

of the shortfall in tax revenue from plant closings. Some mayors have already done that.

The worry from these mayors reminds us we are talking more about jobs and bottom line. We are talking about our Nation's manufacturing future. We are talking about our Nation's middle class.

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

The PRESIDING OFFICER (Mr. UDALL of New Mexico.) The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. CASEY. Mr. President, I ask unanimous consent to be permitted to speak for up to 15 minutes.

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

HEALTH CARE

Mr. CASEY. Mr. President, I rise this afternoon to speak of a subject that is on the minds of so many Americans. It is also the subject of a lot of attention and work here in Washington, and that issue is health care. I won't try today to cover every aspect of it and to cover all of the details that are being debated here in Washington, but I rise to begin a series of speeches that I and others will be giving on this topic.

I don't think I need to recite the challenge the people of Pennsylvania and America face when it comes to their health care. I do believe there is some consensus, not only here in Washington but around the country, about what we have to do. We have to take action, and as we take action, we have to be very clear about what we tell people and what is in the legislation: that if you like the health care you have, you can keep it; if you don't like what you have or you don't have any health care, we are going to put a bill in front of the American people—in front of the Senate and the House, and then legislation before the American people—which will allow that kind of choice.

I believe there is consensus about that. There is consensus about some fundamental keys to reform. No. 1 is the question of cost reduction. We can't get through this process and not get a handle on costs, especially for the future. No. 2: I think there is a great consensus about choice, preserving the kinds of choices people have now and in fact enhancing the choices that people have in their health care decisions. No. 3: To ensure quality, affordable health care for all Americans. The nature of that issue is that we can build on our current system, but that we have too many people—as many as almost 50 million—who are uninsured.

There are a lot of people to thank here in Washington for the work that has been done already. I know we are a

long way off. We have a lot more to do. There are weeks and weeks of work still ahead of us, but a few bear mentioning. Obviously, the President of the United States, President Obama, has made this a central issue of his Presidency and has worked very hard and has continued to make this a priority. We want to commend his leadership. It is essential. We cannot move this legislation without his help.

Senator KENNEDY, who has worked on this issue for more than four decades, I guess, now, has given tremendous leadership and inspiration. Whether he is here physically or whether he is not, he is providing that and has provided that for the American people for a generation on health care.

Senator BAUCUS, the head of the Finance Committee, has worked not just months but years on this. Especially in the last year, in the last 6 months, he has been working very hard to get it right on that essential committee.

Senator DODD has stepped into the Health, Education, Labor and Pensions Committee leadership role because Senator KENNEDY hasn't always been able to be here because of his own health challenges.

I also wish to commend the bipartisan spirit that I think is evident on both sides of the aisle. People want to get this done, and they want to get it done in a bipartisan manner.

What I will speak about today is an aspect of this challenge which I think is not getting enough attention and enough focus and, therefore, may not get enough resolution in the legislation, and that is the issue of what happens to our children, especially children who are poor or those with disabilities, those with special needs. I believe the theme—not just the theme and not just the goal but the ironclad promise that we should make when we talk about reforming health care and getting legislation passed—the ironclad promise should be as follows: No child worse off. No child in America should be worse off at the end of this process, especially poor children and especially those who have special needs, those with a disability.

Despite all of the great work—and I could cite a long list of people to thank for children's health insurance—the legislation that was passed in the 1990s and the reauthorization is great news: 6 million kids covered, plus 4 million more who will be covered, so almost 10 million—almost 11 million, actually—more than 10 million children are covered by that. That is wonderful. We should be happy about that. We got that done this year. Here is the problem: There are still 5 million more who are not covered. So I rise today to speak about coverage and a focus on those children.

Here is what I believe when it comes to children in our society. I believe every child born in America is born with a light inside them. For some children, the reach of that light will be boundless. It will be scintillating. You

won't be able to see it, it will be so bright, because of that child's potential or because of his or her circumstances, but their potential and, therefore, the light within them is boundless. For some other children, that light will be a little more limited because of circumstance, or because of other limitations they may have. No matter what the situation that child is in, no matter how brightly or not so brightly that light is shining, we have to make sure we are there for them, especially when it comes to health care. So I believe that light has to continue to shine, and one of the reasons I am so grateful for the work that has been done already is that in our committee, we have made children a priority.

The Health, Education, Labor and Pensions Committee has not only produced a bill already—it is from one side of the aisle, the Democratic side; we are working with our Republican colleagues now—but the Affordable Health Choices Act is now on the table for debate. We are working on it today, hours and hours yesterday and today, and we will continue that with our Republican colleagues.

There are a number of provisions in there for children that speak directly to this concern I have. Senator DODD has shown tremendous leadership on this issue of helping our children through this legislation. But I believe we have to focus the attention of the country on the challenge, and that is why I have introduced S. Res. 170.

I ask unanimous consent that the entire resolution be printed in the RECORD as a part of my remarks.

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

S. RES. 170

Whereas Medicaid is a cornerstone of the Nation's health care infrastructure, providing critical health coverage to Americans who have the greatest needs: children and adults whose financial means are very modest and people who are in poorer health compared to the population at-large, including individuals with significant disabilities and those with multiple chronic illnesses;

Whereas Medicaid provides health coverage to $\frac{1}{4}$ of the Nation's children and more than $\frac{1}{2}$ of all low-income children;

Whereas because minority children are more likely to be from low-income families, Medicaid has been shown to reduce racial and ethnic disparities in health care, as it provides coverage for 2 out of every 5 African-American and Hispanic children;

Whereas by limiting cost-sharing and premiums, Medicaid provides a comprehensive benefit package and ensures that children have access to affordable coverage and the health care services they need to stay healthy and meet developmental milestones;

Whereas Medicaid is designed to meet the complex health care needs of low-income and special needs children by including a wide range of essential and comprehensive services that many private insurers do not cover;

Whereas Medicaid provides developmental assessments for infants and young children (including well-child visits, vision and hearing services, and access to a wide range of therapies to manage developmental disorders and chronic illnesses) and coverage for in-home support, long-term care for special needs children, and transportation services;

Whereas Medicaid provides a care coordination benefit that supports at-risk children by coordinating State health services, thereby furthering the ability of States to effectively coordinate medical and social services that are provided by multiple organizations and agencies;

Whereas administrative spending is lower in Medicaid than through private insurance;

Whereas Medicaid is critical for ensuring that children have access to safety-net providers in their local communities and for training health care professionals, including pediatricians; and

Whereas Medicaid provides low-income children with the full complement of services they need to meet their unique health and developmental needs: Now, therefore, be it

Resolved, That it is the sense of the Senate that—

(1) Congress should ensure that reform of our Nation's health care system shall benefit all children and that no child shall be worse off, particularly the most vulnerable low-income children and children with disabilities; and

(2) strengthening our Nation's Medicaid program should be a priority and that low-income children should not be moved into a health care exchange system that could disrupt and diminish their benefits, cost-sharing protections, availability of care standards and protections, and access to supports, services, and safety-net providers.

Mr. CASEY. S. Res. 170 is cosponsored by Senators DODD, ROCKEFELLER, BROWN, WHITEHOUSE, and SANDERS. I will highlight some of the features of it.

First, it starts with a recognition that the Medicaid Program is a cornerstone of the Nation's health insurance infrastructure. It notes in the resolution that Medicaid covers a quarter of all children in the country—one-quarter—and half of all poor children. It notes as well that Medicaid has been shown to reduce racial and ethnic disparities in health care and provides coverage for two out of every five African-American and Hispanic children.

Medicaid is a comprehensive benefit package. It provides developmental assessments for infants and young children. It has care coordination benefits in support of at-risk children, and Medicaid's administrative spending is lower than that through private insurance.

Here is the end of the resolution, and I am summarizing here: It is the intent of this resolution to say that the Nation's health care system shall benefit all children—all children—and that no child shall be worse off at the end of this debate. Low-income children should not be moved into a health care exchange system that could disrupt and diminish their benefits. That is S. Res. 170.

I believe it is critically important to emphasize this idea, that no child should be worse off as a result of health care reform—not a single child—and in particular, those who have special needs or who happen to be poor.

We know from our research that children are not small adults. They have different challenges. They have developmental and health care needs that are very different from adults. The

challenges they have, the problems they encounter can be exacerbated if children face economic challenges or have any kind of special needs. These needs must be met, and if they are not met, the whole trajectory for the future of that child will be changed for the worse.

Let me say in conclusion, we have seen throughout our history that there are some people who cannot do something on their own, that they need the help of a program, they need the help of a government, and thank goodness we made the determination a long time ago that our health care system is part of that equation. When I think about health care and when we think about the health care of children, no matter what income level their family happens to be in, but especially if they are poor or have special needs, and you think of the love of a mother, with the kind of love that a mother provides to a child, there are so many things that one mother can provide for her child. She can help with that child's education. She can provide nurturing and care and love to make sure that child develops in the way we would hope. She can even help somewhat in that child's health care. But no matter how much a mother loves her child, no matter how skilled she is, no matter how dedicated she is to the welfare of her child, and no matter how much she loves that child, she cannot—cannot—provide the kind of protections that health insurance provides and the kind of medical attention that a good hospital or a good doctor or a good health care professional can provide.

So we have a choice. We can have health reform legislation, and everyone will pat each other on the back and we will all be happy we got it done. That would be wonderful. But if we get this bill passed and we have fallen short with regard to our children, especially those who are poor and have special needs, I think we will have failed not only those children, of course, but we will have failed the obligation we have to make sure that every child comes through this with the kind of protections and the kind of help they should have a right to expect, and that that mother can have a sense that this country, this government has made a full commitment—not a partial commitment but a full commitment—to children.

Let us, as we go forward, remember the love that a mother has for her child and the limitations—no matter how much that mother loves that child and what she is able to do—that we must help her with in this debate. Let us not forget, and let us make sure that the legislation we pass on health care reform has as one of its ironclad promises: no child worse off.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DODD. 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. DODD. Mr. President, what is the business before the Senate?

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 1256, which the clerk will report.

The bill clerk read as follows:

A bill (H.R. 1256) to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products, to amend title 5, United States Code, to make certain modifications in the Thrift Savings Plan, the Civil Service Retirement System, and the Federal Employees' Retirement System, and for other purposes.

The PRESIDING OFFICER. Under the previous order, the time until 2:30 p.m. will be equally divided and controlled between the Senator from Connecticut, Mr. DODD, and the Senator from Wyoming, Mr. ENZI, or their designees.

Mr. DODD. Mr. President, I see my friend from Ohio, Senator BROWN, who has been a champion of this issue, not only as a Member of this body but as a former Member of the other body. He has spoken eloquently on this already. I will defer to him whatever time he may wish to use. I am told Senator ENZI will be here shortly. We will go back and forth between now and 2:30.

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. BROWN. I thank the Senator.

Mr. President, I have watched with great admiration Senator DODD's work on this bill. I also worked on this bill with HENRY WAXMAN in the House of Representatives. Senators KENNEDY, DODD, DURBIN, and Congressman WAXMAN have helped to bring these issues forward, and they have never given up.

I boil this issue down to basically almost one sentence. I remember sitting in front of the Health Subcommittee in the House years ago and seeing the tobacco company executives swear to tell the truth, and they didn't exactly tell the truth when they talked about nicotine not being an addiction. I learned one simple concept at that hearing—and we have known this for a number of years—which is that 400,000 Americans die every year from tobacco-related illnesses. On average, that means more than 1,000 Americans die every day from tobacco-related illnesses.

If you are a tobacco executive, you think about this: You have lost 400,000 customers every year, more than a thousand customers every day, and you