going to cover three? Is that a serious proposal?

If you say you care about Medicare, are you going to support—which is the Republican proposal—having vouchers for Medicare? If you say you care about deficit reduction, you are going to vote against the bill that cuts the deficit by \$130 billion, and let's say that number goes down, the worst we could do is \$100 billion. But the estimates might hold up in the next couple of days. We will see what the Congressional Budget Office has.

So I think Republicans in the Senate and the House have to answer those basic questions, not necessarily my questions or our questions but the questions that Trisha Urban and others across our country and every single State, the millions of Americans who have been denied coverage because of a preexisting condition.

Notice I said millions over the last couple of years, according to one estimate, one survey. They have some questions to answer over on the other side of the aisle. We will see what their answer is, and the answer will be the vote. How you vote on this will be one answer to all of those and many other questions.

So I hope we can have some conversations on the other side; that they will see that it is important to cover Americans, it is important to provide the kind of security and protection to families who are paying their premiums every day and not being given the protections they deserve. I hope our friends do that.

I hope they do not just spend all of their time debating the finer points of process in the Senate. People really do not care about what the procedure is in Washington in the Senate. They want to know are we going to have, at long last, real protections for real families, or will the insurance companies win again.

This is not complicated. That is one of the basic questions they are asking us to answer for them.

I yield the floor and suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

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

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

Mr. CASEY. Madam President, I know I have less than 2 minutes, but I wanted to add a couple of things to the RECORD. One is an article from the Los Angeles Times of February 4 of this

year, headlined "Anthem Blue Cross Dramatically Raising Rates for Californians With Individual Health Policies."

I ask unanimous consent that article be printed in the RECORD.

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

[From the Los Angeles Times, Feb. 4, 2010]

ANTHEM BLUE CROSS DRAMATICALLY RAISING RATES FOR CALIFORNIANS WITH INDIVIDUAL HEALTH POLICIES

(By Duke Helfand)

Anthem Blue Cross is dramatically raising rates for Californians with individual health policies. Policyholders are incensed over rate hikes of as much as 39%, which they say come on top of similar increases last year. State insurance regulators say they'll investigate.

California's largest for-profit health insurer is moving to dramatically raise rates for customers with individual policies, setting off a furor among policyholders and prompting state insurance regulators to investigate.

Anthem Blue Cross is telling many of its approximately 800,000 customers who buy individual coverage—people not covered by group rates—that its prices will go up March 1 and may be adjusted "more frequently" than its typical yearly increases.

The insurer declined to say how high it is increasing rates. But brokers who sell these policies say they are fielding numerous calls from customers incensed over premium increases of 30% to 39%, saying they come on the heels of similar jumps last year.

Many policyholders say the rate hikes are the largest they can remember, and they fear that subsequent premium growth will narrow their options—leaving them to buy policies with higher deductibles and less coverage or putting health insurance out of reach altogether.

"I've never seen anything like this," said Mark Weiss, 63, a Century City podiatrist whose Anthem policy for himself and his wife will rise 35%. The couple's annual insurance bill will jump to \$27,336 from \$20,184.

"I think it's just unconscionable," said Weiss, a member of Blue Cross for 30 years. Woodland Hills-based Anthem declined to say how many individual policyholders will be affected or what a typical increase will be under the new pricing, which will vary from one individual to another. But the company defended its premiums, even as it tried to strike a sympathetic tone.

"We understand and strongly share our members' concerns over the rising cost of healthcare services and the corresponding adverse impact on insurance premiums," the company said in a statement.

"Unfortunately, the individual market premiums are merely the symptoms of a larger underlying problem in California's individual market—rising healthcare costs."

About 2.5 million Californians have individual insurance policies, accounting for a small portion of the state's overall insurance market. By contrast, nearly 21 million people in California are covered by health maintenance organizations.

Individual policies are often the only option for those who are uninsured, self-employed or do not receive health coverage through employers.

Insurers are free to cherry-pick the healthiest customers in the lightly regulated individual market. They can raise rates at any time as long as they notify the state Department of Insurance and prove that they are spending at least 70% of premiums on medical care.

The size of the individual rate increases prompted state Insurance Commissioner Steve Poizner recently to call for a review of Anthem's charges.

"Commissioner Poizner is very concerned by these large rate increases," spokesman Darrel Ng said.

Poizner directed his department to retain an "independent outside actuary to examine Blue Cross" rates" to ensure that the company spends at least 70% of the premiums on medical care, as required by state law. Ng said. Anthem said it had already hired an actuary who found that the rates were sound.

Anthem is not the only health insurer imposing double-digit rate increases. Competitors such as Blue Shield of California and Aetna also have raised premiums significantly in recent years, insurance brokers said. But they said the impending Anthem increases are the largest they have seen.

"Do they really think they are going to keep clients this way?" asked Bill Robinson, a Palm Springs broker who has informed his Anthem clients that they will face increases of as much as 39% on March 1.

Anthem sent letters to agents a few weeks ago informing them of the March 1 increases and followed up with similar notices to policyholders last week.

That's when Mary Feller of San Rafael learned that the rate for herself and her husband will jump 39%, or \$465 a month, driving the couple's annual premium to \$19,896 from \$14,316.

Feller, 56, said the premium for her 26-year-old daughter also will rise 38%, costing the family an additional \$1,572 a year.

As a result, starting March 1, the Fellers' health insurance bill will surpass the family's monthly mortgage payment on their home north of San Francisco.

"It's breathtaking," said Feller, an entertainment journalist. "We're going to have to cut back somewhere else. This kind of stuff strikes fear in the heart."

Feller said she was troubled by another part of the Anthem letter. Besides detailing the premium increase, it said: "Anthem Blue Cross will usually adjust rates every 12 months; however, we may adjust more frequently in accordance with the terms of your health benefit plan."

She and others voiced anger about the increases as Anthem's parent company, WellPoint Inc., sees big profits. Last week the company announced an eightfold increase in profit for the last three months of 2009, a surge attributed largely to the sale of subsidiaries.

Broker and insurance industry analysts said the California rate increases will leave individual policyholders with few good options: Anthem subscribers such as the Fellers can switch to a company plan with a higher deductible. Or they can try to switch insurers, a dicey proposition because carriers in the individual market can reject applicants who have preexisting medical conditions.

"It's putting people's backs up against the wall," said Shana Alex Lavarreda, director of health insurance studies at the UCLA Center for Health Policy Research. "They are finding new ways to create new problems for consumers."

The insurer said it had a team of workers to help customers balance costs and insurance.

"Anthem offers a variety of health benefit plans," the company said, "and we are dedicated to working with our members to find health coverage plans that are the most appropriate and affordable for their needs."

Mr. CASEY. Basically, many Americans have heard these stories and experienced the pain of these health insurance premium increases. But I am going to read quick portions of it:

Anthem Blue Cross dramatically raised rates for Californians with individual health policies. Policyholders are incensed over rate hikes of as much as 39 percent.

Going on to say: Anthem Blue Cross is telling many of its approximately 800,000 customers who may buy individual coverage—people not covered by group rates—that their premiums will increase 30 to 39 percent.

Finally, I ask unanimous consent to have printed in the RECORD a series of statements contained in a 3½-page summary entitled “GOP on Reconciliation.” This is a series of statements that Republican Senators have made over the years with regard to this process they are complaining about and think that we should not be able to use, even though they supported it in the past. It is interesting reading which we do not have time to highlight.

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

GOP ON RECONCILIATION

GREGG

Gregg 2005: “What’s Wrong With Majority Rule?” During a floor debate on drilling in the Arctic National Wildlife Refuge (ANWR), Senator Gregg said, “We are using the rules of the Senate. That is what they are. Reconciliation is a rule of the Senate set up under the Budget Act. It has been used before for purposes exactly like this on numerous occasions. The fact is, all this rule of the Senate does is allow a majority of the Senate to take a position and pass a piece of legislation, support that position. Is there something wrong with majority rules? I don’t think so. The reason the Budget Act was written in this way was to allow certain unique issues to be passed with a majority vote. That is all that is being asked for here. . . . The point, of course, is this: If you have 51 votes for your position, you win.” [Congressional Record, 3/16/05]

Gregg 2008: Reconciliation “One Tool of Significance” Budget Committee Can Use. “Reconciliation, as we know—those of us who work here—is the one tool of significance which the Budget Committee has. It allows us to change how entitlement programs are funded and slow their rate of growth—that was the purpose of reconciliation—and do it without the changes being subject to the filibuster rule. It is a vehicle basically directed on the purposes of the Senate.” [Gregg Floor Statement, 3/13/08]

Gregg 2005: Republicans Used Reconciliation to Avoid Democratic Opposition to ANWR Drilling, Passing Medicaid Savings. “The ANWR language has been a source of controversy all year, and along with Medicaid savings, was one of two principal reason for attempting to pass a reconciliation bill this year, according to Senate Budget Chairman Judd Gregg, R-N.H. Either provision on its own could not have survived a Democratic filibuster without the protection of budget reconciliation, Gregg said.” [CQ Today, 12/19/05]

Gregg 2005: Mocked Democrats’ Use of the “Byrd Rule” to Slow Reconciliation Bill, Said Democrats “Enforcing Minutia Over Policy.” “Anybody who knows the Byrd rule knows it’s an extremely arcane and incredibly complex piece of precedent that we deal with. And we had received estimates from CBO which said that all three items which points of order were made against scored . . . But the point here, of course, is there are so many rules in this institution that go to mi-

nutia on instances, that if you are using rules to enforce minutia over policy, you can have a pretty massive unintended consequence. Now in this case, I think it’s intended, but the consequence of promoting minutia by use of the rules is that Katrina money isn’t going to go out, people aren’t going to see doctors because doctors aren’t going to get paid, and students aren’t going to be able to get student loans and it’s potential that the welfare program won’t have the funds it needs in order to continue to go forward. That’s the consequence of promoting minutia in this instance.” [Republican Press Conference, 12/21/05]

Gregg 2005: Reconciliation is the Mechanism that Deals With Entitlement Spending, Tax Policy. “The letter asks that we indefinitely postpone reconciliation, reconciliation being the mechanism by which we address the entitlement spending and tax policy here at the Federal level. It is an outgrowth, of course, of the budget process.” [Gregg Floor Statement, 9/7/05]

GRASSLEY

Grassley 2003: If a Broad Energy Bill Lagged, He’d Favor Attaching Energy Tax Credits to the Budget Reconciliation Legislation. “The result is an energy bill much like the one lawmakers sought to finish in the final weeks of the 107th Congress that is composed largely of energy-related tax credits. . . . But if a broader energy measure lags, Grassley said, the tax package could be accelerated by also attaching it to reconciliation. ‘If we weren’t going to move an energy bill, then I would want to do that,’ he said.” [CQ Weekly, 1/17/03]

Grassley 2003: Aimed to Use Budget Reconciliation to Pass President Bush’s Economic Stimulus Plan. “The Finance Committee plans four hearings on Bush’s economic plan in late January and early February. Grassley is aiming to use a budget reconciliation measure as a vehicle and hopes to have a stimulus bill completed by April.” [CQ Daily Monitor, 1/16/03]

Grassley 2003: Planned to Move a Tax Package Through Budget Reconciliation Legislation, Said Some GOP Senators Would Oppose the Measure. “Lawmakers and aides in both chambers, including Grassley, said a tax package probably will move as a fiscal 2004 budget reconciliation measure protected from Senate filibusters. ‘We’re still going to have to have a bipartisan agreement,’ Grassley said. ‘We won’t keep all 51 Republicans together. I wish we could. But don’t forget, we’re going to have to work with Democrats to get something we can agree on.’” [CQ Weekly, 1/10/03]

Grassley 2001: Said Republicans Would Have to Use Reconciliation to Get the Bush Tax Cuts Passed, Would Protect Legislation from Filibuster and Limit Debate. When asked by Paula Zahn, “As you know, House members have been criticized, particularly Republicans, for sailing, at least the rate cut portion of this bill, through the House so quickly. As Senate Finance Committee chair, how much debate will you allow?” Grassley responded, “Well, we’re going to—in the Senate of the United States, if we do this under the reconciliation process—and that’s probably the way it will have to be done in order to get it done at all—and that’s a limit of 20 hours of debate. It’s almost the only process in the Senate that does not have unlimited debate and cannot be filibustered. So we will probably adopt the budget the first week of April, get it through finally, and compromise the last week of April, and then go to the taxes during the month of May. But it will be the expedited procedure.” [Fox News, 3/8/01]

Grassley 2001: If Tax Cuts Were Divisive, They Would Have to Be Passed Through Rec-

onciliation. “Many observers expect the Senate to take up the tax issue as part of the budget reconciliation process. Under Senate rules, debate is limited under the reconciliation process, preventing any individual senator from holding up the process with a filibuster. If there is a strong bipartisan consensus, the Senate may be able to move ahead with a separate bill that could move through in relatively short order, Grassley said. ‘On the other hand, if you’re going to have it be very divisive—even if it’s a bipartisan bill it could still be very divisive—then it would demand to be part of the reconciliation process,’ which could stretch into May or June, Grassley said.” [CBS Marketwatch, 1/26/01]

MCCONNELL

McConnell 2005: Republicans Would Use Budget Process to Extend Tax Cuts Because They Could Not Reach the 60 Votes Needed to Make Permanent Changes Outside of the Budget Process. “Well, we’re going to try to extend a number of the taxes through the budget process that we’re involved in this week. That’s the good news. The bad news is you can’t make these taxes permanent through the budget process, which is why we have what is perceived by a lot of people as the bizarre situation with regard to the death tax, where it phases down over a period of time, goes away for one year and then comes back. We are working on the death tax separately, hoping to come up with a proposal that could get to 60 votes, which we would need if we did it outside of the budget process. So we haven’t given up on trying to get a major permanent improvement, if not total repeal, of the death tax. The other taxes that you mentioned we hope to extend for an additional period of years through the budget process.” [Kudlow & Company, 3/15/05]

HATCH

Hatch 2001: Important to Pass a Budget So Senate Could Do a Reconciliation Bill to Pass President Bush’s Tax Cuts. “The important thing is, is that we got a budget through the Senate. The House has passed the tax cut of \$1.6 trillion. Now that that budget’s through, I think we can do a reconciliation bill that’ll have an overwhelming number of senators and Congresspeople voting for this \$1.3 trillion to \$1.6 trillion tax cut. And that’s critical for our economy, critical to this country.” [Fox News Network, 4/16/01]

ROBERTS

Roberts 2003: Majority Rules. On the Senate floor, Pat Roberts said, “If we do not end this business and get to the business of the Nation, and understand there is a majority and a minority and that the majority rules, we will open up a wound further that will not heal without significant price and scar, not to mention public ridicule for our institution.” [Congressional Record, 1/14/03]

COLEMAN

Coleman: “Principal of Majority Rule.” On the Senate floor, Norm Coleman said, “The fact is that what happened here is that my colleagues followed the history and tradition of this body and said they would make sure they got a vote because that is what the Senate is called upon to do, advise and consent. There is a principle of majority rule, a principle, again, espoused in this document, in this Constitution, of the United States.” [Congressional Record, 11/12/03]

KYL

Kyl: Reconciliation Is a Perfectly Legitimate Legislative Process. On Hugh Hewitt’s radio show, Senator Kyl discussed reconciliation and said: “Reconciliation is a perfectly legitimate legislative process to deal with budgetary matters. It is a, it is the one exception to the general rules of the Senate

that was created about thirty or forty years ago, and Robert Byrd was one of the people that helped to create it, to deal with budget matters where you didn't want a filibuster to prevent the balancing of the budget, in effect. I mean, there's one thing you have to do. You have to be able to either increase your revenues or reduce your spending in order to balance the budget, theoretically. So they made that one exception to the policy of the Senate, which otherwise would have required sixty votes to do the big things. Now that process is available for those kinds of monetary-related subjects. And it has been used many times. That's true. The Bush tax cuts were done as, through reconciliation, for example. Now there have been a couple of other examples where they ventured outside of pure monetary issues. They shouldn't have. I wasn't there. I don't know why or how they did it. But in any event, it is not available for large, substantive, comprehensive kinds of legislation like this health care bill. It doesn't work, it's not suitable, and it certainly isn't appropriate." [Hugh Hewitt via Think Progress, 2/25/10]

Kyl: Only Takes 51 Votes To Extend the Bush Tax Cuts. In 2005, Senator Kyl said, "the bottom line is in the Senate, to do anything permanently, it takes 60 votes because that's what it takes to break a filibuster. So if you don't have 60 votes, you've got to do the best you can. The best we can do right now, I suspect, is not to make all these tax cuts permanent but to extend them out as far as we can. If we had a five-year budget this year, for example, we could extend these tax cuts out through the year 2010. For example, that would mean that with dividends and capital gains, we need to take those two 15 percent rates and carry them forward two more years, so that they would include not only 2008 but also 2009 and 2010. And we can do that with some of the other rates as well. So with a five-year budget, that's doable. . . . And I would hope that—that only take 51 votes to accomplish, so I would hope that we would do that." [CNBC, 2/14/05]

CANTOR

2005: Cantor Hoped Congress Would Engage in Budget Reconciliation Every Year. "I would again say, though, that obviously reconciliation is a two-part process; that we are focusing on reducing spending on this one. And again, a first step in a process that I hope we can engage in every year, that we would cut the size and growth in the entitlement programs, at the same time reform these programs to promote the efficiency that the taxpayers expect." [Republican Press Conference, 11/8/05]

2005: Cantor Praised His Colleagues for Passing Budget Reconciliation Legislation. "Well, I too am here to also thank the entire team, from the speaker on down, for all that we did for America last night. And I think what is really telling, though, is the fact that we were able to vote and pass a reconciliation spending package, and unfortunately, we did it by ourselves. The fact is not one member from the other side of the aisle participated in doing what it is the whip just said, which was reform—beginning the process of reforming government. And I think it does demonstrate that the other side remains stuck to their old tax-and-spend ways and has not even presented—did not even present last night an alternative. I think that's very telling."

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

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

The legislative clerk proceeded to call the roll.

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

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

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 1586, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients.

Pending:

Rockefeller amendment No. 3452, in the nature of a substitute.

Sessions/McCaskill modified amendment No. 3453 (to amendment No. 3452), to reduce the deficit by establishing discretionary spending caps.

McCain/Bayh amendment No. 3475 (to amendment No. 3452), to prohibit earmarks in years in which there is a deficit.

McCain amendment No. 3527 (to amendment No. 3452), to require the Administrator of the Federal Aviation Administration to develop a financing proposal for fully funding the development and implementation of technology for the Next Generation Air Transportation System.

McCain amendment No. 3528 (to amendment No. 3452), to provide standards for determining whether the substantial restoration of the natural quiet and experience of the Grand Canyon National Park has been achieved and to clarify regulatory authority with respect to commercial air tours operating over the Park.

Pryor amendment No. 3548 (to amendment 3452), to reduce the deficit by establishing discretionary spending caps

The ACTING PRESIDENT pro tempore. Under the previous order, the time until 11:30 a.m. will be divided equally between the Senator from Alabama, Mr. SESSIONS, and the Senator from Arkansas, Mr. PRYOR, or their designees.

Mr. DORGAN. Madam President, the title of the bill just reported is the correct title. However, the legislation we are discussing inside that bill does not relate so much to the title. This is the FAA reauthorization bill, reauthorizing a wide range of programs in the Federal Aviation Administration. This is the fifth day we have been on the floor. Senator ROCKEFELLER has been managing the legislation. He is necessarily absent now and asked me, as chairman of the aviation panel, to manage in his stead. He has said—and I agree—we have put together a piece of legislation that has substantial modernization pieces in it that will modernize the air traffic control system, provide substantial improvements in safety, improvements in the airport improvement program to invest in and

expand the infrastructure in aviation. It contains a lot of things that are so very important.

I worry now, on the fifth day on this legislation, that if we don't get it done today, we may not get this bill done at all. That would be a shame because this authorization has languished for a long time. Rather than reauthorize the FAA with a new authorization, we have extended it 11 straight times. That describes how difficult it is to get things done.

Finally, Senator ROCKEFELLER and Senator HUTCHISON have brought the bill to the Senate floor. Senator DEMINT and I, as chairman and ranking member of the subcommittee, worked on the bill with them. We have now been here 5 days. The question will be, between now and the end of today, will we get this done or does this dissolve as unfinished work? We made a good try, but we just didn't make it happen, so it gets extended again and all of this work is for naught.

The fact is, every single Senator and every constituent of every Member has a big stake in getting this done. Anybody who flies on commercial airlines—and that is a lot of Americans—has a big stake in the issue of air traffic control modernization, improvements to safety, and the things that are included in this legislation. The failure to do this would be a great disappointment, not only for us but for the American people.

We have cleared a lot of amendments. As has been the case recently with a lot of legislation, there has been a lot of delay. We have worked on amendments en bloc that have been cleared. There is an additional group of amendments we hope we will clear.

At 2 o'clock today there will be votes on two amendments side by side, offered within the rules, although they do not relate to this particular legislation. But we will vote on those and try to dispose of those issues.

There is another issue, probably the last significant issue that is there. That is the issue of the slots and the perimeter rule at National Airport in Washington, DC. The slots and perimeter rule is controversial, complex, difficult. We have a number of amendments filed representing different interests of how many additional flights should be added to Washington National, how many flights might be added that would extend beyond what is a perimeter rule at Washington National. I hope those who have filed those amendments will agree to stand down and allow us to try to resolve that in some way in conference.

The House, in its legislation, does address in part the slot rule. If we get to conference with the House, if we can pass a bill through the Senate, it will be something we will need to resolve there.

What my great concern is, if this afternoon, following the votes, we get into long, protracted debate about the various amendments that have been