

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

ORDER OF PROCEDURE

Mr. HATCH. Madam President, I have agreed to delay my 20 minutes in favor of the distinguished Senator from Michigan having 3 or 4 minutes. I ask unanimous consent that I be given the floor after that.

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

The Senator from Michigan.

Ms. STABENOW. First, Madam President, I thank my friend from Utah for his graciousness. It is a pleasure to serve with him on the Finance Committee.

(The remarks of Ms. STABENOW pertaining to the introduction of S. 1776 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Ms. STABENOW. Madam President, I appreciate very much my friend from Utah allowing me to step in for a moment. I will be happy to talk more about this at a later point, but it is important to get this introduced this evening so it can become a part of the debate.

UNEMPLOYMENT COMPENSATION EXTENSION ACT OF 2009—UNANIMOUS CONSENT REQUEST

Ms. STABENOW. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of H.R. 3548, which was received from the House; further, that a Reid substitute amendment, which is at the desk, be agreed to; the bill, as amended, be read a third time and passed; the motions to reconsider be laid upon the table with no intervening action or debate; and any statements related to the bill be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Mr. HATCH. Madam President, I have to object on behalf of our side.

The PRESIDING OFFICER. Objection is heard.

The Senator from Utah is recognized.

HEALTH CARE REFORM

Mr. HATCH. Madam President, I have taken a lot of votes in my Senate service, as I have had the proud honor of representing my fellow Utahns and of course all Americans across this great Nation. I deliver these remarks with a heavy heart because what could have been a strong bipartisan vote reflecting our collective and genuine desire for responsible reform in the Senate Finance Committee has ended as another largely partisan exercise as we take another step forward toward the flawed solution of reforming one-sixth of our economy with more spending, more government, and more taxes.

Having said that, I wish to compliment the distinguished chairman of

the committee, MAX BAUCUS, from Montana, for having worked so long and hard to try to get that bill through the committee. I disagree with the bill, but I also recognize that type of effort, and I have great regard for Senator BAUCUS and others on the committee as well. But I have worked through almost 4 weeks of debate in the Health, Education, Labor and Pensions Committee and now through 2 weeks of strenuous debate on the Senate Finance Committee. I was in the original Gang of 7 trying to come up with a bipartisan approach, but I realized that not enough flexibility had been given to Senator BAUCUS, and I decided to leave that group of seven, and I am glad I did, because I predicted when I left exactly what this bill would turn out to be.

It almost seems as though these hundreds of hours of debate in the past were for naught. It is important for Americans everywhere to understand that the bills we have spent hundreds of hours working on are not the bills that will be discussed on the Senate floor. The real bill that is currently being written behind closed doors in the dark corners of the Capitol and the White House—and we can all only hope that all of us, especially American families, will have ample opportunity, at least 72 hours, to review the full bill before we are asked to consider this on the floor and vote on it—is a bill that affects every American life and every American business. The health care reform bill is too big and too important to not have a full public review.

I wish to spend my time today talking about why the Baucus bill fails President Obama's own test for responsible health care reform. This bill is another example of Washington once again talking from both sides of the mouth and using technicalities and policy nuances to evade the promises made to our seniors and middle-class families. First, President Obama in his own words has consistently stated: "If you like your current plan, you will be able to keep it." Let me repeat that: "If you like your plan, you will be able to keep it." That was given on July 2, 2009, right at the White House, and we are all familiar with that particular commitment.

One of the amendments I offered in the Finance Committee simply provided that if more than 1 million Americans would lose the coverage of their choice because of the implementation of this bill, then this legislation would not go into effect. This was a simple and straightforward amendment; no nuance, no double-talk. This amendment was defeated along party lines.

It should come as no surprise to anyone on the Finance Committee that in a recent Rasmussen poll, a majority of Americans with health care coverage—almost 53 percent—said that the bill would force them to change their coverage. This bill is rife with policies that will do anything but allow you to keep your coverage. It cuts upward of

\$133 billion out of the Medicare Advantage Program, which will adversely impact the availability of these plans for millions of American seniors, especially in rural areas. That was what it was designed for. It is pushing for policies at the Federal level that actuaries acknowledge could increase premiums significantly for millions of Americans, not to mention the new insurance tax which will cost families another \$500 in higher premiums. This will make current coverage unaffordable for countless Americans.

American families are very smart; they are very astute. They realize that there is no free lunch, especially in Washington. They are being promised an almost \$1 trillion bill—that is really an understatement of what it is, and I will get into that later—that will not increase deficits, not raise taxes, and not cut benefits. Only Washington speak could try to sell a promise such as this with a straight face.

Second: The President has consistently pledged: "We're not going to mess with Medicare." Once again, this is another simple and straightforward pledge that this bill has now evaded through Washington double speech or doubletalk. This bill strips, as I say, \$133 billion out of the Medicare Advantage Program that currently covers 10.6 million seniors, or almost one out of four seniors in the Medicare Program. According to the Congressional Budget Office, under this bill, the value of so-called additional benefits such as vision care and dental care would decline from \$135 to \$42 by 2019. That is a reduction of more than 70 percent of benefits. You heard me right: 70 percent. I offered an amendment to protect these benefits for our seniors, many of whom are low-income Americans who reside in rural States. However, this amendment too was defeated in the Finance Committee. The majority chose to skirt the President's pledge about no reduction in Medicare benefits for our seniors by characterizing the benefits being lost—vision care, dental care, and reduced hospital deductibles—as extra benefits, not statutory benefits.

Let me make this point as clearly as I can. When we promise American seniors that we will not reduce their benefits, let us be honest about that promise. Benefits are benefits, so we are either going to protect benefits or not. It is that simple. Under this bill, if you are a senior with Medicare Advantage, the unfortunate answer is no, you are going to lose benefits.

Thirdly, the President has consistently stated: "I can make a firm pledge. Under my plan, no family making less than \$250,000 a year will see any form of tax increase."

That was when the President was a candidate in New Hampshire on September 12, 2008, and he has said that since.

Let us examine the realities of this bill. As I said before, there is no such thing as a free lunch, especially when

Washington is the one inviting you over. According to the Joint Committee on Taxation, there is more than \$400 billion in new taxes under this bill to continue to fund Washington's insatiable appetite for spending. Here are some of the highlights of the \$400 billion: \$23 billion of new taxes on employers through a mandate that will disproportionately affect low-income Americans and all at a time when our unemployment is rapidly approaching double digits. Some think we are already in double digits. There is \$4 billion of new taxes on Americans who fail to buy a Washington-defined level of coverage; \$322 billion of new taxes on everything from insurance premiums to prescription drugs to hearing devices and wheelchairs. Representatives from both the Congressional Budget Office, CBO, and the Joint Committee on Taxation, JCT, testified before the Finance Committee that these taxes will be passed on to the consumers.

So even though this bill tries to hide these costs as indirect taxes, average Americans who purchase health plans, use prescription drugs, and buy medical devices—everything from hearing aids to crutches—will end up footing the bill. By the way, it is interesting to note here that although these tax increases and Medicare cuts will start as early as next year, subsidies to help people with their premiums which will skyrocket under this plan will not be available until July of 2013—3½ years later.

By the way, they are going to cut \$400 billion out of Medicare. I remember a few years back in 1975 when, for that budget that year, we were trying to find \$23 billion out of Medicare and the other side just about went berserk over that. Here we are cutting \$400 billion out of Medicare that already has \$38 trillion in unfunded liabilities.

So what about the promise of no taxes on families making less than \$250,000? Look at the evidence. According to the data from the Joint Committee on Taxation and former CBO director Doug Holtz-Eakin, 89 percent of these new taxes will be paid by taxpayers making less than \$200,000 a year. The insurance excise tax alone would cost families up to \$500 more in premiums. That is not all. The Joint Committee on Taxation also found that at least 71 percent of all penalties collected from the individual mandate will also come from those making less than \$250,000. As I said, there is no free lunch in this town.

By the way, we all know when this bill is fully implemented it will cost significantly more. Every time Washington tells you that something will cost a dollar, it usually costs \$10. History is prologue. Medicare started off as a \$65 million a year program and now has a \$400 billion annual budget. So look for these taxes to only go up in the future as we have just given the Federal Government a whole new checkbook.

So based on my count, this bill already has three strikes against Presi-

dent Obama's own pledges to the American people. He said: "You keep what you have." That is not true. "No reduction in Medicare benefits for our seniors." That is not true. "No tax increases on families making less than \$250,000." That is not true. In fact, most of those taxes will go to the middle class at way below \$250,000.

Lastly, let me talk a little bit about the myth of this proposal actually reducing the deficit by \$81 billion over 10 years. Here is the harsh reality. The Congressional Budget Office recently reported that our national deficit for fiscal year 2009 alone was a shocking \$1.4 trillion. That is the highest deficit since 1945 in real terms.

Let me put this in perspective. This was the largest yearly deficit since 1945. It was more than three times our deficit from last year. I remember how they were complaining about George Bush and those high deficits. It is almost 10 percent of our entire economy. George Bush's deficit was less than \$500 billion. I thought it was too high. We are now talking about \$1.4 trillion in the first year of this presidency. Keep in mind the Democrats controlled the Congress in the last 2 years of the Bush presidency. This should send shivers down the spine of every American out there. We are literally drowning the future of this Nation in a sea of red ink.

Here is the fantasy: Congress will actually follow through with these massive Medicare cuts that are being used to make this \$829 billion spending bill deficit neutral. I challenge a single Member of the Senate to tell me when have we ever followed through on such massive cuts. Let me use the words of Dr. Doug Elmendorf, the Director of the Congressional Budget Office, on this issue:

These projections assume that these proposals are enacted and remain unchanged over the two decades which is often not the case for major legislation. The long-term budgetary impact will be quite different if those provisions were ultimately changed or not fully implemented.

I could not have said it better myself. We all remember the Deficit Reduction Act of 2005 which attempted to reduce Medicare spending by a mere \$22 billion over 10 years. That proposal was mercilessly attacked by the other side of the aisle as being, among other things, "Orwellian" and "immoral." Now suddenly we are being asked to believe the Congress will follow through in almost \$500 billion in cuts to Medicare?

Take another example: the physician payment. This bill only contains a 1-year fix. After that, the doctors will face more than a 20-percent cut in their payments, seriously threatening access to Medicare for seniors. We all know that we have to fix this problem, and that we will. Unfortunately, the hundreds of billions of dollars needed to overhaul this broken system are not included in this score that is supposed to be balanced, and will go to further increasing our skyrocketing deficits.

Let's be honest about it. The reason they can keep it down to \$829 billion

was by not counting the first 4 years; not having it implemented until as late as 2014. In other words, that is 6 years. If you extrapolate it out to 10 years, we have \$1.7 trillion, \$1.8 trillion that this bill is going to cost.

One reason for that is because they know we are going to have to do the doctor fix rather than have doctors being paid 25 percent less by Medicare and even less by Medicaid, and hospitals 25 to 30 percent less by Medicare and even less by Medicaid.

The biggest bait and switch on the American people about this bill's impact on the deficit is a simple math trick. If something is too expensive to do for a full 10-year period, just do it for 6 years. That is what they have done. Most of the major spending provisions of the bill do not go into effect until 2013 or even 2014, coincidentally, after the 2012 Presidential elections. So what we are seeing is not a full 10-year score but rather a 6-year score.

According to the Senate Budget Committee, the full 10-year score of this plan will easily surpass \$1.8 trillion, fully implemented over 10 years, the way it is written. I believe it will be more than that in actuality when we add the doctor fix that we are going to have to do.

That is on top of the \$2.4 trillion we are spending right now.

In our current fiscal environment where the government will have to borrow nearly 43 cents out of every dollar it spends this year, let's think hard about what we are doing to our country and our future generations. Our national debt is on a path to double. We can see the red lines on the chart. That is the projected national debt since this administration has taken over. It is on a path to double in the next 5 years and triple in the next 10 years. There is still time for us to step back, press the reset button, and write a bill we can all support and be proud of.

Madam President, what is their answer in the end? I guarantee you, the final bill is going to have some form of—it may be disguised semantically—a government-run plan. That scares every American.

In 1965, when we did Medicare, the argument was that Medicare will be on an equal footing with the private industry. Well, it didn't take just a couple of years, and they found out they could not do it. So they had to set prices.

Today, Medicare pays doctors 20 percent less and hospitals 25 percent less, and Medicaid is even worse than that. If we think the Federal Government can take over the whole health care system and save money, we haven't observed the history of Medicare. Medicare today is a \$38 trillion unfunded liability that we are saddling our kids and grandkids with—and even in my case, my great grandkids. I am concerned. This should not be a political issue.

We ought to be working together. I guarantee, if we turn all of this over to the government—I heard the distinguished Senator from Ohio, who is very sincere and very loquacious and has an interesting personality. I care for him. But if we do that, everybody is going to suffer because the Federal Government cannot do it better. It is just that simple. We have all the years since 1965 to prove that.

The fact is, if we turn this over to the almighty Federal Government and the bureaucrats in Washington, it will cause a furor like we cannot believe in this country, and rightly so. I heard the distinguished Senator say: Well, if the insurance premiums should increase because of this bill, let's turn it over to the government, and we will save all that money.

What about the \$38 trillion in unfunded liability in Medicare as we stand here today? What about Medicaid going into bankruptcy within the next 10 years? There is nobody who doubts that who looks at the financial matters in this country. The reason they are is because they are run by the almighty Federal Government. I would much rather see a system whereby we allow the States themselves, which have different demographics—and the Chair is from New Hampshire, which is different from Massachusetts, and it is also different from my State of Utah. I will bet that the New Hampshireites can handle their problems a lot better than the Federal Government in Washington. I know Utah can. We have a good health care system because we do all the things that are necessary to make it good. It is closer to the people, and the government is closer to the people. They have to be responsible to the people.

I would like to see a system where we basically block grant these funds and let the States set up their own programs and have 50 State laboratories that literally can show us the way; where we can compare plans and see the good in one State and maybe adapt it to ours. If we turn this all over to a government plan, run by Washington, I cannot begin to tell you the stifling that will be to innovation and good ideas compared to allowing the 50 State laboratories, as federalism was designed to set up.

The majority leader said: The Republicans are just the party of no; they have no plan. We have 40 Members here and we have six plans. We find that even some of our plans are off the charts in cost. Some are good. The fact is, we know this system needs to be reformed. Every Republican is for reforming the system. We are not for bankrupting the country. We are not for having these almighty bureaucrats in Washington determine what we all have to do. We are not for turning everything over to the government, which is already running Medicare and Medicaid into bankruptcy. We don't believe a central form of government should control everything.

Our Founding Fathers didn't believe that. That is why they did the Constitution the way they did it. Anybody who believes they can do it better in a government-run program hasn't studied history. I have to admit some of our colleagues on the other side do believe a single-payer system is better. Single-payer is socialism, pure and simple. They don't like to call it socialism, but that is what it is. When we get socialism, we get everything that goes with it, and that means rationing.

We have to be reasonable about what services we can give. The States will do it the right way. The Federal Government will mess it up, I guarantee it. I don't know anybody who has been here as long as I have who could not acknowledge that. I don't think they should try to dispute that. I think they would be run out of Washington. If you want bureaucrats between your doctor and you, this is the way to do it—a government-run plan right here in Washington, with all the costs and expenses and the oblivious not caring about the future that we have seen year after year.

That is why Republicans are up in arms. That is why we cannot support this bill. I wish we could work with our colleagues and get together. I wish we could do a bipartisan bill. I might add that one person is not bipartisan. You can call it that, but it really isn't. I deeply respect that one person, and she knows that.

The fact is, we are a long way from having a health care bill. The further fact is, it will not be the bill that passed out of the committee today. It is going to even be worse.

If I were sitting on the Democratic side, I would be worried to death about what they are finally going to come up with. They really do, for the most part—the majority—believe a single-payer system, run by Washington, DC, and the bureaucrats here is going to be better than one run by the States. I have to admit there are some States that would mess it up, no question. We can all name them too. There are generally States that are behind the single-payer system, but there aren't many of them. The vast majority of States would show us the way and help us to find the way and help us to do a good job on health care.

Madam President, I am very concerned. I am one who likes to work in a bipartisan way, but it has to make sense. What we passed out of there today doesn't make sense, and it is going to get a lot worse. By the time they take the HELP Committee bill, which was a totally Democratic partisan bill, and take what they want out of that, and by the time they take the tricommittee bill over in the House, which is a partisan Democratic bill, it will get worse. When it does, the American people are going to be the losers.

Madam President, 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. UDALL of Colorado. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

(The remarks of Mr. UDALL of Colorado pertaining to the introduction of S. 1777 are located in today's RECORD under "Statements of Introduced Bills and Joint Resolutions.")

Mr. UDALL of Colorado. Madam President, I yield the floor.

(Mr. UDALL of Colorado assumed the Chair.)

AGRICULTURE APPROPRIATIONS

Mr. REID. Mr. President, I am so pleased that last Thursday we passed another appropriations bill in regular order and with bipartisan support. I thank Chairman KOHL for his work to pass move this bill through the process. And I think Senator BROWBACK, the ranking member, for his work on this bill as well.

This is a good bill—it is good for the Nation and it is good for my home State of Nevada. By adopting this conference report we are making investments in rural towns, in working families, and in the farm families that feed us.

This bill includes significant investments in rural development programs to help our rural towns improve their hospitals, drinking water and sewage systems. We also help rural communities attract businesses and jobs with investments in broadband access and business loan programs. These programs are especially important as we help families living in rural towns get through these tough economic times and make their communities stronger.

In this bill we also increase funding from last year's levels for nutrition programs like the Supplemental Nutrition Assistance Program, formerly known as food stamps, the Women Infants and Children program, the Commodity Food Supplemental Program, the Emergency Food Assistance Program and School Lunch and Breakfast. In addition, I am pleased that in this bill Nevada has been added to the list of States authorized to run afterschool supper programs that will provide a hot meal for kids who would otherwise go hungry. We have all seen the stories on the news and in the papers about the historic demand for Federal feeding programs and the strain being placed on our local food banks and food pantries. This bill will help families in Nevada and throughout the nation who are currently struggling to put food on the table.

We also make a significant investment in the Commodity Futures Trading Commission, CFTC, with \$169 million, which is an increase of \$23 million from last year. We are making this investment because we need the CFTC to be capable of conducting rigorous oversight of futures markets, especially in