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Senate

The Senate met at 9:30 a.m. and was called to order by the Honorable JEFF MERKLEY, a Senator from the State of Oregon.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Almighty God, by whose providence our forebears brought forth this Nation, give to our Senators a passion to protect those liberties for which so many have given their lives to defend. Give them also the wisdom to trust You with all their hearts and to passionately and humbly pursue Your will, knowing that You have promised to direct their paths.

Today, may our lawmakers experience the constancy of Your presence. Guide them with Your higher wisdom, and bring them to the end of this day with their hearts at peace with You.

We pray in the Redeemer's Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable JEFF MERKLEY led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, November 4, 2009.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable JEFF MERKLEY, a Senator from the State of Oregon, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. MERKLEY thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, following leader remarks, the Senate will proceed to a period of morning business for 2 hours. Senators will be permitted to speak therein for up to 10 minutes each. The Republicans will control the first half and the majority will control the second hour.

Following morning business, the Senate will resume consideration of the Worker, Home Ownership, and Business Assistance Act of 2009. Under an agreement reached last night, we will agree to a substitute amendment and at 12:15 proceed to a cloture vote on the bill. At 12:15, we will have a vote. If cloture is invoked, the postcloture debate time will be considered to have begun running as if cloture had been invoked at 11:45 p.m. last night.

WASTING TIME

Mr. REID. Mr. President, what I just read is a short way of saying we wasted another day. With all the work we have to do, we stood and looked at each other yesterday—30 hours of doing nothing and the ability to move legislation forward. Anybody who has been watching what has taken place in the last 3 years knows the Republicans have become experts in wasting time, the American taxpayers' time, the American people's time.

Yesterday was no different. Yesterday, Republicans used every trick in the book to slow and stall so we couldn't do important work. And 7,000 additional people lost their ability to have a check. It is starting to get cold. It is getting cold in Washington; it was 40 degrees. Maybe people can buy a coat for one of their kids, maybe they can make that payment on the car before it is repossessed, or maybe they can pay their rent before they are evicted. These people have been out of work for a long time, and we are trying to extend unemployment benefits. And it is paid for. We are not borrowing the money to do that. But, no, the Republicans have stalled and stalled. Now more than 200,000 people have lost their ability to get that extra dollar they need. These 200,000 people need help, but Republicans can't be bothered with that. They are stalling, showing everybody they can stall things here. They are doing that.

But I am grateful that the American people watching—two congressional seats were open; there were two special elections yesterday. They were both won by Democrats. Democrats, Independents, and Republicans around the country know what has happened in this body in recent years. Republicans are the party of no. That is why, in New York, a congressional district that for 150 years had been Republican went Democratic. The American people see what is going on in this Congress.

In addition to the unemployment compensation extension being held up, which is paid for—not a penny of taxpayer money is being borrowed—Republicans are standing in the way of giving businesses a tax break. This legislation, when we pass it, will allow businesses—big and little businesses—to take into consideration a tax break. If they have lost money in the last few years, they can get a tax break; that is, to carry forward a loss. They get a benefit from the loss. If they make money, they can set it off against the money

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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they made as a result of losses they have been going through. We are trying to help businesses—especially small businesses—compensate for the losses they have endured in recent years. Again, Republicans are in no rush to help them. Each day that goes by is a real hurt to small businesses.

The good news is that we are making progress on health care reform. We look forward to receiving, in a matter of days, the CBO analysis of the proposals for fixing our health system that is so broken. We only have 1 week before Veterans Day, November 11, and 1 week before the Thanksgiving recess after that, then we will have only 3½ weeks until Christmas, and we have unemployment insurance stalled by the Republicans; military construction, which we are trying to get done to allow for construction of military bases around America and the world where we have installations; Commerce-Justice-Science, which is an important piece of legislation, stalled for weeks.

It is interesting, we hear the Republicans come to the floor—I heard one of the most unbelievable statements yesterday. Senator STABENOW was over there, and she had a chart that showed that 85 times this year the Republicans have stopped either efforts to move forward on a bill or almost 60 times we have had to invoke cloture to stop filibusters. A Republican Senator came and said: Every one of those 85 was the result of our not being allowed amendments.

That doesn't pass the test of a kindergartner. A number of the things they have held up are nominations. We have scores of President Obama's nominations being held up. And with Commerce-Justice-Science, they say they have no amendments. Interesting. They have amendments that have been filed, and as soon as we get cloture, they will be able to debate those amendments and vote on them. But, no, that wasn't enough amendments. Maybe on that one they needed another ACORN amendment because they only had one. I think that would have added up to five or six. Maybe that would please them, another ACORN amendment.

Mr. DURBIN. Will the majority leader yield for a question?

Mr. REID. Yes.

Mr. DURBIN. I think the leader is onto something because it has been a full 2 weeks since we had an ACORN amendment on the floor. So it is clear we should move to one, which is of the highest priority of Republicans. I wonder if we need more ACORN amendments.

Mr. REID. Yes, maybe we should have agreed to a couple more ACORN amendments.

For those not following this, that is an organization that has done some tremendously good work around the country. I acknowledge they have some problems. That is why I agreed with my friend from Illinois, who called for a complete investigation of ACORN. We agree that if they have done things that aren't right, they should be brought before the necessary tribunals or administrative agencies to look at that. But enough is enough. We recognize ACORN is not a perfect organization, but how much time do we need to spend on that? I also say that with nominations.

Here are things we are going to do before we have our Veterans Day break: unemployment, which is tied to first-time home buyers, and net operating loss. We are going to do military construction. We are going to finish Commerce-Justice-Science.

We are going to do nominations. We are going to do Judge David Hamilton, Seventh Circuit, who has been waiting since April. We have agreed to time agreements. Do you want an hour, 2 hours, 5 hours, 10 hours of debate? No, we don't want anything. Up-or-down vote. The Department of Justice—one of the key officials there has been held up for months, and that is Chris Schroeder. We are going to also complete Tara O'Toole. Here is a woman who is one of the most eminently qualified people in America to serve as science adviser to Secretary Napolitano. Her expertise is in a number of areas, including bioterrorism. She has written scores of articles, and she is also an expert in pandemics. Janet Napolitano, the Secretary, called me and said, ''I am desperate for this woman to come and work with me.'' The country is not capable of doing all the things that need to be done as a result of not having this job filled. Again, they won't let us vote on her. They won't take a time agreement. This is so important that we will spend 2 days debating it if we can have a vote. But that is not good enough. No time is sufficient.

A 6-month highway extension—we would love to get that done so we can meet the demands of the winter in America and so construction can go forward.

Mr. President, the American people see what is taking place. It is so obvious, and it is not constructive.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period of morning business for 2 hours, with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the 2 leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

The Senator from Nebraska is recognized.

HEALTH CARE REFORM

Mr. JOHANNS. Mr. President, I rise today to speak about health care. I want to focus my comments today, if I could, on specifically the Medicare cuts and the impact that will have across this great Nation, and also I would like too zero in on what those Medicare cuts mean for my home State, the great State of Nebraska.

Medicare is a program that is a source of health care for about 45 million Americans. As we all know, it is essentially a program for those who are 65 and older. It dates back a lot of years.

In my State, the State of Nebraska, there are 272,000 Nebraskans who are Medicare beneficiaries. As I have talked to them—and I have done townhall meetings and roundtables all around the State—they are pleased with the health care they receive. If they get sick, they have this program, this Medicare Program, that is there for them.

I want to start out saying that I believe the current plan, which cuts Medicare and claims reform, is really off base with this population. The proposal says Medicare will be cut by over $400 billion.

Let me, if I might, just walk down through the various programs that will be impacted within Medicare.

There will be a $130 billion cut for the Medicare Advantage Program. If anybody has spent any time talking to senior citizens about Medicare Advantage, they will tell you they like this program.

Mr. President, $45 billion will be cut from hospitals that care for recipients of Medicare; $40 billion will be cut from home health agencies; $14.6 billion will be cut from skilled nursing facilities; and nearly $8 billion will be cut from hospice programs.

I suggest, very respectfully, that this health care reform, which will cut Medicare by over $400 billion, is not an improvement. These cuts ultimately will compromise the ability of Medicare beneficiaries to access the care they need.

If I may spend a moment this morning to talk about the profound impacts this will have in Nebraska, the Medicare Advantage Program, as I said, will be impacted by about a $130 billion cut. Nationally, there are 11 million seniors enrolled. One Democratic Senator described these cuts as ''intolerable.'' I agree with that description. Mr. President, 35,000 Nebraskans have Medicare Advantage plans. The plans provide choice and options that people like.

The President said that ''if you like your plan, you can keep it.'' And relative to the Medicare Advantage beneficiaries, he said you will get a plan that is ''just as good.''

The Finance Committee markup was very instructive on this issue. The CBO Director stated that those people who have Medicare Advantage ''will see changes and reductions in their benefits.''

Let me turn to hospitals. The news is no better with hospitals. Hospitals that serve large numbers of seniors and the poor will have reduced payments. The current government programs actually underpay for these services. Hospital administrator after hospital administrator has told me in my State: We could not keep our hospital open on Medicare and Medicaid. They need the additional payments they get from private insurance to keep the doors open. Yet this so-called reform bill cuts Nebraska hospitals by about $142 million; that is, 36 percent of Nebraska hospitals will be affected.

Relative to home health care—a $40 billion cut nationally—seniors receive care in the home instead of going to a nursing home. That is what this program is all about. Under ''reform,'' Nebraska home health programs will lose $126 million over 10 years. By 2016, two-thirds of Nebraska home health agencies will be in the red.

It is especially devastating to rural areas where 80 percent are expected to lose money under this reform plan. It is hard to keep the infrastructure in place right now, much less to look at what is coming. A home health director in a small rural hospital in Cherry County, NE, said this to me:

> Nebraskans are a tough and a convicted people. We have chosen to live in a more rural environment and respect the fact that not all services can be provided.
>
> However, there are two registered nurses that provide home health services for seven counties. Our radius to see patients is 100 miles one way. If a citizen was sick or injured, they may have to travel 100 miles to see a doctor. If they are unable to travel, they would just not receive the care they need.

You see, home health care is not a convenience in our State, it is a necessity. Cuts will likely cause them to close that operation and quit providing the services. If the mission is to improve access, how does that do that?

Skilled nursing care facilities is another area that is targeted with $14.6 billion in cuts. Registered nurses help provide 24-hour care to people who can no longer care for themselves. People depend on them for both short- and long-term care.

What is the impact in Nebraska? The impact is $93.2 million. This dollar figure does not take into account the job loss and financial impact on local communities.

I will mention a facility, a great facility, like all facilities in Nebraska, in Fullerton—the Golden Home Living Center. That is a population in that community of 1,300 people. The nursing home there is the second largest employer. They have a $1.5 million payroll. However, they are already struggling to try to figure out how to stay open, much less facing these cuts.

The hospice program will have $8 billion in cuts nationally. Hospice provides dignity and comfort to seniors at the end of their life. With this ''reform,'' there will be a nearly 12-percent reduction in hospital reimbursements over the next decade.

We have 38 licensed hospice programs in our State. We are so proud of them. Currently, 97 percent of Nebraskans have access to at least a hospice program. The cuts, I believe, would negatively impact the care of dying Nebraskans.

Let me wrap up with this point. Every study that is out there says Medicare is heading toward insolvency, and 2017 is the date most often used. How do we keep Medicare viable? Cutting Medicare to fund a new entitlement, I respectfully suggest, is so misguided. Unfortunately, that is the determined effort of this reform plan. We can do better. We must do better. Nebraskans are watching. Americans are watching. We have to improve on what we are doing here. We need to be able to say to those who are Medicare beneficiaries: We protected Medicare. You are first and foremost in our mind.

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

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

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. CRAPO. Mr. President, I ask unanimous consent to speak in morning business.

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

Mr. CRAPO. Mr. President, I rise today to discuss Medicare also in the context of the proposed health care reform we are dealing with in the Senate.

This is one of the most troubling aspects of the health care reform proposals that are being considered in the Congress: the massive cuts to Medicare that will total, under the legislation that came out of the Finance Committee at least, about $500 billion in cuts and similar levels of cuts are included in all major legislation being moved at this point.

In this time of economic downturn, all Americans must look to their budgets and to their own spending very carefully. The same is true for the Federal Government.

Some will argue these Medicare cuts are necessary for fiscal responsibility and that everybody must play a part. Others are going to argue that Medicare is facing insolvency in 2017 and that these cuts are necessary to slow the growth of Medicare spending. In fact, the 2009 trustees report shows that Medicare's annual costs were 3.2 percent of the gross domestic product of the United States in 2008. To give a little bit of context, that is about three-quarters of Social Security's costs. These costs are projected to surpass Social Security expenditures in 2028 and reach 11.4 percent of GDP by 2083.

The unfunded obligation of the Medicare hospital trust fund is $13.4 trillion, which is $1 trillion higher than even last year's estimate. And Medicare's total unfunded obligations, which include Part B and Part D programs, have reached $37.8 trillion.

Yes, we do need to address the solvency issues related to Medicare. We must deal with it. But let's be clear about one thing: These proposals in these health care bills do not strengthen the solvency of the Medicare Program.

These cuts accomplish one simple goal; that is, they take money from the Medicare Program in order to create a new entitlement program. The program is created at the expense of America's seniors. We are not shoring up Medicare for America's seniors with these bills; we are transferring $500 billion out of the Medicare programs into a new government entitlement program.

A recent article described it like this: Let's imagine that Medicare is your family's overall budget. You have lived beyond your means and you have run up a huge debt. In order to deal with this new debt, your family thinks of creative ways to cut spending and reduce expenses and put some of your savings aside to catch up. Then, though, you see all this cash that you saved up and you would like to go out and buy a brandnew car. So instead of using the cash to help pay off your debts and your obligations and shore up your financial circumstances, you take this cash and go out and spend it on a brandnew car, in this case a government-run car.

This is what is happening with the Medicare system in the bills before us. These cuts damage the existing program in order to create a new one, harming America's seniors along the way. They are negatively going to impact choice, access, benefits, and quality of care. When Americans said they wanted change, I don't think this is what they were talking about.

Let's talk about a few specifics.

Among the largest cuts to the Medicare Program are the $117 billion in cuts to the Medicare Advantage Program. Currently, there are nearly 11 million seniors enrolled in Medicare Advantage, which represents about one out of every four Medicare beneficiaries. In my home State of Idaho, there are more than 60,000 Medicare Advantage beneficiaries or 27 percent of Medicare beneficiaries in the State.

Since the creation of the Medicare Advantage Program in 2003, overall enrollment in private plans has been steadily increasing and beneficiaries across the country have had more private plans to choose from than they did 10 years ago.

A 2007 study reported ''high overall satisfaction'' with the Medicare Advantage Program. Mr. President, 84 percent of respondents said they were happy with their coverage, and 74 percent would recommend Medicare Advantage to their friends or family members.

According to Congressional Research Service, as of January 2009, all Medicare beneficiaries across the country had access to Medicare Advantage plans along with traditional Medicare plans. The choice is particularly crucial in rural areas. Between 2003 and 2007, more than 600,000 beneficiaries in rural areas joined the Medicare Advantage Program, which is a 426-percent increase.

The Medicare Advantage cuts proposed in the Finance bill will force plans to cut benefits, increase premiums, or drop coverage altogether. In fact, CBO estimates that enrollment in Medicare Advantage will decrease by 2.7 million people by 2019, resulting from the changes in this proposed legislation.

This number represents not only people who would lose their plan but also those who would no longer be able to choose Medicare Advantage because of the decrease in benefits.

CBO estimates that the value of extra benefits offered by Medicare Advantage plans will drop from $135 a month to $42 a month. When we were in the Finance Committee markup, I asked CBO Director Elmendorf to confirm this point. I asked him:

> So approximately half of the additional benefit would be lost to those current Medicare Advantage policyholders?

His response was:

> For those who would be enrolled otherwise under current law, yes.

The point is, the Medicare Advantage cuts in the Finance Committee bill will clearly break the President's pledge that if you like the insurance you have, if you like the protection you have, you can keep it.

Even if some seniors on Medicare Advantage are able to keep their plans, they are not going to be able to enjoy the same level of benefits they enjoy today. During the Finance Committee markup, I offered an amendment that would have prohibited the implementation of the bill's Medicare Advantage provisions if their implementation would decrease choice and competition for seniors in Medicare—very simple and straightforward. The amendment was defeated on a straight party-line vote.

Many congressional Democrats argue that by defending Medicare Advantage you are actually defending overpayments to insurance companies. That is not true either. Medicare Advantage plans are paid 14 percent more, on average, than traditional Medicare fee-for-service. However, these overpayments—or alleged overpayments—don't go into the plans. They go to the seniors enrolled in the plans in the form of extra benefits. That is why Medicare Advantage is so popular among seniors. Seventy-five percent of the additional payments to Medicare Advantage are used to provide seniors with additional benefits—benefits such as dental coverage or vision coverage or preventive medicine or flu shots or hearing aids. The remaining 25 percent is returned to the Federal Government. So the cuts to Medicare Advantage will reduce benefits and will deprive seniors of choice.

But that is not the only kind of cuts we have coming to Medicare. In addition to the cuts to the Medicare Advantage Program, the Finance Committee bill also contains massive cuts to other Medicare providers. It contains $40 billion of cuts to home health agencies, there are nearly $8 billion of cuts to hospice, and more than $16 billion of cuts to skilled nursing facilities. These levels of cuts would be devastating for providers and will threaten access as well. As more and more providers will not take Medicare patients, it will be harder and harder for beneficiaries to find care.

I spoke to Gary Thietten, the president and owner of Idaho Home Health & Hospice, just last week about the impact of the Medicare cuts to home health and hospice. He described to me how bad the fiscal situation has become for home health, hospice, and other Medicare providers in Idaho. Idaho lost nearly 30 percent of its home care providers in 1998 and 1999, including the State's largest provider. The providers that are still in business in my home State are working under the same Medicare reimbursement levels they received in 2001—8 years ago. If the cuts from the Finance Committee bill go into effect, on top of the current reimbursement issues, the situation will get significantly worse for many providers, and the net result, again, would be a loss of providers, a loss of options, and a loss of services to our seniors.

Costs have gone up considerably due to the economic downturn, and rural Idaho is being hit the hardest. Gary compared the situation for home health and hospice providers to the farmers in Idaho. Most farmers don't grow just one crop. Similarly, home health agencies don't provide just one service. They provide hospice and private-duty care, along with medical supplies and equipment. All of these services are going to suffer because of the home health and hospice cuts.

These proposed cuts will not just affect providers in my home State, they will affect Medicare providers in every State around the country, particularly rural States, which already face significant provider access problems. At some point, providers will no longer be able to give the best care or any care, for that matter, to Medicare beneficiaries. As I indicated earlier, we have already seen the trend start with those medical service providers that simply can't afford to take Medicare patients.

I have long supported policies that increase access to high-quality affordable health care for all Americans and provide for fair reimbursements to providers of the medical services rendered. However, the types of blunt, across-the-board cuts we see in these proposed bills will result only in increased harm to providers and to Medicare beneficiaries around the country.

It is my hope that as we face these difficult times, and dealing with needed health care reform, we will not take the cuts out of the Medicare Program that are proposed in this legislation. Specifically, and importantly, it is critical that we not cut our Medicare beneficiary services in order to simply fund a new, massive government entitlement program.

With that, I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER (Mr. UDALL of New Mexico). The Senator's time has expired. The Republican leader is recognized.

Mr. MCCONNELL. Mr. President, I will proceed on my leader time.

The PRESIDING OFFICER. The Senator has that right.

HEALTH CARE REFORM

Mr. MCCONNELL. Mr. President, the American people are paying close attention to the ongoing debate over health care, and they have noticed a worrisome trend. The longer this debate goes on, the further Democrats in Congress seem to drift from the original purpose of reform.

At the outset of this debate, the American people were told reform would lower costs, a goal all of us supported. The administration is right when it says the rising cost of health care in this country is unsustainable. Costs must be reined in. But the proposals we have seen so far don't address that problem. In fact, they make it worse. Instead of reining in costs, the proposals they have advanced are expected to drive costs even higher, costs that will then be shifted onto families and small businesses.

Yesterday, I pointed out the absurdity of the situation we are in. Reform that was meant to lower costs is now independently confirmed to make health care more expensive. Reform that was meant to make life easier is now expected to make life harder for families, businesses, and seniors from one end of our country to the other.

Let's focus on Medicare a moment, a program tens of millions of America's seniors rely upon. How is this program doing financially? It is not a pretty picture. Medicare started running a deficit last year, and the Medicare trust fund is expected to run out of money in less than a decade. Looking a little further ahead, Medicare is slated to spend nearly $38 trillion that it doesn't have. Simply put: Medicare is broke. For the sake of our seniors, we need to fix it.

But the advocates of this legislation look at Medicare and they see something else. They do not see a problem to be fixed, they see a giant piggy bank. Rather than fix it, they want to use it to fund an entirely new set of government-run health care programs.

Medicare was an attractive target for the people who wrote this bill. They

were in a bind. At a time of shrinking government revenues, nearly 10 percent unemployment, and record deficits and debt, the bill writers looked around for the money to cover the cost of their health care plan and they couldn't find it. So they decided on massive cuts to Medicare, cuts that will have serious consequences for millions of American seniors.

I am sure they didn't want to resort to cutting Medicare when they started out, but the fact is they are now proposing massive cuts that will inevitably lead to fewer services. Here is what they plan to cut: $8 billion from hospice, more than $40 billion from home health care agencies, more than $130 billion from Medicare Advantage, and more than $130 billion in Medicare cuts to hospitals that care for seniors.

At the outset of this debate, all of us knew Medicare faced significant challenges that needed to be addressed. A program that is already spending more than it is taking in, a program that is expected to be insolvent in just 8 years, should be fixed, not raided. Just about every day I receive letters in my office from Kentuckians who have Medicare. They are counting on this program. They are worried about its future. We have an obligation to our seniors, an obligation to keep our promises.

At some point, the majority will have to work with Members to address this problem. When they do, we should focus on a solution to out-of-control entitlement spending that Americans will embrace.

Forty-four years ago, when President Johnson signed Medicare into law, he vowed that we would never refuse the hand of justice to those who have given a lifetime of service and wisdom and labor to their Nation. We have an obligation to fulfill that vow. We have an obligation to work together on solutions that both parties and the people for whom this vital program was created—seniors—will support.

The health care plan we have seen is deeply flawed. Far from fulfilling the original goal of lower cost, the Democrats' bill would drive costs even higher—an outcome that has most Americans scratching their heads in confusion and disbelief. What is worse, the plan slashes Medicare, too, as a way to pay for new government programs.

Clearly, the effort to reform health care has gotten off track. Higher taxes, higher premiums, and cuts to Medicare is not the reform Americans are looking for. They want commonsense, step-by-step solutions, not a health care experiment that makes existing problems worse. While some may want to move this bill as quickly as possible, Americans have a different message: They would like for us to start over.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. LEMIEUX. Mr. President, I wish to follow up on the comments of Leader MCCONNELL and Senator CRAPO concerning Medicare. I don't think there is a State that is more affected by these potential cuts to Medicare than my home State of Florida, where we have nearly 3 million Floridians who enjoy the Medicare Program. Ultimately, the question in our health care debate is: How we are going to pay for this $1 trillion new program—this program that encompasses some 1,990 pages in the House proposal?

As Leader MCCONNELL said, it seems it is the opinion of the majority in this Chamber, and in this Congress, that the way we are going to pay for this new entitlement program is to take money from health care for seniors. Frankly, it amazes me that we would have this conversation; that we would take nearly $500 billion—$½ trillion—out of health care for seniors.

It amazes me for a couple of reasons: One is that this money was paid into the system by seniors out of their paychecks for their entire lives. This was not some handout from government. This is a program they have paid into and they expect a return on it. It is a covenant with our seniors—our greatest generation, now retiring. We told them that if they paid into this system, they would have health care for the rest of their lives through Medicare. Now, even though this program is in and of itself, as Leader MCCONNELL said, in jeopardy of going bankrupt in the next few years—because less people will be paying in and more people will be taking out—we are going to take $½ trillion out of this program to pay for a new program. That doesn't make any sense to me.

I received a letter from one of my constituents, Shirley Anderson from Gotha, FL, which is right outside the Orlando area in central Florida, and she gets it. She says to me:

> I am writing to express my deep concern about the proposed Medicare cuts in reimbursement for outpatient tests and procedures. I understand that these cuts may force doctors to either refuse to take care of me, as I have Medicare, or leave the State of Florida altogether. It has taken me a long time to find a doctor that I trust and I cannot afford to lose him. If this happens I will be forced to go to the hospital for these routine cardiac tests and procedures. My waiting times are going to be longer and more importantly my out of pocket expenses are going to be much higher and I simply cannot afford this. I strongly believe this is going to adversely affect my health care and well-being.

What are we doing? We are going to jeopardize the promises we have already made to seniors in order to create a new program that is not going to reduce the cost of health care for Americans, a new program that is fraught with problems. It doesn't make any sense to me.

As was stated before, the proposal in the House and what we think will be the proposal in the Senate—although we have not seen the final copy—cuts $135 billion from Medicare Advantage, $150 billion from hospitals that care for seniors, $51 billion from home health agencies, and nearly $70 billion in additional cuts or fee increases. What is this going to do to the process?

I talked this morning to Ron Malone, who is the vice president of a health services company that provides home health care in Florida. They have 16 locations, they have 2,000 clinicians, they serve about 25,000 patients. He told me this proposal, as written, is going to put half of the providers underwater and out of business. Half of the home health providers, in his estimation, will go out of business. Which ones will go out of business? The small companies, the companies we are trying to help in this economy where we have over 10 percent unemployment in Florida and nearly 10 percent unemployment in this country. We are going to put those small businesses out of business.

Home health care saves costs. Home health care is the more affordable option than a nursing home. Plus seniors like it better because they get to stay in their own homes. We are going to put these people out of business. As Senator CRAPO said, where is this home health care most important? In areas where there is not a hospital or nursing home available, out in the rural areas, not only in places in Idaho but places in Florida. So we are going to make it harder for seniors to get the care they want, and we are going to do something that ultimately is going to be more expensive.

I want to also talk about Medicare Advantage. This is a program that was started to give seniors more options under Medicare. It is not a requirement, it is voluntary—they can choose it—and it is more like a private program, more like a program in the private sector where the companies actually cater to the seniors, provide them with more benefits, such as eyeglasses and dental care and hearing aids and flu shots. They have someone on the other side of the equation who is trying to give them some service, unlike government usually does.

Now we are going to cut that program. We have 915,000 Floridians in Medicare Advantage, and we are going to take $150 billion out of it. So what is going to happen? They are going to get less services. We cannot get blood from a stone. When the money comes out of the program, the program is going to suffer. Who is going to suffer? Our seniors.

These are increasingly popular programs in Medicare Advantage. It is also important to note that 40 percent of African Americans and 53 percent of Hispanics who do not have Medicaid or employer-based coverage are now enrolled in Medicare Advantage. Our minority populations enjoy this program also.

As a Senator from Florida, the State with the highest per capita population of seniors, the second highest total population of seniors in America—3 million seniors on Medicare—who made this country what it is, who are our greatest generation, who paid into this

system and now are going to see less benefits and less care, I can't stand by and let that happen.

What I am afraid of is we are going to have two classes of health care in this country. If we pass a bill like this, what worries me is that fewer providers are going to be in the Medicare system because their reimbursement rates are going to have to go down. So our seniors and our disadvantaged are not going to get the best doctors. In fact, someday I don't think a lot of these doctors are going to take insurance. So we will have one quality of health care for the rich and one quality of health care for everybody else. That is not American. That is not what we promised our seniors, and it is not something we should be doing.

The Hippocratic Oath tells doctors: ''First, do no harm.'' This proposal, from all we can read about it, first does harm. It harms our most vulnerable people, our seniors, whom we owe and should respect.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee is recognized.

Mr. ALEXANDER. Mr. President, I thank the Senator from Florida for his insightful remarks. I listened with interest to the Republican leader describe the congressional Democrats' bill, which is now about 2,000 pages. We know we do not have a Senate bill yet. It is being written behind closed doors somewhere, I think in the majority leader's office. We are not sure who is writing it. We will have it sooner or later. But we do know some things about the health care bills.

Today what I would like to talk about is just one of those things. Then I want to suggest what the Republican plan is because we have a very different approach toward dealing with health care than the Democratic bills that we have seen. Today I want to talk about Medicare.

Medicare is very important to about 40 million Americans and to a lot of other Americans who are about to be of the age to depend on Medicare. To get it down into a nutshell, here is what all of the plans we have seen so far from the Democratic side propose to do: to take about $½ trillion over 10 years from Medicare—in other words, cut Medicare by $½ trillion, not to put into the Medicare Program to make it more solvent but to start a big new entitlement program called government-run health insurance for other people.

We hear from the other side the Republicans are scaring people about Medicare. The Republicans aren't scaring anybody about Medicare, it is these Democratic bills that are scaring people about Medicare. And they have a right to be worried about them because the Medicare trustees have told us this program, that 40 million seniors depend on, is going to become insolvent between 2015 and 2017. That affects the 40 million of us who are already eligible and a part of Medicare, and it affects tens of millions more who will become eligible for it.

The idea would be, if these bills are passed, to pay for new programs by cutting that $½ trillion from this program that is going broke. The Senator from Kansas, Mr. BROWNBACK, described it this way. He said: This is a lot like writing a big check on an overdrawn bank account to buy a new car.

He said: Your bank shouldn't let you do that, and the American people should not let us do this, and I don't think they will, which is why we are glad a number of the Democratic Senators joined with all 40 Republicans and said to the Democratic leader: We want two things about this health care bill by the time it gets to us. No. 1, we want to know what it does; and, No. 2, we want to know what it costs.

What that means is, it should go up on the Internet for at least 72 hours, the complete text—that is what the letter from the Democratic Senators, as well as Senator BUNNING in the amendment he authored, said—and, No. 2, we want a complete formal estimate from the Congressional Budget Office about what the bill costs because the American people are significantly worried about health care reform. That, as the Republican leader said, is supposed to reduce costs, reduce premiums, reduce the government's debt. But, instead, everything we heard about it so far makes it look like it is more likely to increase the cost of premiums, to increase taxes, and one thing we know for sure, it will cut Medicare. So let's talk about Medicare for a moment.

A couple of weeks ago we had the first vote on health care reform. For the country, it was a fortunate vote because we saw a bipartisan act in the Senate. The proposal by the Democratic leader was to run up the debt another $¼ trillion in Medicare spending. But 13 Democrats and all 40 Republicans were not going to do that. We have too much debt today. We had a deficit this year of $1.4 trillion, which is as much as the entire debt of the United States from the days of George Washington until 1990. So we all said: No, slowdown. It may be a worthy thing to do.

It is important to deal with the physician reimbursement problem. But we are not going to start off the health care debate by borrowing $¼ trillion for more Medicare spending.

The Washington Post wrote about that proposal:

> A decade ago, Congress passed legislation designed to limit health-care costs by slowing the growth of Medicare payments to doctors. Each year, Congress passes a patch to prevent the cuts from taking effect. [The Senator from Michigan] proposed to make this system ''honest'', [in her words] by eliminating the cuts permanently . . . it's a strange interpretation [the Washington Post said] of honesty to separate this $250 billion cost from the health-care bill and then claim that the other bill doesn't raise the deficit.

Fortunately, the Senate came to its senses and said no. We are not going to raise the debt $¼ trillion for more Medicare spending. But the House Democrats—who came up with a 2,000-page bill they say they may be voting on in the next few days—apparently did not get that message. Their 2,000-page bill did not include the fix, or the physician reimbursement, which we all know is a part of health care reform. It is a part of the Medicare system. It has to do with the amount of money doctors are paid for seeing Medicare patients. It has to be dealt with. Yet they have left it out to the side and, again, we have a proposal that adds to the deficit $¼ trillion.

A Wall Street Journal editorial this week, appropriately titled ''The Worst Bill Ever,'' notes this absence by saying:

> The House pretends [as some Senators did] that Medicare payments to doctors will be cut by 21.5 percent next year and deeper after that, ''saving'' about $250 billion.

According to the Wall Street Journal, making those kinds of assumptions means the 2000-page bill that has been written in the House is more likely to cost closer to $2 trillion over 10 years instead of $1 trillion. So we know the era of the 1,000-page bill is over because we have a 2,000-page bill; and I guess the era of the $1 trillion legislative proposal is over because we have a $2 trillion health care proposal being considered in the House.

The article in the Wall Street Journal goes:

> All this is particularly reckless given the unfunded liabilities of Medicare—now north of $37 trillion over 75 years.

In other words, over the next 75 years we have $37 trillion in obligations that the Medicare Program has, $37 trillion more than we have money coming in. How is that going to make you feel if you are part of the Medicare Program and some Member of Congress says: OK, we are going to take this program with $37 trillion in unfunded liabilities, a program on which you rely for your Medicare, and we are going to cut it by $429 billion in order to start a new program for somebody else? I think you are going to say: I don't like that very much. I don't like the sound of it. And, increasingly, as Americans read these bills and understand what it costs and understand what they mean to each American, they come to that same conclusion.

So we wait with great interest to see what bill the Senate majority leader will bring from behind his closed doors when he takes the 1,500-page Finance Committee bill and the 900-page—nearly 900-page—HELP Committee bill in the Senate and puts it together, I assume, with this 2,000-page bill in the House, and all of them depend on cutting Medicare for about half of their costs.

Any reductions in Medicare, any savings in Medicare, any elimination of waste, fraud, and abuse in Medicare should go to Medicare. We should not be cutting grandma's Medicare to spend money on somebody else. We ought to save money in grandma's Medicare to spend on grandma because grandma's Medicare Program is going

broke. That is what the Medicare trustees have told us.

What does this mean for seniors? The Senator from Florida outlined them: Nearly $140 billion in cuts to Medicare Advantage—one out of four seniors, I believe, has a Medicare Advantage Program—nearly $150 billion in Medicare cuts to hospitals that care for seniors, more than $40 billion from home health agencies, nearly $8 billion from hospices.

My understanding is the House bill also makes roughly $100 billion in Medicare cuts for hospitals that care for seniors—this is the House bill—$57 billion from home health agencies, and nearly $24 billion from nursing homes.

The President stated that while ''people who are currently signed up for Medicare Advantage are going to have Medicare at the same level of benefits. . . .'' That was President Obama. Yet the Congressional Budget Office Director, the nonpartisan Congressional Budget Office Director, said after looking at the Senate Finance health care bill that fully half of the benefits currently provided to seniors under Medicare Advantage would disappear.

The Congressional Budget Office Director said the charges would reduce the extra benefits, such as dental, vision, and hearing coverage, that would be made available to beneficiaries.

What about the cost to the government? Remember, as the Republican leader said, we thought health care reform was about cost.

I remember being invited—I appreciated it very much—to a summit President Obama had earlier this year on entitlement spending. The President said he needed to work on that, and every speaker who was there said that if we do not do something about health care spending, about Medicaid and about Medicare, we are going to go broke as a country and that almost all of our debt and deficit problems are related to health care spending.

So our goal here is to reduce the cost of premiums to individual Americans and reduce the cost of government to individual Americans. That should be our goal. But according to the Congressional Budget Office, the cost of the 2,000-page House bill reflects a gross spending total of over $1 trillion. Now, who thinks we can spend another $1 trillion without adding to the debt? I don't think many Americans do. This mainly includes outlays for Medicaid, children's health, and subsidies.

According to the Budget Committee's staff, though, the real 10-year cost of the Senate Finance Committee bill when fully implemented would be closer to $2 trillion—$1.8 trillion—because the main spending provisions do not go into effect for another few years, starting in 2013. The taxes and the fees—the new taxes, nearly $1 trillion in taxes—start right away, over the full 10 years, but the benefits don't start until 2013. They make some other assumptions along the way such as that there will be a Medicaid commission, which will cut Medicare more. Well, those procedures haven't worked so far. And if there are savings in Medicare, they should be spent on Medicare, not to start some new program.

So Republicans—and, we hope, discerning Democrats—are not scaring seniors about Medicare; these bills are scaring seniors about Medicare. And they have a right to be worried. They have a right to be worried because they are the 40 million Americans who depend on Medicare. Just answer the question for yourself. If we are going to take $½ trillion out of your Medicare Program that the trustees say is going to go broke in a few years and spend it on someone else, what does that do to your Medicare benefits? It puts them in more jeopardy, is the only obvious answer to that.

So we have proposals that, so far, cut Medicare, raise taxes, raise premiums, add to the debt, transfer expenses to the State that Democratic and Republican Governors say will bankrupt some States—these are the Medicaid Programs—and they create a new government-run program.

I am already getting e-mails from businesspeople in Tennessee who said that if a bill like this goes through, they are out of providing health care to their employees, they can't stand the costs. And so millions of Americans will be losing their employer insurance and shifting over to the new government program which is being paid for by grandma's Medicare. That is the scheme that is being put together here.

Mr. President, how much time is remaining?

The PRESIDING OFFICER. The Senator has 14½ minutes remaining.

Mr. ALEXANDER. I thank the Chair.

So here is what we know about the Congressional Democratic health care plan which is 2,000 pages long: higher premiums, Medicare cuts, higher taxes, more debt. It is a government-run plan. When you put the whole scheme together, if you are one of the 177 million whose employer provides insurance to you, you run a great risk—let's say it this way—of losing your employer insurance because the employer says: I can't afford to provide it anymore, and plus, the government started a new program, so you go over to the government program. That could lead to rationing. Your Governor will tell you the States can't afford the costs being transferred to them, so that means either higher State taxes or higher college tuition to pay for the reduced payments to public higher education, and a $2 trillion cost over 10 years, according to the Wall Street Journal. That is not real health care reform.

So what is real health care reform? What is the Republican plan or what hopefully could be a bipartisan plan that we could work on? We would suggest, and we have suggested this day after day, week after week, committee meeting after committee meeting: Let's start over. We are headed in the wrong direction. Let's go in the right direction. And the right direction is having the simple goal of reducing costs, costs to those paying for health care insurance, in their premiums, and the cost to the government, which we all have to pay for as well. And how do we do it? Instead of a big, comprehensive, 2,000-page, $2 trillion, full of surprises and mandates bill that terrifies everyone, let's go step by step in the right direction, which in this case is reducing costs.

What would that mean? Well, No. 1, we could start with a small business health insurance plan. This permits small businesses all across America to pool their resources and leverage those resources.

Let's say you are in a small business and there are 80 employees. Two people get very sick, and they use up all of the available money that small business has to help pay for employees' health care. The employer has to say, I have to reduce everybody's health care; or, I am sorry, I just can't offer it anymore. But if you allow that small business to join with small businesses all across America and pool their resources and leverage their money, then you have a different outcome. According to the Congressional Budget Office, that would mean 750,000 more Americans would be insured. It would mean three out of four people insured by small businesses would pay lower premiums. And it would reduce the cost of Medicaid, as those people went onto their own private insurance, by $1.4 billion. So more people insured at lower costs for premiums and less debt for Medicaid—that is one step on which we should be able to agree. Senator ENZI and the late Senator Kennedy worked on that for a long time, but we have not passed it. Why don't we pass it as the first step? That is 88 pages; that is not 2,000 pages.

Then a second step: Why don't we allow Americans to buy insurance across State lines? That increases competition. We have a number of bills that have been introduced that would allow that. Senator DEMINT of South Carolina has one of those bills, and that is 30 pages, not 2,000 pages.

Junk lawsuits. Virtually everyone who has looked at it agrees that lawsuits against doctors add to the cost of health care that we all pay. Some States have taken some steps and shown it makes a real difference. Maybe it is a small part of the cost, maybe it is a large part of the cost, but it is a part of the cost. Anyone who is injured—anyone who is injured by a negligent doctor should be paid 100 percent of the damage to that person. But this would begin to restrict the punitive damages that are often added to that which greatly benefit the trial lawyer and increase the cost to all of us. So why don't we take steps to do this?

We know of examples in my State of Tennessee—and I am sure in virtually every State—where OB/GYN doctors

have moved out of rural counties because their medical malpractice premiums have gone through the roof. They just will not practice anymore. So pregnant women are having to travel to Memphis, 60 or 80 miles, for their prenatal health care and to deliver their babies. They do not have that service in the county where they live. This would help them, those women, and this would help reduce costs.

So those are three steps we can take.

A fourth step would be equal tax treatment for every individual on our health care tax policy. That is 21 pages.

Information technology for health care—this may take a few years to actually reduce costs, but virtually everyone agrees that the record keeping in our health care system is a great drag on the productivity and an obvious addition to the cost. Democrats as well as Republicans have worked on legislation to change this.

There is a 13-page bill introduced by Senators COBURN, BURR, and ENZI. I am sure there are good proposals on the Democratic side. We could take that step. And that would be five steps.

Then we could help create more health care exchanges. That is in many of the bills. It is common to many of them. It is a supermarket in which any individual can go to buy, more easily, a health care plan for that individual or for that person's family. It just takes eight pages to create better health care exchanges across this country.

And then waste, fraud, and abuse. Senator LEMIEUX from Florida, the new Senator, made his maiden address on waste, fraud, and abuse. It is a scandal that, in the Medicaid Program, for example, $1 out of every $10 is waste, fraud, and abuse. That is $32 billion a year. We can go to work on that in a variety of ways, which he talked about this morning. That is just 21 pages.

So there are seven steps in the right direction which are reducing health care costs. We should be able to take those steps in a bipartisan way.

So we have a choice of approaches here in the Congress. The American people want real health care reform, but they do not believe that raising taxes, raising premiums, cutting Medicare, increasing the debt, and 2,000-page bills full of surprises are real health care reform.

The American people are properly skeptical of a grand and risky scheme that claims we are wise enough to solve everything at once. They know we are more likely to mess up everything at once if we try such risky schemes. So to re-earn the trust of the American people, we should go step by step. Here is the choice: a 2,000-page bill or a 200-page bill.

Sometimes, the assistant Democratic leader will come on the floor and say: Where is the Republican plan? I said to him yesterday, if he is waiting for Senator MCCONNELL to bring a wheelbarrow in here with a 2,000-page Republican alternative that costs $2 trillion and is just our way to spend $2 trillion and is full of surprises and our grand and risky scheme, he is going to be waiting a long time because he is not going to see it. We are going to bring up several steps which we know will reduce costs, which we know we can afford, which we know will help people, which we know we can implement, and which we believe will have significant Democratic support as well as Republican support.

So is it 2,000 pages or 200 pages? Reduce premiums or increase premiums? Reduce debt or increase debt? Cut Medicare and start some new program with it or make Medicare solvent by taking any savings we can find in Medicare and use it to help Medicare?

Higher taxes—I did not say much about that, but there is $900 billion of new taxes in the program when it is fully implemented in the Finance Committee program. And the Congressional Budget Office Director said the obvious about that—by and large, most of those new taxes will be passed on to whom? Those of us who pay insurance premiums. So there is another reason your premiums are going up, and the cost.

We should be able to enact a good health care plan this year. The country needs for us to do that. But we Republicans are offering a real choice to the American people. The American people are appropriately skeptical of risky schemes that run up the debt, cost $2 trillion, and are filled with higher premiums, more taxes, and Medicare cuts.

To re-earn the trust of the American people, we should set a charge goal of reducing costs and move step by step in that direction. That is the Republican health care plan, and I believe that is a plan Republicans and Democrats can agree upon.

I yield the floor.

The PRESIDING OFFICER (Mr. KIRK). The Senator from Ohio.

HEALTH CARE REFORM

Mr. BROWN. Mr. President, when I listen to my colleagues today from the Republican side of the aisle, part of me is incredulous. Part of me says: I can't believe what I am hearing. The other part says: Of course I can believe what I am hearing, because I have heard it since 1995, when the Republicans tried to privatize Medicare when I was a Member of the House of Representatives and heard it; when I read books about what happened in 1965, when Medicare started; and I heard about it in stuff I read from the 1930s when F.D.R. first tried to create something like Medicare. My Republican colleagues have become the party of no. They generally opposed the minimum wage, generally opposed the creation of Social Security in the 1930s, generally opposed the creation of Medicare in 1965, generally opposed SCHIP to help poor children and often not the poorest children, children whose parents had jobs but didn't have insurance. The party of no generally opposed most of those things. So why should we be surprised that they are opposing health care reform?

What makes me incredulous is to hear them say now that the Democrats are going to cut Medicare and that we are going to use the Medicare cuts to pay for health care reform. Nice try. For the party of no, the party that was against the creation of Medicare, the party that fought health insurance forever, the party that, when they got their chance, the first time Republicans had a chance, when they had a Republican Congress and a Republican President—that was the first time they had had that in many years—as soon as they got a chance, they tried to privatize Medicare.

I hear my colleagues come to the floor, at least five of them come to the floor and talk about Democrats cutting Medicare. They are the party that didn't like Medicare. They are the party that wanted to privatize Medicare throughout the 1990s, what President Bush partially succeeded in doing.

We know the history of Medicare is the history of interest groups, mostly insurance groups, teamed up with Republicans to try to stop Medicare's creation, then the interest groups, led by the insurance industry, teaming up with Republicans to try to privatize Medicare. And now it is the interest groups, led by the insurance companies, teaming up with Republicans to try to kill our health care reform, then wrapping themselves in the flag of Medicare, saying: We are protecting Medicare. Look what the Democrats are doing. The Democrats are going to cut Medicare and pay for health care reform.

It is such an exaggeration. It is the same arguments, the same distortions, the same exaggerations, the same scare tactics we are used to. It should not surprise us at all. I see Senator DURBIN who is familiar with many of these things.

Mr. DURBIN. Mr. President, I wish to ask the Senator from Ohio if he has missed the latest criticism of health care reform. The Senator from Tennessee comes to the floor every day and the focus of his attention is the length of the bill, how many pages are in the health care reform bill. I am not making this up. He has come to the floor, even though the Senate health care reform bill is still in process—it has not been written; it will be written, posted on the Internet, as promised—the Senator from Tennessee comes to the floor and each day the number of pages gets inflated. Today he is claiming 2,000 pages in health care reform. Then he puts his alternative up and says: I can do it in 200 pages. It reminds me of the old show ''Name That Tune.'' How many notes do you need to hear to name that tune. The Senator from Tennessee says he can name that tune for health care reform in 200 pages. Therefore, he has a better proposal.

I wish to ask the Senator from Ohio, how much importance should we attach to the number of pages in a bill,

and ask the Senator if he remembers when the previous President, President Bush, under a Republican administration, brought to Congress a 3-page bill to create the Troubled Assets Relief Program that cost $800 billion and did it in 3 pages. Does that tell us there was wisdom in this idea of spending billions of dollars to bail out the banks? In Ohio, as you travel around, how many people have stopped you and said: Wait a minute. I will not support any health care reform bill that goes over 200 pages? If it is 201 pages, I want you to vote against it. If it is 2,000, I hope you will filibuster it. Has the Senator run into that?

Mr. BROWN. I know the question in part is in jest, but it is pretty interesting, when you contrast this bill with the TARP bill. President Bush, Secretary Paulson, and Chairman Bernanke came to us and said: Pass this 3-page bill, and we will all be better off. Obviously, that didn't quite work the way they wanted. I come to the floor regularly and read letters from people around my State, from Zaynesville, Toledo, Bowling Green, Athens, Oxford, and Dayton. I guess the Senator is right. I don't see anybody saying: Please vote yes for the short bill and no for the long bill. I wish we could talk less around here and write a little more concisely. The letters I get that I read on the floor are letters generally from people who a year ago, if you had asked them, would have said: I have really good health insurance or at least I think it is good. But then they got sick and found out that the insurance company practiced rescission which is insurance company speak for taking your policy away or canceling your policy, or they had a child. One of my letters is from a woman who had a child and thought she had good insurance. The child had a preexisting condition. She had her insurance canceled. Others come from people who graduate from college. They are 22 years old. They are taken off their parents' insurance policy, and they are struggling because they are not making enough money. They don't have a job that has insurance at that stage in their lives. They would like to stay on their parents' policy for another 4 or 5 years, as our bill allows them to do.

I guess when I hear the assistant majority leader ask that question about the length of the bill—and he is right, that is what Senator ALEXANDER was talking about mostly, the length of the bill. Part of their criticism is the length of the bill. Their other criticism is to try to scare people. How long have they been trying to scare people?

Mr. DURBIN. If I may I ask the Senator another question through the Chair, I also understand that the major force opposing health care reform is the health insurance companies, the private, for-profit health insurance companies that, incidentally, are declaring some of the largest profits in their history, even in the midst of this recession. This week Humana announced record-breaking profits primarily from Medicare Advantage. Medicare Advantage was the health insurance companies' challenge to the Federal Government. The private insurance companies said: The Federal Government has been running Medicare for 40 years and has done a rotten job. We can do better. We can cover seniors with the benefits promised in Medicare at a lower cost because we are the private sector. We know efficiency. We are not a bureaucracy. We are the private sector.

They were given that chance. A few years ago they started offering the Medicare Advantage plan to compete with traditional government-run Medicare. At the end of the day, after years of evaluation, what we found was the private companies were charging 14 percent more, many of them, than government-run Medicare, which meant that the Medicare Program was paying them more for the basic benefits than what the government was asking to provide the same benefits.

These health insurance companies have gotten rich on it. Humana this week announced a record-breaking profit primarily based on their Medicare Advantage plan which was supposed to save us money. In fact, it cost us more money.

I say to the Senator from Ohio, when we write a bill that deals with health insurance reform to stop these major companies from denying coverage to people for preexisting conditions, putting a cap on the amount of money that they will give them if they have a serious illness, you can count on these health insurance companies hiring their law firms, teams of lawyers to fight us. If it takes another 50 pages or 100 pages to make sure we state clearly in the law the rights of American families and consumers and businesses when it comes to health insurance reform, that is paper well spent. That is time well spent.

I ask the Senator from Ohio, he has listened to the Republicans on the other side of the aisle. I have yet to hear the first Republican Senator come forward in favor of health insurance reform. They have not come out for the consumer protections which are fundamental to our bill. I ask the Senator from Ohio if he has heard that?

Mr. BROWN. No, I haven't. Again, who are the major opponents to this bill? It is two groups. It is the insurance industry, and it is the Republican Party. Not Republicans who live in Springfield, IL or Springfield, OH, not Republicans who live Urbana, IL or Urbana, Oh. They are Republican Members of Congress. They are very closely aligned with the insurance industry. Of course, they are not going to support this legislation because the insurance industry didn't write it. In fact, it is legislation that the insurance companies obviously don't much like. We have seen these battles before. They did it with the creation of Medicare, the same arguments and scare tactics, the same distortions and the same exaggerations. And we are seeing it again.

The Senator mentioned Humana. Look at this, Humana profits, while 47 million Americans are uninsured and tens of millions more underinsured, premiums double in 9 years, small business premiums increase by 15 percent or more in 2010. Small business always gets hit harder than larger companies, because they can't spread their risk quite as much, because the companies can charge smaller businesses more for their insurance than they can charge larger companies.

You go back to their business plan. Look at what insurance companies do. The private sector says the government has these big bureaucracies. Medicare administrative expenses are significantly under 5 percent. Private insurance administrative expenses are anywhere between 15 and 30 percent. Look at their business plan. The insurance industry hires a bunch of bureaucrats to figure out how to deny care. They hire bureaucrats to say: Sorry, you have a preexisting condition. We won't insure you. They hire bureaucrats to discriminate against people because of a disability or gender or something else. They hire people so they can sift through and get the ''right customers.'' Then they hire a bunch of other bureaucrats on the other end to deny claims that people submit. They hire this huge bureaucracy in order to keep people from buying insurance, if they are not a good risk. And they hire this huge bureaucracy to deny your claims.

Something like 30 percent of insurance claims are denied the first time around. If you get sick, you send it in to Wellpoint or Aetna or Cigna, they deny your claim. What do you have to do? Instead of taking care of your sick wife or your mother, helping her, if you are on your own, you spend your time fighting with the insurance company instead of taking care of them. That is the good news, if you win on those. So often they turn you down and you still don't win if you appeal.

Mr. DURBIN. I wish to give the Senator a specific example. Several years ago the Illinois State Medical Society invited Members of Congress to spend a day with a doctor. I wasn't sure I wanted to do it because I thought doctors and patients, will this work? It didn't sound right to me, but I said: Only if each time I am about to see a patient, you tell them, watch out, there is a politician in the room. And make sure they give permission. Lo and behold, we did rounds with the doctor, and many folks in their hospital rooms were bored enough that they wanted to see not only their doctor but this trailing Congressman. I was in St. John's Hospital in Springfield, IL as we went into this woman's room. She was living by herself at home. She was suffering from vertigo and dizziness. As a consequence, she had stumbled down the

stairs. She had not hurt herself too badly, but the doctor admitted her. After an examination, he said: We will have to do brain surgery. You have an imbalance caused by a brain tumor, and the operation will be on Monday. This was a Friday. So he said: I am going to want to keep her in the hospital until the brain surgery on Monday. I can't send her home. She lives alone. She will fall down again. She could hurt herself. I want to make sure she is ready for the surgery, which was very important for her.

Then he found out that the insurance company said: No, send her home, bring her back Monday morning for the brain surgery. This doctor said: That is an outrage.

I watched him as he went to the nurses' station, picks up the phone and gets into a debate with the clerk at an insurance company who is saying: Send her home. Finally, he slams down the phone, after spending 15 minutes arguing with no benefit to this clerk, and says: I don't care what they say. I am leaving her in the hospital. Either I will pay for it or we are going to fight it out later on.

Think about that for a minute. This is a medical doctor, a surgeon getting ready to prepare this woman for surgery, fighting with a clerk at an insurance company who says: Send her home. We don't want to pay for 2 extra days.

Mr. BROWN. These are not government bureaucrats. Medicare doesn't exclude people for preexisting conditions; right?

Mr. DURBIN. That is right.

Mr. BROWN. But insurance companies will use their bureaucracy to deny care that way.

Mr. DURBIN. Deny care. This is the reality of what we are up against. So when the Republicans come to the floor and do not want to support our efforts toward health care reform, they are saying the current system is just fine.

I saw, incidentally, the Senator from Tennessee come to the Senate floor and say: You ought to be able to buy health insurance across State lines. Well, there is some appeal to that. You would not think much of going from Ohio—I would not encourage this—to go to an adjoining State to buy a car. You know, it is the same car, and so forth.

But isn't it a fact that as you go State by State, the standards for health insurance change? Some States have very high standards of the kinds of health insurance we can expect to buy in our States; others, very low standards. Some States are much better at looking at the books of insurance companies to make sure they can pay off as promised. If you go moving around State by State shopping, you may end up with something that looks like good insurance until you really need it.

So our bills—at least the ones considered in the HELP Committee and in other committees—try to establish a basic standard of care so no matter where you live in America, you are going to have the same kind of basic protection when it comes to what your family needs. And, believe me, I have had personal examples in my family and as a lawyer where you need it.

We had, in Illinois—before we changed the law—companies that were selling health insurance to new mothers covering their obstetric care and then would not cover the newborn baby until it was 30 days old. You know what that is all about. Brandnew babies sometimes are very sick and very expensive. So this health insurance company was excluding newborn infants from coverage for 30 days. We changed the law in Illinois and said: You cannot do that. If you want to cover the mother and the baby, you cover that baby from the very moment of birth. So there are laws to protect them.

Other States may not have this law. Their premiums may be cheaper. Then what happens when you have a sick baby?

Mr. BROWN. Well, we know from these letters I have brought to the Senate floor from Ravenna and Gallipolis and Galion and Mansfield—these letters are examples of how people thought their insurance policy had some consumer protections in it. It was a fine policy as long as they did not use it. Once somebody got sick, they found out the State laws were too weak in some States.

In my State, they are not bad, but they are not as strong as they should be. In most States, the consumer protections are not nearly strong enough. That is why our legislation says no more preexisting condition. Our legislation says, no more discrimination based on gender or geography or disability. Our legislation says no more annual caps or lifetime caps, so if you get really sick and your care is really expensive, they will not cancel your insurance.

That is why we are building these consumer protections into our bill. That is why the insurance industry and the Republicans do not much like our bill: it makes the insurance companies do some things they do not want to do. That is why the public option is so important. Not only do we change the rules for the insurance companies for consumer protection on preexisting condition—it is outlawed—and there are no more caps, no more discrimination, but we need the public option to enforce that.

I would like to talk about something else Senator DURBIN touched on. The Republican opponents to this, in their opposition and some of their exaggerations—again, I make the very clear distinction between what Republicans in Lima and Middletown, OH, think about this health care bill and what Republicans who are elected to office, who have very close ties to the insurance industry, think about this bill.

As Senator DURBIN suggested, I do not hear anyone on the street—I do not ask their party affiliation, but if I am in a Republican part of the State, I probably assume they may be a Republican. It does not matter. They may be an Independent or a Democrat. But I do not hear them say: The bill is too long or hear them say: I want the insurance companies to continue to be able to discriminate or be able to use a preexisting condition to exclude people.

It might be Republicans here who say that who are elected to office, who are close to the insurance company lobby and the pharmaceutical drug companies' lobby. But regular people in Mansfield, OH, and Shelby, OH, and Zanesville, OH, and Cambridge, OH, do not think that way.

Last week, as shown on this chart, a constituent shared this mailing with me from Homerville, OH, Medina County. It is an official-looking notice, complete with a Pennsylvania Avenue address. As you can see, this shown here is the envelope: ''325 Pennsylvania Avenue, Southeast, Washington, DC.'' ''IMPORTANT: PROJECTED MEDICARE CHANGES.'' ''Presorted, United States Postage.'' It has some identifying numbers that suggest perhaps it is a government mailing. This is not a mailing from the U.S. Government. This is not a mailing from the Center for Medicare & Medicaid Services. This is not a mailing sanctioned by anybody in our government. But it sure looks like it with ''325 Pennsylvania Avenue, Southeast, Washington, DC.'' They did not send this from Columbus, OH, or Troy, OH. They sent it from Washington, DC, with a Pennsylvania Avenue address.

This official-looking notice declares:

> Proposed cuts to existing government programs include a significant reduction in the federal Medicare program, resulting in an increase in premiums and fees that you must pay . . . and a decrease in some benefits.

It goes on to state:

> This new cutback in the federal Medicare program means that you will become responsible for an even greater portion of your health care expenses . . . expenses that were previously paid by Medicare.

Again, this is made to look like a government mailing. Clearly, that was their intent. Clearly, their intent is to deceive. Clearly, their purpose was to obfuscate and to confuse and to exaggerate. These are the same accusations we hear from insurance companies, the same accusations we hear, not from Republicans in Columbus or Zanesville or Saint Clairsville, OH, but from Republicans who dress like this and who were elected to represent us around the country who are very tied in with the insurance industry.

Look at the facts. Health care reform will not increase the premiums paid by seniors for regular Medicare by a dime—no increase, zero. Health care reform will not reduce Medicare benefits, which are guaranteed by law. They will not reduce benefits.

If health care reform affects the additional benefits some seniors in Medicare Advantage receive, if it affects the

premiums seniors pay for that coverage, it will not be because of any action on the part of Medicare. It will be because private insurers, the private insurance industry has decided to use health care reform as an excuse to squeeze more money out of seniors.

All you have to do—again, as Senator DURBIN suggested—is look at what has happened. In the last 7 or 8 years, the profits of private insurance companies have gone up 400 percent. Humana profits went up 65 percent in the third quarter—$301 million. How can they make that kind of money? How can they pay their executives what they do? Aetna pays its CEO $24 million. For the 10 largest insurance companies in America, the average CEO pay at those 10 companies is $11 million. How can they do that? They do that because they double the premiums in 9 years.

They do that because they increase premiums, especially on small businesses. They are able to do that because they have squeezed people. They do that because they use preexisting conditions to deny care. They do that because they hire bureaucrats who refuse to pay legitimate claims people submit to their insurance companies.

Taxpayers and seniors will continue to pay these private plans tens of billions of dollars each year to provide coverage to seniors, enough to keep premiums where they are, and, according to the industry itself, enough to offer the same benefit packages as they do today.

How is that? Medicare Advantage plans are required by law to provide the same benefits as Medicare. If they offer extra benefits, those benefits are supposed to be paid for out of efficiencies, not extra tax dollars.

So the insurance companies, 10 years ago, said: Let us in on Medicare and we will save taxpayer dollars because we are the insurance industry. We are the private sector. We can do it more efficiently than the government can. So let us into this and we will save you money. We will actually give taxpayers back 5 percent of what you now pay per person for Medicare.

Well, that is how it started. But then the insurance lobby went to work. The insurance lobby worked on Newt Gingrich successfully. The insurance lobby went to work on the Republican majority in both Houses successfully. The insurance lobby went to work on George Bush and Dick Cheney very successfully. All of a sudden, instead of discounting and paying the taxpayers back 5 percent, they have raided the Federal Treasury and have gotten 12 or 13 percent more dollars than we spend on regular Medicare, which more than 80 percent of the American people are in.

They have always claimed they operate so much more efficiently than regular Medicare that they can offer basic Medicare benefits, plus extra benefits, and not spend a penny more than Medicare spends on basic benefits only. Unfortunately, 10 years ago, some in Congress believed them. Even more tragically, some in Congress continue to believe them, as they shovel dollars out of the Federal Treasury into insurance company coffers—people who put things like this out, as shown on this chart.

So here is the question: Are Medicare Advantage plans no more efficient than Medicare? Do they require a government handout to keep their promises to seniors or is all the propaganda being fed to the public simply a ploy to pump up profits?

I find it so interesting—as the country overwhelmingly supports the public option, as doctors, in survey after survey, overwhelmingly support the public option—I hear conservatives say: The government can't do anything right. The government just messes everything up. Why? It is a big bureaucracy. It can't do anything right. Those same conservatives say: But if we have a public option, it is going to be so efficient, it is going to drive the insurance industry out of business.

Which is it? Is it they are so wasteful and bureaucratic they cannot do anything right or are they so efficient they are going to drive the insurance industry out of business? They always want to have it both ways. They want to have it both ways in Medicare Advantage. They get these government subsidies. They raid the Federal Treasury. They shovel the money off to their buddies in the insurance industry. And look what happens. Taxpayers are paying way too much, and seniors are not getting what they ought to get.

Then this mailing comes along, which is outrageously misleading, not only by what it says but by what it does not say. It does not say that health care reform legislation will actually increase Medicare benefits and decrease Medicare costs; that health care reform legislation will decrease—not increase—the amount of money that the more than 8 million seniors have to pay out of pocket for prescription drugs once they hit the doughnut hole. Remember the doughnut hole?

The doughnut hole—for people who are not seniors, they probably are not too aware of this, but the doughnut hole was created because when President Bush and the Republicans in the House and Senate wrote the Medicare drug bill 6, 7 years ago, they allowed the drug industry and the insurance companies to have a little too much influence on that bill. So they created this doughnut bill, this desert, if you will, where people still had to continue to pay their premiums month after month after month, but they did not get anything for it. They did not get any payment for their drugs.

So our legislation, first of all, begins to close that doughnut hole where seniors will not have to continue to reach into their pockets and pay that.

Health care reform legislation, in other words, will reduce, by half, the amount of money that Medicare beneficiaries must pay for needed prescription drugs. By 2019, our legislation will totally eliminate that doughnut hole. That is good news for seniors, especially those who have high prescription drug costs.

In addition, health care reform legislation will eliminate the copays that Medicare beneficiaries must pay for such crucial diagnostic services as mammograms and colonoscopies. Seniors in Medicare now typically pay 20 percent of the cost of their preventive services.

So a man who goes in for a colonoscopy—$700, if you can get it for that—has to pay $140 out of pocket. What does that mean for a lot of seniors? It means they probably don't get a colonoscopy. They just cross their fingers and hope they are not going to get sick, that they are not going to get colon cancer. Most of them will not, but some of them will, and some of them will have colon cancer that could have been detected early, diagnosed early, and saved both a lot of pain and perhaps their lives and saved a lot of money for the health care system.

What our bill does is very simple. It will say that preventive care will be paid for entirely by Medicare. There will be free annual checkups. Our health care reform legislation will provide a new Medicare benefit: free annual checkups for seniors. So once a year, a senior will get a checkup for free, and that can make all the difference in the world.

None of us should be surprised that opponents of health care reform are sending out these deceptive mailings. Of all the offensive aspects of this mailing, I am most appalled at the very visible writing in the lower left corner, which states down here—I did not see this when I saw it. Somebody in Ohio from Medina County handed me this little mailing, and we obviously blew it up. I never saw it until it was pointed out by Jessica McNiece in our office. The language says: ''Not Affiliated With Any Government Agency.'' But you sure would not see that when you look at everything else that is on this mailing. But that is the game they play.

One can sure notice the large, bolded writing at the top, though, where it says: ''IMPORTANT: PROJECTED MEDICARE CHANGES.'' Projected by whom? Projected by the insurance industry? This isn't clear because the mailing conveniently doesn't tell you who is sending it.

We are trying to get to the bottom of where this mailing originated because we know the best way to defeat legislation in this body is to scare people. The best way is to exaggerate and distort, to turn the very young against the very old. When I hear my colleagues in this body say the Democrats are going to cut Medicare to pay for insurance for the rest of the population, they are trying to turn older people against their kids and against their grandkids. It is pretty despicable to play that game, to scare people, trying to get

seniors upset because they are going to cut our Medicare to pay for insurance for these other two populations.

A similar mailing in 2004 led Texas to sue the American Seniors Alliance, the front group that masterminded that scam. When we think about all this, we need to ask ourselves, what does health care reform mean for seniors? What does it mean for taxpayers? Be careful whom you believe.

When the insurance industry attacks health care reform, it is not out of altruism, it is out of greed. Usually, anybody who has been around here very long knows that when the insurance industry and the drug industry are trying to defeat legislation such as this—and, of course, they don't like this legislation; the CEO of Aetna is not going to make $24 million anymore if our bill passes, the CEO who in 1 year made $24 million. Their profits aren't going to keep going up and up and up and up, so they put everything they have into this. But what we see around here is, when the drug industry and the insurance industry oppose a bill, they don't send out a mailing coming from CIGNA or Aetna. They don't send out a mailing coming from Pfizer or Merck. They send out a mailing from a group they have created called—not precise names but names such as Americans For Better Patient Health Care or Americans For Safe Drugs or associations or trade names; they make them up on paper and then the drug companies and the insurance companies funnel money in. This one is not even identified that well. We don't know who sent this one out, but we are finding out.

If they had your best interests at heart, they would tell the truth. They would come to the table and play a productive role instead of a destructive one, not in their various front groups. Insurance companies are in the business of businesses. If they thought health care reform was going to help their bottom line, they would be for it. But Republicans here have consistently opposed health care legislation, at the behest of the insurance companies and the drug companies that have consistently opposed it.

I see Senator LEAHY, who wishes to speak, so I will close with this: We know these tricks. In 1965, the insurance companies teamed up with the Republicans to try to defeat the creation of Medicare. In the 1990s, the insurance companies and their allies in the drug industry, with Republicans, teamed up to try to privatize Medicare. In the first part of this decade, they succeeded, teaming up—the drug companies and the insurance companies teamed up with Republicans for a privatized prescription drug benefit that meant tens of billions of dollars for the insurance companies, tens of billions of dollars for the drug companies. But it doesn't work for the American people. That is why our health insurance legislation is so important. That is why we need to move forward and do the right thing. So dismiss mailings such as this, when they are not identified, when you don't know who sends them. When they try to be something they are not, ignore them.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, what is the parliamentary situation?

The PRESIDING OFFICER. The Senate is in a period of morning business.

Mr. LEAHY. Mr. President, I am delighted to follow the Senator from Ohio, who has been such a leader in this area. Of course, I am delighted to see my distinguished friend from Massachusetts in the chair, a friend of probably more years than either one of us is willing to count.

Today, we as Members of Congress have the opportunity to complete an effort that actually began decades ago. The status quo has a powerful lobby, and the centuries of status quo have killed health insurance reform before. They are pouring all their energy not into offering constructive solutions but into erecting new pillars of obstruction at every turn.

Each of the various reform plans that have been brought forward by now have their strengths and their weaknesses. We all know that. But one other thing we should know: Radical reforms they are not.

As President Obama asked, these proposals are based on the existing system of employer-based private insurance. But in the absence of comprehensive national reform, several States have helped fill the void by crafting some of their own solutions. I am proud my home State of Vermont has been a leader and an innovator on several issues that are now being wrapped into the reform package. One such provision mirrors a pilot program in Vermont, the Blueprint for Health. This coordinates care among patients and does it in a way to prevent costly hospitalizations and procedures. Patients who participate in the program have their care monitored to ensure they are receiving the kinds of preventive services and disease management they need. The blueprint rewards physicians who keep their patients healthy. The program has already slowed costs. Of course, it has reduced emergency room visits.

Vermont has also coordinated patient care as one of the States at the forefront of the movement toward electronic medical records. That is a reform I have long promoted. Recently, I visited Montpelier Pharmacy in our capital city, a small city of 8,500. I had the privilege of being born there. But I visited Montpelier Pharmacy to announce a grant I secured to help small pharmacies across Vermont adopt a system for electronic prescriptions. With electronic prescribing, you can have all kinds of computer safeguards to prevent dosages from being too large or also prescribing a medication which may conflict with another medication that has already been prescribed. The system gives the physicians—but also the pharmacists—a concrete medication history that doesn't rely just on a patient's memory alone. In fact, if you have a patient who cannot or does not remember what medication they have been taking, this can be lifesaving. It is a little bit better than a patient saying: Well, I have that small white pill, and I think it is something for heart or something like that; they can press the button and know exactly what medications they have and what the contraindications are for other medications.

Vermont has also been a national leader in children's health care and in expanding coverage for low-income Vermonters to the Medicaid Program. All this in a little State of 650,000 people. But because of our early action, more than 96 percent of Vermont's children have health insurance. In our little State—not a wealthy State, but 96 percent of Vermont's children have health insurance. We have one of the lowest rates for uninsured adults in the country. It makes Vermont a leader and model for the rest of the Nation.

The proof is in the pudding. We have 96 percent of the children with health insurance, the lowest rates for uninsured adults, so it should be no surprise that Vermont has been ranked the healthiest State in the Nation by the American Public Health Association and the Partnership for Prevention and ranked No. 1 in health care by the Commonwealth Fund. We can talk about things to do, but when you actually do them, it works.

While Vermont has been a model in coordinating care and offering wider health coverage through public programs, a provision to expand Medicaid coverage nationwide threatens to penalize States such as Vermont that have acted early to do the right thing; States, such as Vermont, that did not wait but went forward to protect the people in their State. Instead of rewarding States that have taken the initiative to expand Medicaid Programs early, one of the Senate bills would require States that have been leaders in expanding coverage to accept less Federal assistance than other States who are offered only the bare minimum of coverage. In other words, it penalizes those that have done the right thing and rewards those that have done the wrong things. Taxpayers in early leader States such as Vermont would be forced to sustain programs in States across the country that traditionally ignored the needs of their citizens. So to address this disparity, I recently joined with 13 other Senators from early leader States to offer a proposal that treats all States fairly. We can all share the goal of increasing access to essential medical services by expanding Medicaid coverage nationwide. I look forward to working with others in a way that does not misguidedly harm early leader States.

Even though Vermont has long recognized the importance of a health care system that includes all Vermonters

and Americans, individual States can't make enough progress without comprehensive health insurance reform. We need that. Workers nationwide are losing insurance for their families when they change or lose jobs. Insurance companies can and do discriminate against sick people. Notwithstanding what the hundreds of millions of dollars' worth of ads say, they can and do discriminate.

I hear heartbreaking stories daily from constituents in Vermont. They tell me of the trouble they have getting, paying for, and keeping health insurance. I hear it when I go to the grocery stores at home. I hear it when I am putting gas in my car at home. I hear it when I am walking down the street or coming out of church, such as the woman from Winhall, VT, who spends $500 a month on prescriptions—$500 a month on prescriptions—but she would be uninsured if not for her husband's job. She is working two jobs just to make ends meet and afford their health care costs.

Then there is the small business owner in Vermont who has three full-time employees and one part-time worker and she works 6 and 7 days a week, but she can't afford the blood test her doctor recommended. If she becomes sick, she will lose her business, she will lose her home, her employees will lose their insurance.

There is the man from central Vermont who told me about his sister-in-law who lost parts of both feet because she didn't have health insurance. She didn't have health insurance, and when she needed medical attention, she waited, hoping things would get better. Well, they didn't, and she had to be rushed to the emergency room for amputation.

Real-life stories such as these make us ask: Why are we the only industrialized Nation in the world that lacks health insurance for its citizens? Why does the wealthiest Nation on Earth lack health insurance for its citizens? Why does the most powerful Nation on Earth lack health insurance for its citizens? It is shameful. We owe it to all Americans to pass meaningful reform.

I strongly believe the best way to meet these goals is to include a public health insurance option in health insurance reform. A public option would give consumers more choices to purchase an affordable and quality health insurance plan. It would bring about competition. It will bring down costs. I applaud the majority leader for saying the Senate bill will consider this.

In order to introduce true competition in the insurance industry we must also end the exemption from antitrust scrutiny that has been carved out of our laws for the benefit of health insurers and medical malpractice insurance companies. The antitrust laws exist to protect consumers and promote competition, and we should no longer allow the insurance industry to hide behind its special, statutory exemption from the antitrust laws. During the Senate's debate on health insurance reform, I will offer as an amendment the Health Insurance Industry Antitrust Enforcement Act, which I introduced last month, to end the health insurance industry's exemption from our antitrust laws.

We know our current health system is unsustainable. It threatens not only our health security but also our economic security. Doing nothing has been seen as an option before us. It is always easier to do nothing, but that is not an option now. We tried doing nothing for years and the situation has grown worse. So let's debate and let's pass health insurance overhaul in the coming weeks. Let's give Americans the competition they need. Most importantly, let's give Americans the choice they need.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, first, I wish to compliment my good friend from Vermont on his excellent remarks. I am proud to be a cosponsor on his legislation on the antitrust exception. I also wish to say to my friend that I know he was a little bit under the weather the last few days. I called him a couple times to wish him well. I think I can speak for every one of the other 99 of us, we are glad the Chairman is back and in fighting form.

UNEMPLOYMENT COMPENSATION EXTENSION

Mr. SCHUMER. Mr. President, I rise to speak in favor of the unemployment relief expansion that the Senate is poised to pass, hopefully, later today, with broad bipartisan support, although there were, I am sorry to say, some unnecessary delays from the other side.

This bill is vitally important and we could have, and should have, passed it weeks ago. I am relieved to finally see the light at the end of a very long, very dark tunnel that being out of work has caused for hundreds of thousands of American workers who have lost their jobs.

Since we first began considering this vital legislation nearly a month ago, nearly a quarter of a million Americans, and 50,000 New Yorkers have seen their benefits dry up. With each passing day of inaction, tens of thousands of middle-class families have seen their safety net pulled out from under them. So I am glad to see the Senate finally take action.

I think of something that happened to me on Monday. I was rushing to my New York City office in midtown Manhattan. A well-dressed gentleman was obviously waiting at the front door of the office building in which my office is 17 floors up. He was well dressed, in a camel hair coat, and he was well groomed. I could see anxiety in his eyes. He pulled me aside and said, ''Senator, I have been waiting for you. Can I speak with you for a minute?'' I said, ''I am late for a meeting, so can you walk with me?'' He said to me again, ''I would like to ask you a question. When will you pass an unemployment benefit extension? I have a lot of friends who are asking.'' I sort of knew what was happening. Of course, he was a man who was obviously middle class, and maybe more, who had lost his job and could not find his benefits. He was too proud to ask me for himself, so he asked me for others.

It hit home to me that New Yorkers of all backgrounds and economic levels and all parts of our State are out of work through no fault of their own. They are desperately looking for jobs, and not enough of those jobs have come back. Our job is to help them. That is what this bill does. I am glad to see the Senate finally take action.

The bill will also extend the home buyer tax credit for 7 months, which I support, and it will provide for a 5-year carryback of net operating losses, or NOLs.

The main focus of my remarks today is on this last provision, since one of the important effects of this NOL part of the legislation will be to provide much needed and deserved tax relief and, in too many cases, the money needed to survive to thousands of Americans who were lured into Ponzi schemes such as Bernie Madoff's and have lost everything. These evil schemes hurt so many people.

When we hear about the Madoff investors, we hear a lot about celebrities who lost hundreds of millions. But for every wealthy individual, there are hundreds, if not thousands, of people not at all of wealth who had their retirement savings stolen from them. They trusted Madoff or their investment adviser who put their money with Madoff. Now these poor folks have lost everything. In many ways, these average people are worse off than the people who lost many times as much, because so many—too many—of these smaller victims lost everything.

As you know, many of them are in New York, because Bernie Madoff was located there. I want to explain to my colleagues how what we are doing today helps the little guy, the average person, who saved for their retirement and now finds, at age 60, 65, or 70, that their retirement savings are gone. Everything they have worked for their whole life has been stolen from them. In many cases, the victims are destitute and have nothing to live on. They saved their money for years. They got statements and confirmations and 1099 forms that looked real. The SEC had checked out Madoff and said everything was fine. The victims did everything right. They played by the rules, and then their future financial security evaporated before their eyes on December 11 of last year.

Here is what we are doing to try to help those thousands of smaller investors. There are basically two types of Madoff investors, leaving out the charities and pension funds that were also

decimated. There are the direct investors, who knew Madoff and invested directly with him. Then there are the indirect investors, who went through someone they knew or an investment advisor called ''feeder fund'' investors. In general, direct investors tend to be the bigger investors, the wealthy who had personal relationships with Madoff. The indirect investors are the folks who tend to have a lower net worth, and a lot of them are elderly people who saved all their lives, and suddenly they are destitute. Many gave their money to somebody they trusted, such as an investment advisor, and didn't even know their money was invested with Bernie Madoff.

When the IRS issued a revenue ruling in April, which I urged them to do, the ruling simplified and clarified the rules under which a direct investor could take a theft loss deduction for their Madoff losses, by saying that theft losses could be treated as NOLs, as if the individual investors were small businesses. Direct investors were allowed to ''carry back'' their losses for 5 years instead of 3 and carry forward any remaining losses for up to 20 years. A longer carryback is important because it allows the investor to recoup some of those losses and put cash in their pockets.

But investors in a ''small business'' with more than $15 million in assets could not qualify for this relief. As a result, the IRS guidance was of help only to direct investors because the feeder funds that had the money of thousands of smaller investors were usually worth more than $15 million. They aggregated lots of little investors and gave one big chunk of money to Madoff. The IRS was sympathetic. They told us it was right to help these people, but they said they needed a change in the law.

I should also add that the indirect investors are also not eligible for the $500,000 of relief from the Security Investor Protection Corporation, or SIPC, so they have been hit by a double whammy: They are the smaller people usually, and they got shut out of the expanded carryback on the theft losses because the feeder funds of which they were a small part were too big, and they get no SIPC relief either.

The bill we are considering today will allow larger businesses to carry back their NOLs for 5 years. They can offset 100 percent of the income for the first 4 years and 50 percent in the fifth. I have worked hard to ensure that this language is drafted in such a way that the Madoff indirect investors will qualify for the expanded NOL relief, because these individuals will no longer be subject to the ''small business test.''

I believe very strongly that the indirect and direct investors should be treated equally. I tried to amend the bill so that those who are victims of theft losses from fraudulent investment schemes could get the full 100 percent in the fifth year. I particularly thank the chairman of the Finance Committee, Senator BAUCUS, and his staff, for being receptive to this, and for working with my very capable staff to make it happen. I believe we could have added this to the bill if we could have gotten it scored in the compressed timetable that we had had.

I will continue to work with the Finance Committee and the Joint Committee on Tax and the victims advocates to get the necessary data so that future tax relief for Ponzi scheme victims can be considered by the full Senate, and not stalled by unrelated scoring issues.

The action we are taking today will help millions of unemployed, thousands of home buyers, and many large corporations that need the refunds to improve their cash flow and make new investments, and that is hugely important. But I also wanted to explain how what we are doing today will help provide some modest assistance to thousands of people whose life savings were stolen from them 11 months ago.

The victims haven't been sure where to turn, but I assure them that they have allies in the Senate, including the chairman of the committee and myself. We hear them, and we are doing everything we can to help right these wrongs and at least make up for some of the evil done by Bernie Madoff.

I yield the floor.

The PRESIDING OFFICER (Mr. KAUFMAN). The Senator from Oregon is recognized.

Mr. MERKLEY. Mr. President, I rise today to address one particular aspect of the bill before us, the Home Ownership and Business Assistance Act of 2009.

Home ownership is addressed in this bill through an extension of the $8,000 credit to first-time home buyers. There are some adjustments to that credit encapsulated in the bill, but I will not get into that. I want to address a different aspect. This is an idea that hasn't been fully debated in the Senate. I think it is an appropriate time to put it forward.

We need a permanent $5,000 tax credit for first-time home buyers. Folks may say: But we have a mortgage interest deduction, and that is a major home ownership program in America. Why should we have a downpayment tax credit for first-time home buyers on an ongoing basis?

In the bill before us, the tax credit is designed to stimulate the economy, stimulate the housing market. But I put this idea forward from a different direction—the direction of empowering our working families through home ownership.

Why is that so important? I will tell you and I will give you a few vignettes.

I spent years working as director for Habitat for Humanities, working with low-income families trying to become homeowners. The community made it affordable and possible by donating land and materials and participating in the construction of the home. Habitat sold the homes to the individuals on a zero interest mortgage. Those families participated in the construction, which is often called ''sweat equity.'' They were out there hammering nails, putting up walls, pouring foundations, putting on roofing, putting their own labor and sweat into the construction of the house.

What I saw through that experience was the profound impact of home ownership on working families. I saw families, who were unstable and had been going from living in a van to living in a basement, become stable. I saw the positive impact on the children, who had never been able to invite a friend over before—now having pride in their home and having the ability to invite friends over, having more self-respect. I saw them doing better in school. I saw parents who didn't believe they had a stake in the community. Now they had a stake in the community, and that affected the way they behaved. They became more involved in the affairs of the community.

I want to turn first to laying out the fact that studies that look at the details of home ownership impact find that indeed home ownership has an enormous impact on working families. Sociologist R. J. Bursik found that crime, unemployment, suicides, juvenile delinquency, teen pregnancy, and drug use are decreased by home ownership. The Journal of Urban Economics found that children in home-owning families tend to have higher levels of achievement in math and reading, to have fewer behavioral problems, stay in school longer, are more likely to graduate from high school, and are more likely to go to college.

A study by Alba, Logan, and Bellaire titled ''Living with Crime'' found that home ownership resulted in family members being significantly less likely to be involved in crime.

All of this is common sense. It is common sense that a family who feels part of a community is going to be less likely to be involved in crime, is going to be more involved in the community, that children who have more stable lives have more self-respect and are going to fare better in school. The stability of home ownership makes it more likely that children are going to graduate from high school. But I think it is important to document those impacts from the studies, as well as from our common sense or from vignettes.

We have a major program in America, the home mortgage interest deduction, which is designed to facilitate home ownership. It is a terrific program, but the program does not assist working families getting into their first homes.

Let me put up a chart to explain what I am talking about.

Take a working family. Maybe they are earning $40,000 or $50,000 or $70,000, and they buy a $150,000 house and put 5 percent down. Right now, mortgage rates are low, so they pay 5 percent interest. Their total interest is $7,078. That is less than the standard deduction for a year. The standard deduction

is $11,400. So working families are not assisted by the home mortgage interest deduction in getting into homes.

It is still a good program. It still empowers home ownership over the long term. It certainly is beneficial in an increasing way to families who earn more.

Here is a family buying a $500,000 house. While the interest is the same, the same assumptions—5 percent down, 5 percent interest, $23,591, far exceeding the standard deduction. So if you are a family who is better off, you can buy a bigger house. The home mortgage interest deduction helps launch you into home ownership. But if you are a working family in America, it does not help much. In fact, often the interest is less than your standard deduction. So it has no impact whatsoever. This is why we should debate fully a permanent $5,000 downpayment tax credit for first-time home buyers.

Of course, we always struggle with the cost of programs and that is a very important thing to do. The cost of the home mortgage interest deduction in this last year was about $97 billion. That is the cost of the home mortgage interest deduction, with most of the benefits going to affluent families. So $97 billion is directed in ways that do not help our working families get into their first home.

What if we were to spend a fraction of that to help working families become homeowners, knowing that the externalities of home ownership—the stability for children, the lower crime rates, more likely to finish school, more likely to earn more money, you pay more in taxes, less likely to end up on public programs. All those programs are paid back to us in multiples.

What would the cost be of providing a $5,000 downpayment tax credit, a permanent one, to first-time home buyers? It would be on the order of $10 billion, assuming that every family, regardless of income, was eligible.

A $97 billion program, an important program, a good program, but it does not help working families get into homes. Why not spend 10 percent of that on a program that would help launch our working families into home ownership, which makes much better lives for them and a much better community, stronger communities for everyone else, and a much better future for their children?

I will conclude in this fashion. Home ownership has enormous value to our society—home ownership done right, not with liar loans, not with prepayment penalties, not with steering payments, not with mortgages that are basically scams. But home ownership done right has enormous returns—responsible, good, solid mortgages. We should support our working families to become homeowners, for their sake and for strengthening all of America and for the future of our children.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

UNEMPLOYMENT COMPENSATION EXTENSION ACT OF 2009

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 3548, which the clerk will report.

The bill clerk read as follows:

A bill (H.R. 3548) to amend the Supplemental Appropriations Act, 2008, to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.

Pending:

Reid (for Baucus/Reid) amendment No. 2712, in the nature of a substitute.

Reid amendment No. 2713 (to amendment No. 2712), to change the enactment date.

Reid amendment No. 2714 (to amendment No. 2713), of a perfecting nature.

Reid amendment No. 2715 (to the language proposed to be stricken by amendment No. 2712), to change the enactment date.

Reid amendment No. 2716 (to amendment No. 2715), of a perfecting nature.

The PRESIDING OFFICER. Under the previous order, all postcloture time is expired, the substitute amendment is agreed to, and the motion to reconsider is considered made and laid upon the table.

The amendment (No. 2712) was agreed to.

The PRESIDING OFFICER. Under the previous order, the time until 12:15 p.m. will be equally divided and controlled between the two leaders or their designees.

The Senator from Georgia.

Mr. ISAKSON. Mr. President, that will be, I suppose, about 12 minutes each side; is that correct?

The PRESIDING OFFICER. The Republican side has 15 minutes.

Mr. ISAKSON. Mr. President, I rise in full support of the extension of the unemployment insurance compensation. I rise also to express my thanks to a number of people in this body.

First, as everybody knows, we adopted a substitute to the unemployment compensation bill by Senator REID. Senator REID, the majority leader, has been instrumental in seeing to it this bill not only passes but that enhancements are made to this bill to help the U.S. economy, and it is totally paid for and a net positive to the Federal Treasury. I appreciate more than I can express Senator REID's hard work to help this take place.

Secondly, I thank Max BAUCUS, chairman of the Finance Committee. Senator BAUCUS and his staff have been unbelievably cooperative in helping us find the pay-fors to match and actually exceed the cost of the home buyers tax credit which will be extended in this legislation.

Senator DODD, chairman of the Banking Committee, 3 weeks ago hosted a 3-hour hearing in the committee on the housing tax credit and the housing market. Without his giving us that time to bring forward the issues that are so pressing in our country today, I am not sure we would be standing here at all. So I am greatly appreciative of Senator DODD.

I particularly thank Chris Cook on my staff for the work he has done in helping make this take place.

Lastly, but not least, I thank Mr. Richard Smith, a private citizen, a person in the housing industry who dedicated countless hours of his life in the past month to educate people on the positive effects of what we are about to do.

Briefly, I want to say the following: We learned about 8 months ago that a tax credit for first-time home buyers worked. It worked to bring back the entry level marketplace in housing, and it helped to begin to stabilize the housing market which led us in late 2007 into the difficulties we have experienced over the last 20 months. Extending it is important, as long as everybody still understands permanent extension would be bad. Extending it to next April, which this bill does, with a closing no later than June 30, allows the American housing market and first-time home buyers to exercise their right to take tax they pay, convert it to equity in the investment and net appreciating asset, and help stimulate what is the rock-solid base of the American economy.

We also add, in addition to the $8,000 credit extension for first-time home buyers, a move-up buyer tax credit of $6,500. This is the cornerstone of the substitute before us now. It offers to any previous homeowner who has lived in their home for at least the last 5 years the opportunity to sell that home, invest in a new home, and take up to a $6,500 tax credit. That is going to help us boost what is the problem in the U.S. housing economy today, and that is what is called the move-up market. It is the gentleman who is transferred from Delaware with Hercules to Brunswick, GA, who cannot sell his house in Wilmington and cannot buy a house in Brunswick because the markets are so frozen and the move-up market is dead. Now he has an opportunity to sell that house and have an incentive for its purchase in Delaware and an incentive to come and reinvest that money in Georgia in a house in Brunswick. It will make a measurable difference over the next 7 months in our economy.

We also raised the means test on income from $75,000 to $150,000, which is in the current credit, to $150,000 and $225,000 in the new bill for both move-up buyers as well as first-time home buyers. Those income thresholds will open the incentive to more Americans and I think will show a measurable increase in the amount of business that takes place.

In response to the Internal Revenue Service concerns we expressed a few months ago on fraud, we put in every single request they made for fraud to

see to it the HUD–1 is attached to tax statements, to see to it there is no fraudulent claim of the money, and to see to it the IRS has every tool they can to prosecute to the fullest anybody who would abuse this credit.

Lastly, we have one exemption to the payback. As the Presiding Officer knows, the credit has to be paid back if somebody sells their house within the first 3 years of occupancy and moves. That is because they are required to own it at least 3 years. That payback is waived if they are a member of the U.S. military who has redeployed in our military in the United States or overseas. It is not right for them to respond to our country's call and then penalize them on the tax credit if they used it before by not knowing they would be called or moved again.

Again, I thank Senator REID, Senator BAUCUS, and Senator DODD for their tremendous work. I thank the Members of this body for their positive vote of 85 to 2 on cloture on Monday night and hopefully what will be a very positive vote tomorrow night to extend and pass the first-time home buyers credit and add to it the move-up buyers home credit.

I add to this list everybody who has an interest, everybody who thinks it is a great opportunity. It is a great opportunity, but it ends on April 30 for contracts and on June 30 for closing. It would not be in the best interests of the United States or this Senate to extend this credit. Part of the benefit of a tax credit is the scarcity or the urgency of its sunsetting. This tax credit will sunset on April 30, 2010, and it will not be extended. Closing will have to take place by June 30 or it will not count.

I urge all Americans who have always dreamed, if they are a first-time home buyer, of having a home of their own or Americans who have been gridlocked in the failure of our move-up market to actually move up and work, you have a 7-month opportunity that is good for you, it is good for the United States of America, and it is good for this economy.

I yield the floor by thanking all the Members of this body and urging them to vote in favor of the adoption of the substitute and ultimately on the passage of the bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Mr. President, I commend several of my colleagues who brought us one step closer to passing an extension of unemployment insurance which is absolutely critical in the lives of millions of Americans. Hundreds of thousands—millions, indeed—have run out of their benefits or are about to run out of their benefits. They are facing the prospect of a tough economy without jobs and looking feverishly and not finding them and not having a basic support for their families. This is critical.

Majority Leader REID has helped immensely, together with Chairman BAUCUS. I particularly single out Senator ISAKSON and Senator BUNNING. They have worked collectively, collaboratively to bring to this bill two other measures which are critical. As Senator ISAKSON explained, the housing tax credit. One of the real benefits of this body when it works well is we are able to have the expertise and the judgment and the knowledge of someone such as Senator ISAKSON who understands better than anyone else the real estate market because he came up through that business.

His vision months ago gave us the option to move forward on this homeowners tax credit. It has been a huge success, and it is much to the credit of Senator ISAKSON.

Senator BUNNING recognizes the need for the net operating loss favorable treatment to small businesses.

When we work together, pooling our best ideas, we can contribute to the well-being of Americans all through this country. I thank those two Senators.

I hope that after what I anticipate to be another overwhelming procedural vote that we could move immediately to consideration of final passage of the unemployment compensation bill, together with the measures Senator ISAKSON and Senator BUNNING have offered.

I hesitate, but I will add that it has been 20-plus days since we have been considering this unemployment extension. We have been through numerous procedural votes. These procedural votes have been overwhelming. Monday evening, it was 85 to 2. Typically, when we have that kind of underlying support for a measure, we do not need 30 additional hours, particularly now since we are considering a bipartisan bill, incorporating unemployment compensation extensions, first-time home buyers, together with net operating loss treatment for small businesses.

So I anticipate a successful procedural vote. I would like to anticipate swift and unanimous passage, and I hope that is the case.

The issue of unemployment compensation is absolutely critical all across this country. There is no place today in the United States that does not see a serious crisis in unemployment. In my home State, we have a 13-percent unemployment rate. My assembly was briefed today with the prediction that the rate will peak sometime next year at 14 percent. That is crippling in terms of its effect on families.

We have seen some progress in our economy. We saw last week, for the first time in a year, a growth in the gross domestic product—3.5 percent. The economy is expanding. We are growing again. The downward collapse has stopped, and we are beginning to grow. But, as I suggested previously on the floor, you can't feed your family GDP. You need a job. You need to be able to work. You need to have the certainty of your work, that it will be there. And you have to be able to have that job to provide for your family and to give us the confidence we need to continue to grow and expand the economy.

One of the economic effects we have seen is lagging consumer consumption, which was a major driving force in our economy. It is obvious that when people are afraid of losing their jobs, when people have lost their jobs, their consumption is necessarily limited. So in order to sustain our growth, we have to go ahead and rebuild our employment situation.

But what we have to do immediately is to recognize there are people without jobs. These are people who have worked all their lives. My colleagues have come to the floor repeatedly and they have read—Senator DURBIN and so many others—letters from constituents, husbands and wives who are now faced with no employment, are faced with the loss of their insurance because their COBRA is running out, their health care, and they are worried about losing their homes. For the first time, they are at the edge of financial ruin. Many have already exhausted their 401(k)s, all their retirement benefits, just to get by, just to survive.

Again, these are people who have worked all their lives. We owe them something more than procedural niceties in the Senate. I hope that today we will pay that debt to these people.

We are here on the verge, I hope, of quick passage and not additional delay. We have taken it step by step. The leadership of Majority Leader REID and Chairman BAUCUS has been extraordinary, and with the thoughtful and substantive contributions of my colleagues, Senators ISAKSON and BUNNING. I hope that with this now bipartisan approach, we can, in fact, not only procedurally take it a further step but pick up the pace dramatically and cross the finish line—today, I hope. I would obviously urge all my colleagues to support this measure and support the underlying legislation as quickly as possible.

At this juncture, Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. REED. 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. REED. Mr. President, I ask unanimous consent that the time during the quorum be charged equally against both sides.

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

Mr. REED. Mr. President, again I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

ANNIVERSARY OF IRAN HOSTAGE CRISIS

Mr. KYL. Mr. President, I rise today to note the 30th anniversary of a very sad day in American history. On this day 30 years ago, an angry mob of so-called students stormed the U.S. Embassy in Tehran and took 66 U.S. citizens hostage there. The original plan of the terrorists was to hold the Embassy for 3 days. In the end, they held 52 American hostages for 444 days.

The images of hostages blindfolded, with their hands tied behind their backs, should remain seared in our memories. The ABC News program ''Nightline'' essentially has its beginning in this crisis. The title of the news program at the time was ''The Iran Crisis—America Held Hostage.'' Each night, as Americans went to bed, it would add a day to its count of how long Americans were held hostage. Walter Cronkite would similarly sign off his newscast.

I am sure many remember the chants of the hostage takers and those who supported them—''Death to America,'' they would say. The Iranian regime would call us the ''Great Satan.'' The thing is, although the hostages have long been released, not much else has changed. The government still leads its citizens in chants of ''Death to America.''

After Ayatollah Khamenei came to power, a Time magazine article in 1980 described him as the face showing ''the ease with which terrorism can be adopted as government policy.'' Terrorism remains the policy of the Government of Iran today. Earlier this year, the State Department issued its annual report on terrorism, finding that ''Iran remained the most active state sponsor of terrorism.''

The Ayatollah Khamenei blessed this brazen terrorist act of holding Americans hostage. Upon his coming to power, Iran went from being an American ally in the region to our mortal enemy. The hostage crisis was, and remains, the defining symbol of this rupture.

In his inaugural address, in keeping with his campaign promises, President Obama stated to countries such as Iran, ''We will extend a hand if you are willing to unclench your fist.'' On the nuclear weapons issue, the hand has been extended many times to Iran, but Iran has yet to unclench its fist.

Sadly, its resistance is nothing new. In October 2003, Iran concluded an agreement with France, Germany, and the United Kingdom known as the EU–3 in which Iran promised to suspend its uranium-enrichment activities. It did not live up to that promise. Iran arranged again, in November 2004, a suspension agreement with the EU–3, only to repudiate it again. This Iranian duplicity continues to this day.

In June 2006, the EU–3 was joined by Russia, China, and the United States to become the P5-plus-1. They called on Iran to suspend its uranium-enrichment activities in exchange for a variety of incentives. A revised version of this proposal was presented to Iran in the summer of 2008.

The International Atomic Energy Agency issued its most recent report on the matter in August 2009. In paragraph 27, it found that:

> Iran has not suspended its uranium enrichment related activities or its work on heavy water related projects as required by the Security Council.

The most recent Congressional Research Service report on the matter says:

> Iranian officials maintain that Iran will not suspend its enrichment program.

Yet another deal to bribe Iran to comply with its international obligations is before Iran today. Under this proposal, Iran would transfer stocks of its low-enriched uranium to Russia, Russia would enrich the uranium further and transfer that to France for France to fabricate into fuel assemblies, and then finally France would transfer this enriched uranium back to Iran. This deal came after the G–20 meeting in Pittsburgh in September, at which it was revealed that Iran had a covert enrichment facility in defiance of all of its international commitments and requirements.

French President Sarkozy said:

> If by December there is not an in-depth change by the Iranian leaders, sanctions will have to be taken.

Prime Minister Brown stated:

> I say on behalf of the United Kingdom today, we will not let this matter rest. And we are prepared to implement further and more stringent sanctions.

I hope President Obama will join in the Europeans' forceful and clear response to continued Iranian intransigence on the nuclear issue.

This current Iranian regime represents the same terrorists who took U.S. citizens hostage 30 years ago today and held them in humiliating captivity for 444 days. That seminal event is still celebrated in Iran. I do not believe it has ever been repudiated or condemned by the Iranian Government.

In his book ''Guests of the Ayatollah,'' Mark Bowden describes how the U.S. Embassy has perversely become an anti-American museum to which students are bussed to commemorate the terrorist event. He further describes how ''the takeover is remembered as one of the founding events of the Islamic 'republic.' ''

Mr. Bowden also writes:

> The Iran hostage crisis was for most Americans their first encounter with Islamo-fascism and, as such, can be seen as the first battle in that ongoing world conflict. [The hostages] were the first victims of the inaptly named 'war on terror.' ''

Now Iran continues its nuclear activities in defiance of Security Council resolutions, and it remains the world's leading state sponsor of terrorism. This regime is not negotiating in good faith over its nuclear program, and during the time we have attempted to bring it into compliance with its international obligations, Iran has continued to defiantly develop its nuclear capabilities.

Thirty years ago today, Iran directly threatened and harmed the most vital and core U.S. interests. No one in this Chamber should be confused that 30 years later this regime still means to do us harm.

Mr. President, I wish to especially thank Michael Stransky for his research on this matter.

As a sign of remembrance and respect, I ask unanimous consent to have printed in the RECORD the names of all of those taken hostage in Iran 30 years ago today, as well as the 8 servicemembers who lost their lives in an attempt to free them.

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

THE HOSTAGES AND THE CASUALTIES

Sixty-six Americans were taken captive when Iranian militants seized the U.S. Embassy in Tehran on Nov. 4, 1979, including three who were at the Iranian Foreign Ministry. Six more Americans escaped. Of the 66 who were taken hostage, 13 were released on Nov. 19 and 20, 1979; one was released on July 11, 1980, and the remaining 52 were released on Jan. 20, 1981. Ages in this list are at the time of release.

The 52:

Thomas L. Ahern, Jr., 48, McLean, VA. Narcotics control officer.

Clair Cortland Barnes, 35, Falls Church, VA. Communications specialist.

William E. Belk, 44, West Columbia, SC. Communications and records officer.

Robert O. Blucker, 54, North Little Rock, AR. Economics officer specializing in oil.

Donald J. Cooke, 26, Memphis, TN. Vice consul.

William J. Daugherty, 33, Tulsa, OK. Third secretary of U.S. mission.

Lt. Cmdr. Robert Englemann, 34, Hurst, TX. Naval attaché.

Sgt. William Gallegos, 22, Pueblo, CO. Marine guard.

Bruce W. German, 44, Rockville, MD. Budget officer.

Duane L. Gillette, 24, Columbia, PA. Navy communications and intelligence specialist.

Alan B. Golancinksi, 30, Silver Spring, MD. Security officer.

John E. Graves, 53, Reston, VA. Public affairs officer.

Joseph M. Hall, 32, Elyria, OH. Military attaché with warrant officer rank.

Sgt. Kevin J. Hermening, 21, Oak Creek, WI. Marine guard.

Sgt. 1st Class Donald R. Hohman, 38, Frankfurt, West Germany. Army medic.

Col. Leland J. Holland, 53, Laurel, MD. Military attaché.

Michael Howland, 34, Alexandria, VA. Security aide, one of three held in Iranian Foreign Ministry.

Charles A. Jones, Jr., 40, Communications specialist and teletype operator. Only African-American hostage not released in November 1979.

Malcolm Kalp, 42, Fairfax, VA. Position unknown.

Moorhead C. Kennedy Jr., 50, Washington, DC. Economic and commercial officer.

William F. Keough, Jr., 50, Brookline, MA. Superintendent of American School in Islamabad, Pakistan, visiting Tehran at time of embassy seizure.

Cpl. Steven W. Kirtley, 22, Little Rock, AR. Marine guard.

Kathryn L. Koob, 42, Fairfax, VA. Embassy cultural officer; one of two women hostages.

Frederick Lee Kupke, 34, Francesville, IN. Communications officer and electronics specialist.

L. Bruce Laingen, 58, Bethesda, MD. Chargé d'affaires. One of three held in Iranian Foreign Ministry.

Steven Lauterbach, 29, North Dayton, OH. Administrative officer.

Gary E. Lee, 37, Falls Church, VA. Administrative officer.

Sgt. Paul Edward Lewis, 23, Homer, IL. Marine guard.

John W. Limbert, Jr., 37, Washington, DC. Political officer.

Sgt. James M. Lopez, 22, Globe, AZ. Marine guard.

Sgt. John D. McKeel, Jr., 27, Balch Springs, TX. Marine guard.

Michael J. Metrinko, 34, Olyphant, PA. Political officer.

Jerry J. Miele, 42, Mt. Pleasant, PA. Communications officer.

Staff Sgt. Michael E. Moeller, 31, Quantico, VA. Head of Marine guard unit.

Bert C. Moore, 45, Mount Vernon, OH. Counselor for administration.

Richard H. Morefield, 51, San Diego, CA. U.S. Consul General in Tehran.

Capt. Paul M. Needham, Jr., 30, Bellevue, NE. Air Force logistics staff officer.

Robert C. Ode, 65, Sun City, AZ. Retired Foreign Service officer on temporary duty in Tehran.

Sgt. Gregory A. Persinger, 23, Seaford, DE. Marine guard.

Jerry Plotkin, 45, Sherman Oaks, CA. Private businessman visiting Tehran.

MSgt. Regis Ragan, 38, Johnstown, PA. Army noncom, assigned to defense attaché's officer.

Lt. Col. David M. Roeder, 41, Alexandria, VA. Deputy Air Force attaché.

Barry M. Rosen, 36, Brooklyn, NY. Press attaché.

William B. Royer, Jr., 49, Houston, TX. Assistant director of Iran-American Society.

Col. Thomas E. Schaefer, 50, Tacoma, WA. Air Force attaché.

Col. Charles W. Scott, 48, Stone Mountain, GA. Army officer, military attaché.

Cmdr. Donald A. Sharer, 40, Chesapeake, VA. Naval air attaché.

Sgt. Rodney V. (Rocky) Sickmann, 22, Krakow, MO. Marine Guard.

Staff Sgt. Joseph Subic, Jr., 23, Redford Township, MI. Military policeman (Army) on defense attaché's staff.

Elizabeth Ann Swift, 40, Washington, DC. Chief of embassy's political section; one of two women hostages.

Victor L. Tomseth, 39, Springfield, OR. Senior political officer; one of three held in Iranian Foreign Ministry.

Phillip R. Ward, 40, Culpeper, VA. Administrative officer.

One hostage was freed July 11, 1980, because of an illness later diagnosed as multiple sclerosis:

Richard I. Queen, 28, New York, NY. Vice consul.

Six American diplomats avoided capture when the embassy was seized. For three months they were sheltered at the Canadian and Swedish embassies in Tehran. On Jan. 28, 1980, they fled Iran using Canadian passports:

Robert Anders, 34, Port Charlotte, FL. Consular officer.

Mark J. Lijek, 29, Falls Church, VA. Consular officer.

Cora A. Lijek, 25, Falls Church, VA. Consular assistant.

Henry L. Schatz, 31, Coeur d'Alene, ID. Agriculture attaché.

Joseph D. Stafford, 29, Crossville, TN. Consular officer.

Kathleen F. Stafford, 28, Crossville, TN. Consular assistant.

Thirteen women and African-Americans among the Americans who were seized at the embassy were released on Nov. 19 and 20, 1979:

Kathy Gross, 22, Cambridge Springs, PA. Secretary.

Sgt. James Hughes, 30, Langley Air Force Base, VA. Air Force administrative manager.

Lillian Johnson, 32, Elmont, NY. Secretary.

Sgt. Ladell Maples, 23, Earle, AR. Marine guard.

Elizabeth Montagne, 42, Calumet City, IL. Secretary.

Sgt. William Quarles, 23, Washington, DC. Marine guard.

Lloyd Rollins, 40, Alexandria, VA. Administrative officer.

Capt. Neal (Terry) Robinson, 30, Houston, TX. Administrative officer.

Terri Tedford, 24, South San Francisco, CA. Secretary.

Sgt. Joseph Vincent, 42, New Orleans, LA. Air Force administrative manager.

Sgt. David Walker, 25, Prairie View, TX. Marine guard.

Joan Walsh, 33, Ogden, UT. Secretary.

Cpl. Wesley Williams, 24, Albany, NY. Marine guard.

Eight U.S. servicemen from the all-volunteer Joint Special Operations Group were killed in the Great Salt Desert near Tabas, Iran, on April 25, 1980, in the aborted attempt to rescue the American hostages:

Capt. Richard L. Bakke, 34, Long Beach, CA. Air Force.

Sgt. John D. Harvey, 21, Roanoke, VA. Marine Corps.

Cpl. George N. Holmes, Jr., 22, Pine Bluff, AR. Marine Corps.

Staff Sgt. Dewey L. Johnson, 32, Jacksonville, NC. Marine Corps.

Capt. Harold L. Lewis, 35, Mansfield, CT. Air Force.

Tech. Sgt. Joel C. Mayo, 34, Bonifay, FL. Air Force.

Capt. Lynn D. McIntosh, 33, Valdosta, GA. Air Force.

Capt. Charles T. McMillan II, 28, Corrytown, TN. Air Force.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Mr. President, how much time remains on our side?

The PRESIDING OFFICER. No time remains on your side. There is 32 seconds remaining on the other side.

Mr. REED. Mr. President, without objection, I will proceed for the remaining seconds and simply remind everyone that we are taking another step to expand unemployment coverage for an additional 14 weeks for every State and 6 more weeks for those States that have unemployment rates above 8.5 percent. We are incorporating a home buyer tax credit that has worked remarkably well, and we are also incorporating net operating loss treatment for small businesses so they can have additional resources to hire more Americans.

This legislation is important, it is critical, it is vital, and I hope it is unanimously accepted.

CLOTURE MOTION

The PRESIDING OFFICER. Under the previous order, pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will report.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on H.R. 3548, the Unemployment Compensation Extension Act of 2009.

Max Baucus, Byron L. Dorgan, Edward E. Kaufman, Mark L. Pryor, Jeff Bingaman, Tom Udall, Roland W. Burris, Tim Johnson, Mary L. Landrieu, Patty Murray, Al Franken, Michael F. Bennet, Benjamin L. Cardin, Richard Durbin, Herb Kohl, Mark Begich.

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

The question is, Is it the sense of the Senate that debate on H.R. 3548, the Unemployment Compensation Extension Act of 2009, shall be brought to a close? The yeas and nays are mandatory under the rule. The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), and the Senator from Missouri (Mrs. MCCASKILL) are necessarily absent.

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

The yeas and nays resulted—yeas 97, nays 1, as follows:

[Rollcall Vote No. 333 Leg.]

YEAS—97

Akaka	Feingold	Merkley
Alexander	Feinstein	Mikulski
Barrasso	Franken	Murkowski
Baucus	Gillibrand	Murray
Bayh	Graham	Nelson (NE)
Begich	Grassley	Nelson (FL)
Bennet	Gregg	Pryor
Bennett	Hagan	Reed
Bingaman	Harkin	Reid
Bond	Hatch	Risch
Boxer	Hutchison	Roberts
Brown	Inhofe	Rockefeller
Brownback	Inouye	Sanders
Bunning	Isakson	Schumer
Burr	Johanns	Sessions
Burris	Johnson	Shaheen
Cantwell	Kaufman	Shelby
Cardin	Kerry	Snowe
Carper	Kirk	Specter
Casey	Klobuchar	Stabenow
Chambliss	Kohl	Tester
Coburn	Kyl	Thune
Cochran	Landrieu	Udall (CO)
Collins	Lautenberg	Udall (NM)
Conrad	Leahy	Vitter
Corker	LeMieux	Voinovich
Cornyn	Levin	Warner
Crapo	Lieberman	Webb
Dodd	Lincoln	Whitehouse
Dorgan	Lugar	Wicker
Durbin	McCain	Wyden
Ensign	McConnell	
Enzi	Menendez	

NAYS—1

DeMint

NOT VOTING—2

Byrd McCaskill

The PRESIDING OFFICER. On this vote, the yeas are 97, the nays are 1. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The Senator from New Hampshire is recognized.

Mr. GREGG. Madam President, I note that my colleague from New Hampshire is also on the floor. Did she want to go first?

Mrs. SHAHEEN. Go ahead.

Mr. GREGG. Madam President, I ask unanimous consent to speak for 10 minutes as in morning business.

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

DEBT AND DEFICIT

Mr. GREGG. Madam President, last night's elections have been interpreted in a variety of different ways. I listened to one channel and got one certain interpretation, I listened to another channel and I got the exact opposite interpretation. So I will throw in my interpretation.

I think the American people, most Americans today, are going through some tough times. They are finding it very difficult to make ends meet. Many Americans have lost their jobs, unfortunately. Those Americans who have jobs are worried about their jobs. They are going home at night, they are sitting down with their husbands or with their wives and they are trying to work through the family finances.

They are concerned about making ends meet. They are worried about their credit card debt, they are worried about their mortgage, they are worried about how they are going to pay for their children's schooling, if their kids are in school. If they are graduate students, they are not kids, they are worried about how they are going to pay all those debts they are running up to get through school.

I think Americans understand the debt is a problem personally and now they look at the Federal Government and they see we are running up this massive debt on them. We are going to be asked, fairly soon, to raise the level of the national debt by maybe $1 trillion.

This year the deficit will exceed $1.4 trillion—or last year—and we are seeing deficits projected for the next 10 years of over $1 trillion a year. They are seeing our Federal debt being bought up by foreign countries. Yet our Federal debt keeps going up dramatically. They are asking themselves: How can this be? How can a country as strong and vibrant as the United States continue to run up all this debt and continue to be successful? We cannot do it as family members. We cannot do it in our household. How can the Federal Government do this?

I think the answer is fairly intuitive: It cannot do this. Yet we continue to do it as a government. So I think some of the vote last night was a statement that, hey, Federal Government, take a pause. Think about what you are doing in the area of running up deficits and running up debt and passing on to the children, to our children and to our grandchildren, a situation which is not fiscally sustainable.

Think about what is going to occur if we continue to run these massive deficits and this massive debt. It will be a situation where we have a new saying in this country, ''No child left a dime'' as a result of all this debt being run up. Our kids will be put in a position where their quality of life will be fundamentally undermined. They will not be able to buy their home. They will not be able to send their children to college. They will not be able to do the things we have been able to do in our generation because they will have to be paying for the debt which we put on their backs, $1 trillion of deficit every year for the next 10 years, the public debt going to 80 percent of GDP.

Yet the proposals we are seeing come across this floor aggravate the situation almost on a daily basis. Two weeks ago, there was a proposal by the White House to add $13 billion of new deficit spending because they wanted to give $250 to every Social Security recipient.

Well, I think most Social Security recipients are sophisticated enough to know that putting $13 billion of debt on their children's backs, in a system that already has severe fiscal problems, is not worth it for $250. It is not worth doing that to their kids and their grandkids.

Then, 1 week ago, it was proposed we spend almost $¼ trillion—$250 billion—to fund the doctors fix. The doctors need this adjustment. But it was going to be funded by passing debt, putting debt on our children's backs. We could not afford to do that to them.

It is not right to fix the doctors' problem by passing the bill on to the next generation. Yet that was what was proposed. It passed in the House. Fortunately, over on the other side of the aisle, a number of folks stood and joined all the Republicans and said: No, that is not the way to do it. We should pay for that.

We are going to see a highway bill coming through here pretty soon. That bill is going to add potentially $150 billion of new debt to the deficit.

The most egregious example of this problem of expanding the deficit and the debt on our children and leaving our children in a situation where no child has a dime is the situation that is coming down the pike on the health care bill. The House of Representatives leadership on the Democratic side has proposed a bill that, when fully implemented—in the first 10 years, it is not fully implemented so the costs are underestimated—is going to cost $2.4 trillion of new spending. It will take health care spending up to 22 percent of the gross national product. We will be spending more than a fifth of this country's wealth on health care as a result of the House bill.

The practical implications of that are staggering, not only to our economy but to this government. To grow this government by $2.4 trillion is going to put us in a situation where we will basically have a government that is piling more debt on top of debt we already can afford.

It is alleged that this is paid for. It is paid for in the first 10 years, if you use the most rosy assumptions, because they start the pay-for years on year 1, and they don't start the expenditures until year 4. So in a 10-year period they have 6 years of expenditures matched against 10 years of income. But when you get it fully implemented, it is not paid for. There is a huge gap. The pay-for assumes that you are going to take $4- to $500 billion out of Medicare and move it over to a new entitlement. You will take $4- to $500 billion of new tax increases and pay for this new entitlement. We can't afford that. If we are going to adjust Medicare spending by $½ trillion, which is what the House is proposing, that money should go to making Medicare solvent. It should not go to creating a brand new entitlement which is going to weight down even further the ability of the Federal Government to pay its bills. Yet that is the proposal. If you are going to dramatically increase taxes, as the bill suggests, by $½ trillion, that money should also go to address the deficit and the debt. It should not go to expanding the size of government.

The fundamental problem with this health care bill, as it left the House and the Senate Finance and HELP Committees, is that it grows the government at a dramatic rate and uses resources which should be used to get the deficit under control or to make Medicare more solvent. It uses those resources to expand a brand new entitlement. We know, because we have seen it in all sorts of initiatives, that when you put a new program on the books, you inevitably, especially an entitlement program, underestimate the cost, and you equally overestimate revenues. Inevitably, the majority of that cost is financed through deficit spending and is added to the debt. You just have to look at our history to know that is true.

As we go forward from this point, I hope we will think a little bit about addressing what most Americans who voted last night were thinking about, at least when they went home to do their own budgets, and that is the deficit and debt, and that we won't put on the books a brandnew entitlement that will cost us $2.4 trillion when fully implemented and which will dramatically aggravate our ability to pay for debt we already know is coming down the road to make Medicare more solvent, which we know is a big issue and will increase the size of the government. When this bill is fully implemented, if it were passed in its present form, the Federal Government would grow from 20 percent of GDP to 23½ percent of GDP. That would be the largest percentage of the economy the Federal Government has taken out of it since World War II. Then it continues to go up. It ends up, after 10 years, at about 26 percent of GDP, if we factor in all the different expenditures which are proposed in other parts of the budget.

It is not sustainable. It is not fair. It is not right. One generation should not do this to another generation. We should not promise new programs we cannot pay for and which will pass on to our kids costs which they will have

to bear in a way which will dramatically affect their quality of life. I hope we will take a little time out and say: Let's see if there isn't a better way to do this. Let's see if we can't do this in a more fiscally responsible way, in a way that doesn't grow the government by trillions of dollars, and which doesn't pass massive new debt on to our children.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Madam President, I agree with my colleague from New Hampshire. We have too many people who are struggling right now in this recession. We have too many people who are unemployed, who need help until they can get back on their feet, find a new job, until the economy starts creating jobs again. That is why I am having so much trouble understanding why it has taken this body so long—4 weeks now—to extend unemployment benefits for those people who are losing their benefits before the end of this year, almost 2 million Americans, and we have been trying to pass an extension of unemployment for the last month.

I rise to speak in support of the Worker Home Ownership and Business Assistance Act, a bill that will extend unemployment benefits 14 weeks for unemployed workers in every State and for an additional 6 weeks in those States with over 8.5 percent unemployment. I am pleased that today the Senate has voted by an overwhelming majority, 97-to-1, to proceed to final passage of this legislation.

This broad, bipartisan vote acknowledges that unemployment affects every community in every State in every part of the country. In fact, this is the third vote we have had now to proceed to this bill. Every vote has passed overwhelmingly with a bipartisan vote. Despite those strong votes in support of an extension, opponents have put up obstacles at every turn to delay passage of the bill. As a result of these delay tactics, approximately 200,000 workers have lost their benefits in the last month.

Hopefully after 4 long weeks, the end is in sight. Soon people like Richard, one of my constitutents from Winchester, NH, who called my office yesterday, will get the help he desperately needs. Richard is a single father of three boys. He lost his job as a machinist at Greenfield Tap and Dye plant, a small manufacturing plant in the southwestern part of the State, more than a year ago. Since then he has been using his savings, his unemployment benefits to pay his mortgage, to buy food, to buy gas, and to pay for other necessities. Richard has been out looking for other manufacturing jobs, but no one is willing to hire him until this economy improves.

That is what the Senate has been working on. I disagree respectfully with my colleague from New Hampshire. Much of the effort we have expended in the Senate has been to support the economy so it does improve, so we can create jobs again.

We are on the cusp of finally passing this legislation to help Richard and his family and millions of other jobless Americans whose benefits will run out, to help them get through the holidays. As I have said many times, when we extend unemployment, we are not only helping those workers whose benefits have been exhausted, we are helping small businesses that provide the goods and services the unemployed are going to need. They are going to go out and spend those unemployment checks on those goods and services so that for every $1 we spend on unemployment, it turns over $1.61 in the economy. People collecting unemployment spend their benefits immediately on necessities to keep their families going, which means these dollars get into communities almost as soon as the checks arrive. Economists say that dollar for dollar, extending unemployment benefits is one of the most cost-effective actions we can take to stimulate the economy.

Passing this extension is the right choice for unemployed workers and for communities. I look forward to passing this extension for Richard and for the millions of Americans who are counting on us to act.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. BURRIS. Madam President, I ask unanimous consent to speak as in morning business.

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

HEALTH CARE REFORM

Mr. BURRIS. Thank you, Madam President.

Two months ago, I stood on the floor of this Chamber and made a solemn commitment. It is a commitment I have restated almost every day that the Senate has been in session, and I will say it once again today: I will not vote for any health care reform bill that fails to include a strong public option.

Unfortunately, there has been a great deal of misinformation about what the public option is really about and what it would mean to ordinary Americans. So let's cut through the distractions and scare tactics and talk seriously. Let's define exactly what a strong public option means.

I hear people talk about public options and triggers and opt-outs and opt-ins and all kinds of other proposals. Some people throw words around interchangeably. But words are important, and this is not some abstract idea, this is a real set of proposals that will affect real people in real ways. So let's define exactly what we are talking about.

The strong public option is about three things: competition, lower costs, and accountability. That is why a strong public option is essential to achieve real, meaningful reform.

We can all agree that we need to fix our health care system now, but let's also agree to fix it the right way.

First and foremost, a strong public option must create true competition in the health care insurance market. A key problem with health coverage is that consumers do not have any options. In America today, only two industries are not bound by antitrust laws that apply to every other business in this country: health care insurance and Major League Baseball. When every other private enterprise has to compete in the open market for their business, why does big insurance deserve special treatment? In my opinion, they don't. In such a highly concentrated environment, there is no incentive to compete. There is no reason to improve service, expand access, or work with patients and doctors to achieve better health outcomes. In fact, there is every incentive to do just the opposite.

We have seen unprecedented consolidation in the insurance market, and that has led to a lack of competition and choice for American consumers. Over the past 13 years, there have been more than 400 corporate mergers involving health insurers. As a result, 94 percent of our Nation's health markets are now considered ''highly concentrated,'' meaning they are virtual monopolies.

In my home State of Illinois, just two companies control 69 percent of our market. Sadly, Illinois is far from alone. In Alabama, a single company controls almost 90 percent of the market, and in Iowa, Rhode Island, Arkansas, Hawaii, Alaska, Vermont, Wyoming, Maine, and Montana, the two largest insurance companies control at least 80 percent of the market. In fact, there are only three States in the entire country where the largest three companies control less than 50 percent of the insurance market.

This must end. We must restore competition and choice to the health insurance industry. It is time to create a strong public option that will make insurers compete for people's business, just like any other company in America.

A strong public option will give people a choice for the first time in decades. No one would be forced to change their coverage, but if their current provider isn't treating them right, they deserve the opportunity to choose something better and more affordable.

That brings me to my next point. In order to achieve real reform, a public option must be strong enough to significantly lower costs. Every Member of this Senate knows what America pays for insurance. One dollar out of every $6 we spend in this country goes to pay for health care. Health outcomes are down, but somehow insurance company profits are through the

roof. This does not make sense. Premiums are rising four times faster than wages. In fact, between 2000 and 2007, 10 of the country's top insurance companies increased their profits by an average of 428 percent. There is nothing wrong with making a profit. I think all businesses should make a profit. But there is nothing fair about creating a monopoly and then wringing money out of sick Americans who are counting on them in their hour of need.

Not only are there almost 50 million Americans without health insurance, there is also a massive segment of the population who can't afford what little coverage they have.

The American people deserve the chance to shop around, to compare options and pick plans that are right for themselves and their families or small businesses. If private companies have to compete with a strong public plan, people's premiums will come down, companies will bring costs under control, and this will help save money. But it is not just costs that will improve. Providers will also improve quality of coverage. They will start to focus on patient outcomes rather than profits. As a result, better care will become available to more people.

A strong public option would require some capital to get off the ground, just like any other business, but after that, it would rely on the premiums it collects to remain self-sufficient. It would operate like a not-for-profit insurance company, setting affordable rates based on the actual cost of care, not a desire to give giant bonuses to their executives and pay dividends to their stockholders.

The current system is a drain on the American taxpayer, but a strong public option would not be. It would not be a handout, it would not force anyone to change their current coverage, but it would drive down costs and give people a real choice for the first time in decades. A strong public option would provide a cheaper alternative to private companies and would force those companies to improve their product or risk losing customers.

That brings me to the third goal we must achieve with real health care reform. A public option must be strong enough to bring real accountability to the health insurance industry. For far too long, private insurance providers have been running roughshod over the American public. More often than not, those most in need are the ones who suffer the worst abuse. There is a lot of money to be made off of the poor. I will repeat that statement. There is a lot of money to be made off of the poor. Insurance companies don't seem to mind raking in the cash at their expense. Private insurance companies will drop your coverage for almost any reason. They routinely exploit minor technicalities to avoid paying claims for those who need assistance the most. These companies continue to look at new and innovative ways to deny coverage to sick Americans because they know these people have nowhere else to turn. A strong public option, coupled with the rest of our insurance reform, will change all of that.

Our reforms would make it illegal to deny coverage because of a preexisting condition. A strong public option would allow people to shop around if they don't like the coverage they have or if they are paying too much. As the system exists today, the health insurance corporations are accountable to their shareholders first and their customers second. A strong public option would reverse that; it would prioritize patients over profit. It would give the American people the chance to hold their companies accountable for the first time in many years.

So that is why I support a strong public option. That is what it would mean for America: competition, cost savings, and accountability. Unless we are able to meet these three conditions in the bill, I will not vote for it. I believe a strong public option is the best way to achieve these goals. In fact, my preference is to have a robust plan that would be tied to Medicare. Whatever form the legislation takes, I will ultimately judge it based on its ability to bring about real competition, lower costs, and restore accountability.

So it is time to make good on the promise first articulated by Teddy Roosevelt almost 100 years ago. It is time to make comprehensive health care reform a reality. After a century of debate, we are faced with the opportunity to accomplish something truly historic. If we do this now and if we do this right, we can make a real difference in the lives of millions of Americans. That is why I will not stop fighting until this fight has been won.

I ask my colleagues to join me to make sure America has access to quality, affordable health care through a system that is competitive, cost-effective, and accountable.

With that, Madam President, I yield the floor and note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

JOB CREATION

Mr. BINGAMAN. Mr. President, I wish to speak about the need for additional policies to create jobs in our country and about how energy legislation can help to accomplish that goal.

First, let me make a point I made last week on the Senate floor; that is, despite the recent positive economic news, Congress needs to take additional steps if we are going to create the jobs we need in this country. The economy has lost 7.2 million jobs during this recession—1 out of every 20 jobs in the country. In percentage terms, this is the biggest job loss since the recession in 1948 and 1949.

This chart vividly describes the jobs deficit we are seeing. The heading is: ''Not enough job creation to maintain employment at level in January 2001.'' Let me explain that a little bit. These job losses we have experienced in this recession add to the jobs deficit that has been accumulating over the last 9 years. The country needs—our economy needs—12 million new jobs in order to bring employment back to where it was at the end of the Clinton administration. Economists expect the jobs report—which comes up in 2 days, this Friday—to show even more jobs were lost in October of this year.

We should not, in my view, overlook the positive news about our economy reported last week. The gross domestic product jumped to 3.5 percent in the third quarter, a complete turnaround from the 6.4-percent decline in the first quarter of this year. It is reported that the Recovery Act has created or saved 1 million jobs—640,000 through direct spending alone. The Recovery Act is working, but Congress still needs to take additional action. We need additional policies to create jobs if we are going to prevent this recovery from being a jobless recovery, much like the previous two recoveries we had from recessions.

Let me go to another chart. This chart is entitled ''Job losses continued for months after the recessions in 1990–91 and 2001.'' What the chart shows is the change in the number of jobs during the recessions—the two recessions I have referred to, 1990–91 as one recession and 2001 as another recession. During the months after those recessions ended, the job losses continued. As you can see, the economy continued to shed jobs for 2 months after the 1990–91 recession ended, which is the green line, as you can see. After the 2001 recession, job losses continued for a staggering 18 months—not 2 months but 18 months—at that time.

This is the paradox of the recoveries from the past two recessions. The GDP began to grow, as it now has in our own period, with the results of this last quarter, but the country continued to lose jobs. When jobs finally did return, they returned very slowly.

Let me go to another chart. This chart is entitled ''Unemployment rate continued to rise after the recessions in 1990–91 and 2001.'' This chart shows what happened to the unemployment rate. The unemployment rate rose for 16 months after the 1990–91 recession ended. The unemployment rate rose for 20 months after the 2001 recession ended.

Even 5 years after the 2001 recession ended, more people were out of work than before that recession began. So Congress needs to take steps to ensure that the recovery this time is different.

The tax cuts enacted during the Bush administration were meant to stimulate job growth, but it is apparent now they failed to do so. Those tax cuts

were too blunt an instrument to do the job. They were not focused enough on creating jobs. The $4 trillion hole they dug in the Federal budget has made it harder for us to recover from the current recession. So the country needs policies that are more targeted on job creation.

Last week, I outlined four ideas Congress should consider: a jobs creation tax credit; second, a manufacturing tax credit; third, emergency bridge loans to homeowners to keep them in their homes; and fourth, additional aid to States.

It should be noted the aid to States that has already been provided has been effective at saving hundreds of thousands of teaching jobs—325,000 of the 640,000 jobs created or saved by the Recovery Act were jobs in education. Congress should consider providing additional aid to States to help close those budget shortfalls which are projected. The cumulative budget shortfalls are projected to total $175 billion for the States over the next 2 years.

Let me turn now to another action we should take to create jobs. To create jobs, in my view, Congress should go ahead, at the earliest possible time, to enact the American Clean Energy Leadership Act. This is legislation that was reported out of our Energy and Natural Resources Committee in June of this year, where it received bipartisan support. The vote there was 15 in favor of reporting that legislation and 8 members voted against it.

This Energy bill I am referring to is a jobs bill. The Energy bill could create 350,000 to 500,000 jobs over the next decade. It would create jobs by increasing the amount of research and development that is supported by the Department of Energy. It would create jobs by increasing the demand for renewable energy by establishing a renewable electricity standard. It would create jobs by financing the construction of nuclear powerplants through the establishment of a clean energy deployment administration. It would create jobs by promoting energy efficiency retrofits for homes and for commercial buildings. These are jobs that cannot be outsourced. It would create jobs by building new clean energy and improving energy efficiency throughout the manufacturing sector.

Reducing energy usage means reducing the cost of doing business, which will make American businesses more competitive in the global market and allow them to expand and to create jobs in the United States. This is part of what this Energy bill is all about, creating jobs and making the United States more competitive in the global economy.

The Energy bill would position our country to lead in the development of clean energy technologies, which is a rapidly growing industrial segment that I believe will be one of the most important sectors of industry in the 21st century. It will also make our economy stronger by enabling businesses to flourish in other areas of the economy.

Before elaborating on some of the provisions in that bill, let me give a concrete example of how forward-thinking energy legislation has the effect of creating jobs for middle-class Americans. In September of this year, the Department of Energy awarded Fisker Automotive a $529 million loan through a program that was created by the Energy Independence and Security Act of 2007. This last week, Fisker announced it will be reopen a previously owned General Motors plant in Delaware that has been shut down, and it will use that plant to produce a plug-in hybrid car. The new Fisker plant will employ 2,000 people and indirectly create another 3,000 jobs in the surrounding area. So not only will consumers benefit from the increased choices they will have in energy-efficient automobiles, but American workers will benefit from increased clean energy jobs. Similar good news stories can be told about new or retooled factories in Michigan, Indiana, and Tennessee as well.

The American Clean Energy Leadership Act I have been referring to would provide more loans of this kind by creating this clean energy deployment administration—or CEDA. CEDA will be an independent agency within the Department of Energy with a mission to support the financing of low-carbon energy projects. For example, CEDA could provide loans and loan guarantees or other credit enhancements to enable the construction of powerplants that produce renewable energy or factories that make wind turbines or other components. CEDA will also create financial mechanisms to allow affordable financing for energy efficiency retrofits and distributed generation in entire communities. This new agency will give special focus to high-risk, high-reward technologies that are otherwise difficult to finance.

Additional financing is critical at this time, when credit markets are still very tight and private investors are reluctant to take on even low-risk commercial projects. In the first quarter of 2009, investments in renewable energy totaled only $500 million, just one-tenth of the $5 billion invested in the same period the year before. Even when financial markets recover, banks are leery of the risk associated with new technologies. Without CEDA—which we are creating in this legislation—to fill the gap, we run the risk of these investments continuing to be made overseas, where market conditions are better for innovative clean energy technologies.

CEDA initially will be capitalized under the legislation at $10 billion in appropriated funds that can conservatively support Federal lending of approximately $100 billion.

Combined with funds from private partners, a reasonable estimate would lead to $20 billion worth of clean energy projects.

CEDA could potentially be scaled up in the future, enabling it to create even more jobs.

The energy bill would also establish a Renewable Electricity Standard, or RES, for the entire country. This policy would require electricity companies to get 15 percent of their power from renewable resources by 2021, with an exemption for small-scale utility companies. By increasing the demand for clean energy, the Renewable Electricity Standard will promote the construction of new wind farms, solar power plants, and geothermal plants. A variety of other clean technologies will also qualify, technologies such as hydro, biomass, and ocean power. Constructing these plants and manufacturing the components needed could create 100,000 to 125,000 jobs by 2025.

In addition to the Renewable Electricity Standard, the energy bill includes policies to strengthen the Nation's electricity transmission grid and increase the production of renewable energy on public lands. These policies would complement the Renewable Electricity Standard.

Improving energy efficiency is a cost-effective way to reduce the energy costs of homeowners and improve the competitiveness of American businesses. The energy bill has programs targeted both at the manufacturing sector and at residential and commercial buildings.

For residential and commercial buildings, the bill creates a grant program that states could use to fund retrofit programs for residential and commercial buildings. A home energy retrofit finance program would also be created. States could use this program to set up revolving finance funds to help homeowners pay for energy efficiency improvements. This support would be in addition to the support available through CEDA.

The residential and commercial energy efficiency programs in the energy bill could create tens of thousands of jobs. Overall, energy retrofits is potentially a large job creator. Rebuilding America estimates that retrofitting 50 million homes over the next 10 years would create 625,000 jobs that could be sustained during that period. The programs in the energy bill would accomplish part of that goal.

The bill also includes programs to increase the energy efficiency of American manufacturers. Energy Department financing will help small and large manufacturers upgrade to energy efficient production equipment and processes. Public/private partnerships will map out and develop the technologies needed by specific industries to reduce their energy intensity. The American Council for an Energy-Efficient Economy estimates these energy efficiency programs would at a minimum create 15,000 to 20,000 jobs by 2020.

But more important than this estimate is the competitive edge American manufacturers would gain by increasing their energy efficiency. This is a

key step to revitalizing the manufacturing sector and ensuring it remains strong in the future.

Nearly everyone agrees that research and development is vital to creating jobs and to the competitiveness of the United States. The energy bill would nearly double the authorization for the Office of Science in the Energy Department, to over $8 billion in 2013. At that funding level, the Office of Science could support over 27,000 Ph.D.-level researchers across the United States. The authorization would also double for applied energy research to $6.5 billion, research focused nuclear energy, fossil fuels, and energy efficiency. Other countries in Asia are well ahead of the United States creating research, development, and deployment roadmaps for clean energy technologies. With additional resources, this research will make American industries competitive in a carbon constrained economy.

All told, using both the specific estimates that have been made for policies in the American Clean Energy Leadership Act, and a midpoint estimate for jobs resulting from the retrofit provisions of the bill, the act could create up to 500,000 jobs over the next decade if it is enacted and funded.

This is just a part of the job creation potential in the energy sector. The National Commission on Energy Policy estimates that the country will need 400,000 new jobs in the electricity sector alone. If indirect jobs are included, the number of new jobs created could total 1 to 1.5 million. Similarly, the Center for American Progress has estimated the job-growth potential if both the public and private sectors combined were to invest $150 billion per year in clean energy. That is the level of investment that the center estimates would be mobilized by a comprehensive set of policies that include both what Congress has already enacted as part of the American Reinvestment and Recovery Act and a full suite of policies surrounding a cap-and-trade system for regulating greenhouse gases. In that larger context, the Center for American Progress has concluded that there is the potential to increase the number of permanent jobs in the economy related to clean energy by a net amount of 1.7 million.

The energy bill is a downpayment on reaching that target, and has significant potential to create jobs in the near term. It would strengthen the competitiveness of American businesses through energy efficiency improvements and investments in research and development. And it would position the United States to be the global leader in the development of clean energy technologies. I urge my colleagues to support this legislation when it does come to the floor for consideration.

The jobs we can create as we transition to a clean energy economy are not the total answer to our job needs in the coming years. But they are an important part of the answer.

I urge my colleagues to support this legislation not only for what it will do to meet our energy needs and reduce greenhouse gas emissions, but for what it will do to create jobs and put our economy on a growth track in future years.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

HEALTH CARE REFORM

Mr. CORKER. Mr. President, I know there has been a lot of discussion throughout our country and probably some here on the Senate floor regarding the elections that took place last night and what that means. I think most of it has been centered around politics.

I wish to suggest something. I think that much of what the country is in some degree of upheaval about is the policies we are discussing here on the Senate floor and the things that are moving through committees. Obviously the major issue of the day is health care, health care reform.

We have a bill over in the House, we have one that can essentially be on the Senate floor in the very near future. I would like to sort of create a picture, if I could, for my friends on the other side of the aisle.

As I look at the bill, the health care bill that seems to be coming together, that I think again will be put together soon, I know, No. 1, there is a lot of hesitation. I know our majority leader is having difficulty finding 60 votes to actually move the bill ahead. What I wish to mention to my friends on the other side of the aisle is this: If Republicans had put forth a health care bill that took $400 to $500 billion out of Medicare to leverage another program that was not used to make Medicare, which is insolvent, more solvent; if Republicans had put forth a bill that created an unfunded mandate for States by making States raise their Medicaid levels—in other words, we are mandating that in my State alone it is going to cost $735 million; and if Republicans had put forth a bill that we knew was going to raise premiums—in our State it is going to raise premiums by 60 percent over the next 5 years based on an independent study; if Republicans had put forth a bill that had the exact same building blocks as the bill that has been put together through our Finance Committee, that is now being merged with the HELP Committee bill, I do not believe there would be a single Democratic vote for that bill. I absolutely do not believe that if Republicans put forth exactly the bill we have been discussing here in the Senate, I do not think there would be one Democratic vote for that bill.

What I am suggesting is that I know there is a lot of unease on the other side of the aisle regarding this bill. There is tremendous unease on our side.

I do not think we have a single Republican today who feels in any way good about the legislation that has been discussed. A lot of times we as parties make a lot of mistakes by ''doing one for the Gipper,'' through supporting our President. Republicans have done that in the past where sometimes we get behind a policy that maybe we were uneasy with, but our President, our leader, wanted a particular policy to be brought forth.

My sense is that is exactly what is happening right now with my friends on the other side of the aisle and our sitting President; that is, for political victory people are seeking this health care reform. But I believe, again, if Republicans offered exactly this same bill with the same fundamental funding mechanisms, there would not be a single Democratic vote.

For that reason, there has been a message sent to this body by the recent elections that have taken place. People across the country are concerned about the policies this health care bill we have been discussing puts forth. I say to my friends on the other side of the aisle: Let's stop what we are doing right now. I know there is a lot of unease. Let's get this right. I am one of those Republicans who would like to see health insurance reform. I campaigned on that when I ran for the Senate in Tennessee. I was commissioner of finance for our State in the middle 1990s and dealt with many of the issues of people in our State not having health insurance. I would like to see us do the right thing. I would like to see us have a policy that will stand the test of time.

I say to my friends on the other side of the aisle: Let's throw this bill aside. You wouldn't vote for this bill if we offered it. You should not vote for it just because your leadership and your President want to see it happen. Let's step back and do something that will stand the test of time.

I hope my colleagues on the other side, who I know are incredibly uneasy about this legislation that has very poor building blocks, I hope they will listen. I hope together we can step back, and I hope we will put in place some policies that, again, will benefit Americans and stand the test of time.

I suggest the absence of a quorum.

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

The assistant bill clerk proceeded to call the roll.

Mr. HATCH. 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. HATCH. Mr. President, this afternoon I wish to share my insights about health care reform efforts in the

U.S. Congress and how beneficiaries who currently participate in the Medicare Advantage Program, Medicare Part C, would be impacted.

When I think of health care reform, I envision legislation that reduces health costs and improves affordable access to coverage. Unfortunately, the bills reported by the Senate HELP and Finance Committees do not achieve either of those goals. As a Senator from Utah, I have cast many tough votes throughout my service. Regarding health care reform, I have pushed for a strong bipartisan vote. Unfortunately, it is obvious that Senate and House floor debates on this issue will be another largely partisan exercise.

This summer I participated in more than a month of debate and partisan votes in the HELP Committee and 2 weeks of the same in the Finance Committee. Unfortunately, however, it appears those many hours of debate were all for naught.

It is important to note that the bills the members of the Senate HELP and Finance Committees spent hours considering will not be the legislation debated on the Senate floor. In fact, we have yet to see a bill that will be considered on the Senate floor.

I certainly hope Members of the Senate will have the opportunity—at least 72 hours—to review not only the entire bill but also the final Congressional Budget Office cost estimate before considering any such bill on the floor. This bill affects every American and every American business. Therefore, I believe there should be a comprehensive public review before it is even considered.

Let me take a few minutes to talk about the specifics of how Medicare will be impacted by the health care reform proposals before Congress.

The President has consistently pledged not to ''mess'' with Medicare. Again, this is another pledge that is not honored through the Senate health reform bills I have reviewed. The Senate Finance Committee bill reduces Medicare by over $400 billion—according to CBO, $117 billion comes out of the Medicare Advantage Program. I offered an amendment during the Finance Committee markup to protect extra benefits currently enjoyed by Medicare Advantage beneficiaries. Unfortunately, that amendment was defeated.

Bottom line, the President's pledge assuring Americans they would not lose benefits was not met by the Finance Committee bill. Here is how supporters of the Finance bill justified it: The extra benefits that would be cut—such as vision care, dental care, reduced hospital deductibles, lower copayments, and premiums—were not statutory benefits offered in the Medicare fee-for-service program; therefore, those extra benefits do not count. I believe there is no logic to that position.

Let me quote what our President said last Thursday about this important promise:

> The first thing I want to make clear is that if you are happy with the insurance plan that you have right now, if the costs you're paying and the benefits you're getting are what you want them to be, then you can keep offering that same plan. Nobody will make you change it.

Quite frankly, when a promise such as that is made assuring Americans they will not lose their benefits, that promise should be extended to Medicare Advantage beneficiaries. Congress is either going to protect existing benefits or not. It is that simple. However, under the bill reported by the Senate Finance Committee, if you are a beneficiary participating in Medicare Advantage, that promise simply does not apply to you.

I am a staunch supporter of the Medicare Advantage Program. I served on the Medicare Modernization Act House-Senate conference committee in 2003, which created the program. Medicare Advantage works. Medicare+Choice and its predecessors did not.

I know it works. I represent a State where Medicare managed care plans could not exist due to low reimbursement rates. To address that concern, Congress included language, which was signed into law, establishing a payment floor for rural areas. But it was not enough. In fact, in Utah, all the Medicare+Choice plans eventually left because they were operating in the red. This happened after promises were made that Medicare+Choice plans would be reimbursed fairly and that all Medicare beneficiaries would have access to these plans.

So during the Medicare Modernization Act conference, we fixed the problem. First, we renamed the program to Medicare Advantage. Second, we increased reimbursement rates so all Medicare beneficiaries, regardless of where they lived—be it in Fillmore, UT, or New York City—had choice in coverage. We did not want beneficiaries stuck with a one-size-fits-all government plan.

Today, Medicare Advantage works. Every Medicare beneficiary has access to a Medicare Advantage plan. Close to 90 percent of Medicare beneficiaries participating in the program are satisfied with their health coverage. But that would all change should the health care reform legislation currently being considered becomes law.

Choice in coverage has made a difference in the lives of over 10 million individuals nationwide. The extra benefits I mentioned earlier are being portrayed as gym memberships as opposed to lower premiums, copayments, and deductibles. To be clear, the SilverSneakers Program is one that has made a difference in the lives of many seniors because it encourages them to get out of their homes and remain active. It has been helpful to those with serious weight issues and has been invaluable to women suffering from osteoporosis and joint problems.

Additionally, these beneficiaries receive other services, such as coordinated chronic care management, dental coverage, vision care, and hearing aids. Medicare Advantage is better for seniors than traditional Medicare because beneficiaries have a choice in coverage instead of a one-size-fits-all health plan.

Another important point is, the House bill will affect Medicare Advantage enrollees differently than the bill reported by the Senate Finance Committee. The Senate bill includes competitive bidding in the Medicare Advantage Program. My analysis of competitive bidding is that some States will be hit harder than others, especially if there is not a competitive market. I worry about what happens if only one plan submits a bid. While CBO believes Medicare beneficiaries will continue to enroll in the Medicare Advantage Program should competitive bidding be implemented, fewer beneficiaries will enroll in the future.

In the House health reform bill, Medicare Advantage plans will be paid at 100 percent of the Medicare fee-for-service rate, which is fine for Miami beneficiaries but will kill Medicare Advantage plans in rural parts of the country. Those beneficiaries living in States such as Utah, Montana, South Dakota, and North Dakota could be in serious jeopardy because it is possible Medicare Advantage plans serving that part of the country could pull out due to low reimbursement rates.

CMS actuaries have estimated that more than 6 million Medicare Advantage enrollees would be forced out of the program under the House bill, leaving only 4.7 million in Medicare Advantage by 2014. This does not fulfill the President's goal that you can keep what you have. I believe it is unwise for Congress to take such a risk because, in the end, the Medicare beneficiaries will suffer the consequences.

I also wish to touch on the recent CMS guidance on how Medicare Advantage plans may communicate with their beneficiaries. It is gratifying to know HHS will now allow plans to communicate with beneficiaries once prior authorization is received from the plan enrollee.

To be frank, I was outraged by the actions taken by CMS in September. To me, there is a fine line between freedom of speech and government interference. I feel CMS may have crossed the line when it sent Medicare Advantage companies correspondence on this issue. While the new guidance is an improvement, I am still concerned about the beneficiary opt-in requirement.

Another issue that needs to be discussed is the removal of the open enrollment period for Medicare Advantage beneficiaries. Prior to 2006, beneficiaries could enroll and disenroll from Medicare Advantage plans at any time. This open marketplace allowed beneficiaries to find the plan best suited for them. The Medicare Modernization Act included a transition to enrollment periods for Medicare Advantage plans to help beneficiaries become comfortable with the program and to ensure that the selected plan was the right plan for them.

Today, there are two enrollment periods for most beneficiaries. First, the annual election period takes place between November 15 and December 31 each year. Changes take effect on January 1 of the following year. During this time, beneficiaries may change prescription drug plans, change Medicare Advantage plans, return to traditional Medicare or enroll in a Medicare Advantage plan for the first time.

Second, there is an open enrollment period from January 1 to March 31 each year. One Medicare Advantage-related selection may be made during this timeframe, such as enrolling in a new plan, changing plans or disenrolling from a plan. Coverage is then locked in until the following December 31 for most beneficiaries.

The House health reform bill essentially eliminates the Open Enrollment Period for Medicare beneficiaries starting in 2011. In addition, the House bill proposes moving the annual election period up 2 weeks, from November 1 to December 15, thus creating a 2-week processing period for enrollment—right around the holidays—before the January 1 effective date. The Senate bill also moves up the annual election period. It would take place from October 15 through December 7.

The Senate bill does not eliminate the open enrollment period. However, it is important to note that while beneficiaries may disenroll from Medicare Advantage plans during the open enrollment period, they are not allowed to reenroll in another Medicare Advantage plan. Therefore, the only choice available to these beneficiaries under the Senate bill appears to be traditional Medicare.

I feel like little has been said about the dramatic impact these changes will have on Medicare beneficiaries. The primary focus has been the reductions to the program. When we wrote the Medicare Advantage provisions in 2003, we viewed the open enrollment period as an important consumer protection for those who need flexibility when choosing health coverage.

I am worried about the impact these little known changes will have on Medicare beneficiaries. I fear it could lead to a lot of confusion among seniors, especially when they are choosing their health care plans.

Another issue that troubles me is the fee on health insurance plans included in the Senate Finance Committee bill. The Joint Committee on Taxation, JCT, estimates that this provision will save $60 billion over the next 10 years—$60 billion that comes from the health insurance industry. It is no secret that these fees will be passed on to consumers, including Medicare Advantage enrollees through premium increases and the reduction of health care choices. Most seniors are on a fixed income and are least capable of absorbing the added cost of this burden. I strongly oppose this fee and will continue to fight against it when the Senate debates health care reform.

Finally, let me speak for a moment about the Nelson grandfathering amendment that was included in the Senate Finance Committee bill. While many Florida Medicare Advantage beneficiaries will not lose their benefits due to this amendment, that provision does little to help Medicare Advantage beneficiaries living in rural parts of our country.

In fact, the grandfathering amendment approved during the Finance Committee markup only helps Utah beneficiaries living in two—just two—counties. What happens to Medicare Advantage beneficiaries who live in rural areas? I must conclude they will not be as lucky as the Floridian seniors. In my opinion, it does not make sense to only grandfather the Medicare Advantage plans of certain seniors living in certain States.

Before I conclude, I would like to take a few minutes to discuss issues associated with abortion coverage and conscience clause protections for medical providers.

I am concerned about the bills before both the House and the Senate. I believe it is a real possibility Federal dollars will be used to finance elective abortions through both the Federal subsidies to purchase health coverage and the new public plan created through the legislation; that is, Federal taxpayers' dollars.

During both the HELP Committee and Finance Committee markups, we were told over and over again the health reform bill would not cover elective abortions. We were assured Federal dollars would not finance abortions and that the Hyde-like language would apply. More specifically, the Finance health bill attempts to segregate Federal dollars given to individuals to purchase health plans through the State exchanges. The reason these Federal funds would be segregated, we were told, is so Federal taxpayers' dollars would supposedly not pay for abortion coverage.

Let me be clear. The provision included in both the Finance and HELP bills is not the way the Hyde language works today. For example, the Medicaid Program does not segregate dollars it receives either from the State or the Federal Government. Any Federal or State money received by the Medicaid Program simply does not pay for elective abortions. There is no separation of funds. Should a person want abortion coverage, that coverage is paid for separately, either by private dollars or State-only money outside the Medicaid Program.

I think the way this needs to be resolved is simple: Hyde language, which, I wish to remind my colleagues, has been included in every appropriations bill that funds the Department of Health and Human Services since 1976, needs to be included in the legislation. The Hyde provision is a specific prohibition on the use of any public funds for elective abortions and is enforced through strict accountability.

In addition, I am very worried about the government plan option that is included in both the House and the Senate health reform bills. The government option is, of course, a Federal program, and therefore all of the money it spends is Federal funds. If the public or government option pays for abortions, then that is, without a doubt, Federal funding using taxpayer dollars for abortion. Again, today Federal dollars may not be used to fund elective abortions. I believe the language in the House and the Senate bills as currently written would include the coverage of elective abortions through this government public plan. This must be addressed immediately. It is not fair to force people who are totally opposed to elective abortions, either for religious reasons, moral reasons, or whatever, to have their taxpayer dollars used to pay for these types of abortions.

I also do not understand why it is necessary to require all State exchanges to offer at least one plan with abortion coverage. I view that as a mandate to cover elective abortions, and I wish to point out that today there is not one Federal health plan that has such a requirement.

In addition, I strongly support including protections in this legislation to ensure health care providers are not required to perform abortions if they are opposed to abortions. It is unfair that these providers who strongly oppose abortion should be forced to perform this type of procedure. Why would we force Catholic hospitals, Catholic doctors and nurses, and other people of similar religious beliefs on abortion to participate in something they believe is inherently evil and sinful and wrong? It does not make sense. We have always protected the right of conscience. These bills do not.

It is also extremely important that State laws regulating abortion, such as those requiring parental consent or involvement or prohibiting late-term abortions, for example, are protected and not preempted through this legislation. To me, it is unclear whether the current health care bills before Congress offer these protections.

Before I conclude, I wish to read a letter from the esteemed former Surgeon General, C. Everett Koop, dated November 2, 2009.

Mr. President, Dr. C. Everett Koop is one of the alltime great Surgeons General of the United States. Liberals and conservatives, moderates and Independents, Democrats and Republicans would acknowledge that. Here is what he says:

Dear Majority Leader Reid and Madam Speaker:

As the former Surgeon General of the United States, two terms, from 1981 to 1989, I am writing to express my deep personal concerns about the direction of the health care reform bills currently being considered by the United States Congress. More specifically, I am troubled about the possibility of Federal dollars being used to pay for elective abortions and Americans being forced to subsidize them. In addition, I firmly believe

that strong protections must be included in this legislation so that health care providers are not forced to participate in abortions against their will. Polls have recently shown an increasing number of participants opposed to abortion.

It is essential that a Hyde-like abortion funding restriction provision (like the amendment included in the annual appropriations bill for the Department of Health and Human Services since 1976) be included in any health care bill that is signed into law.

He goes on to say:

I believe that including this legislative language is necessary to ensure that elective abortions are not financed either directly through a public plan or indirectly through Federal subsidies provided to purchase health insurance through State exchanges. I also find it troubling that the legislation requires all State exchanges to offer at least one health plan that includes abortion coverage—no other Federal health plan has that specific requirement today.

As a physician, I also want to ensure that laws and regulations remain intact, allowing health care providers to exercise their consciences and not be forced to provide services to which they have religious or moral objections. Congress has a long history of protecting the conscience of health care providers, first passing the Church Amendment in 1973.

Finally, I believe that it must be made clear through this legislation that State laws are protected and not preempted through this legislation, especially those that prohibit abortion coverage. Since 2004, additional conscience protections were included in the annual appropriations legislation for the Department of Health and Human Services to include health care entities such as hospitals, provider-sponsored organizations, health maintenance organizations (HMOs), health insurance plans, or any other kind of health care facility, organization or plan. Today, virtually all States have conscience law protections for medical providers.

From my first days as Surgeon General until today, I have always been honest and straightforward with the American people. Therefore, before this legislation becomes law, I believe that the important issues outlined above must be addressed so that it is consistent with current laws regarding abortion coverage conscience protection. I would appreciate your serious consideration of these matters before this legislation is debated and approved by the Senate and the House of Representatives.

Sincerely yours,

C. Everett Koop, M.D., ScD,

U.S. Surgeon General (1981–1989)

I believe Dr. Koop's letter says it all.

Again, both the Medicare Advantage Program and pro-life related issues are matters that I believe must be carefully addressed in this health care legislation. Medicare Advantage beneficiaries should be able to continue to be covered by the plan of their choice without losing benefits, and the legislation needs to have specific and clear provisions stating that no taxpayer dollars should be used to finance elective abortions. In addition, individual State pro-life laws must be protected. Mandates that require abortion coverage should not be included in this bill. Finally, health care providers should not be forced to perform abortions against their will.

I appreciate the opportunity to share my thoughts with my colleagues on these two very important issues.

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

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

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. CARPER. Mr. President, do I need to ask for unanimous consent to speak as in morning business?

The ACTING PRESIDENT pro tempore. Yes.

Mr. CARPER. I so request.

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

Mr. CARPER. Mr. President, I go home almost every night. It is a lot easier to go home to Delaware than it is to Oregon every night, as the Presiding Officer knows. I love it because I get to really live among the people I represent. I get up in the morning, go to the Y, work out, jump on the 7:18 train, and come on down here and go to work with all of my colleagues and the staff. Almost everybody at home wants to talk about, among other things, health care, and they want to find out what we are doing and what we are not doing.

During the August recess, I did something I had never done before in terms of meeting with constituents. We did a couple of telephone townhall meetings. I don't know if the Presiding Officer has done those, but I had never done them before. I have done a lot of traditional townhall meetings, but I went ahead and did one. Senator CORKER from Tennessee told me he did a telephone townhall meeting in Tennessee, and he said it went well and he thought I might want to consider it as well.

I said: How many people were on the call?

He said: Fourteen hundred.

That is a lot of people.

Sure enough, we scheduled not one but two of them, one in August and the other in early September before Labor Day.

When we had the first telephone town meeting, it was over after an hour or an hour and a half. I asked my staff: Any idea how many people were on the call? They had 1,400 in Tennessee, a big State. In little Delaware, I thought maybe we might have 200, I don't know. They told me I had 4,000 people. Four thousand people. It really shocked me a lot.

About a week later, we had our second telephone townhall meeting, and this was done in conjunction with AARP. It was not for the whole State, just AARP members in Delaware. So I knew we wouldn't have as many people, but I thought we could have quite a few. When the second telephone townhall meeting was over, done in conjunction with AARP, I said: How many people were on the call? They said 6,000—6,000 people. Little Delaware, to have 4,000 one time and a week later have 6,000 people in a telephone townhall meeting—I was blown away.

People were very polite, they asked good questions, and I tried to give them good responses. We had hundreds of people who stayed on the line at the end of the conference call, if you will, to ask more questions. We will do some more of those in the future, and we will do traditional townhall meetings as well. But what I drew from that is there are a whole lot of people who just had questions they wanted to have answered. They were just confused and in some cases misinformed, and they wanted to have some straight talk—what we used to call it in the Navy—just the straight skinny, the straight truth, just tell us the story. We have tried to do that in the time since then.

About two or three weekends ago, I was getting gas for my minivan not far from my house in Delaware, and I was standing there pumping the gas into my Chrysler Town and Country minivan—listen to this: 236,000 miles, and they say they don't build cars like they used to. We make them better now.

Anyway, this lady pulled up on the other side and said: Senator CARPER—just the person I have been looking for.

Sometimes when people say that, you think, maybe I should get back in the minivan and drive away while I can still escape.

I said: What would you like to talk about?

She said: Let's talk about health care.

Pretty much it was: Why can't I have the kind of health care that you have, the same health insurance for my family through my small business that I run.

She said: We are paying about $24,000, $25,000 a year. What are you paying?

She wasn't belligerent or rude or anything.

I said: Well, as it turns out, we are paying about half that.

In my family, it is standard BlueCross BlueShield, and we have—the secret to what we do, as the Presiding Officer knows, is we created here, long before we came along, a very large purchasing pool that includes all Federal employees, all Federal retirees and dependents. In all, it makes a huge purchasing pool of 8 million people in all. We have the Federal Office of Personnel Management that gets a whole bunch of private health insurance companies to come in and offer their products to us, and we can choose from among those private plans. Because there are so many of us, a lot of interest comes from wanting to offer the product to us. It helps drive down the cost because of the competition. With 8 million people in a purchasing pool, you can actually get pretty low administrative costs. It turns out our administrative costs are 3 percent of premiums, which is very low.

My guess is, the lady I was talking to that day at the service station—I know she wasn't getting insurance through her small business. She was a realtor. I know she wasn't getting it for 3 cents' administrative costs on the dollar per premiums—probably not 23 cents, maybe 33 cents.

She said: Why can't we have the kind of health insurance you have?

Actually, I like that. I would be happy to open it up and allow you and others in our State—small businesspeople, families, or individuals who don't have coverage or who do—to buy your health insurance as part of a large purchasing pool. We will make it even bigger, and as a result, maybe we will get better prices.

As it turned out, some of my colleagues on the left here in the Senate and some of my colleagues on the right aren't crazy about that idea. Folks on the left here say: If we do that, it will sort of take the place of the public option; that will be the public option. Folks on the right say: Well, that is too much like the public option. So both sides are kind of against doing that. I still think it is a good idea.

What we are going to do is we are going to take the idea of a large purchasing pool and we are going to allow every State to create its own purchasing pool. We call them an exchange. We exchange. Each State can have its own exchange.

Every State can enter into interstate compacts with other States and create compacts with other States. For example, I don't know if Delaware would create an interstate compact with the State of the Presiding Officer because it is on the other side of America. We may want to do it with New Jersey or Pennsylvania or Maryland. We might want to do it with Idaho or other States out West. What is interesting about the interstate compacts is that States can create, under what has been reported out of the Finance Committee on which I serve, interstate compacts between two or more States, and insurance can be sold in another State, which would introduce competition, and that doesn't exist in a bunch of States.

In some States, just one or two insurance companies rule the roost and pretty much offer all the insurance. It is not very good for competition or affordability.

So what I want to do is make sure States have options to introduce competition. They can create interstate compacts across State lines, create regional exchanges and a larger purchasing pool, which would drive down costs. Some of my colleagues want States to start health care cooperatives, such as in Washington State, where there is an outfit called Group Health. The Presiding Officer is probably familiar with that. Some States might want to do that. They seem to like that idea in Washington. Maybe that will work.

Some States have their own public plans. I think Minnesota is one. States could set up their own public plan. That would be listed on the exchange as an option. States might want to open the State employees health benefit plan for State employees and pensioners and their dependents. That can be an option on the exchange.

The Senate will probably be prepared to offer a tax credit to lower income folks. They can start with a low income and phase it out as the income goes higher. That is an effort to help folks who need help in affording health insurance. They can let States choose from that menu when there are problems with lack of competition.

What do we do then? Are we going to have a national public plan in which everybody has to participate? Are we going to have a level playing field? Senator SCHUMER has put a fair amount of time and interest into exploring that. Are we going to have a national public plan with a level playing field, where the national plan doesn't have an advantage over those in the private sector? Should the States be able to opt out of this national plan? That is the proposal I think Senator REID submitted to CBO to try to score and see what it would cost.

Should States have a right to opt into the national plan? There are a variety of ideas. I think a number of centrists I have talked to are interested, at the end of the day—if we have States where there is an affordability standard, and it is clear that affordability standard in 1, 10, 20, or 30 States is not being met, there is lack of affordability and competition—should there be some other option? I think parties are open to that.

There is probably a fair amount of concern over a couple of aspects of a public plan. One, who is going to run it? The government or the Secretary of Health and Human Services or the Department of Health and Human Services? Should it be funded by the Federal Government beyond the startup? I think if we will work around the idea that States need to meet some affordability standard, and for those that don't, there might be the opportunity to create another option for those States, maybe an option involving a national nonprofit board, and without government funding—at least not beyond the beginning of the startup, I think there is a center of gravity there that might provide a path forward for some of my colleagues, particularly the moderates.

In terms of government-run, government-funded, I think that can be addressed by having a national nonprofit board appointed by the President and confirmed by the Senate. They would have to retain funding after the startup and create their own reserve fund so that if the plan runs afoul or gets into financial difficulty, they would have a reserve fund to be able to meet that. I just wanted to lay that out. That is a place where we might find common ground.

There has been discussion in the last hour about cutting Medicare. I am not interested in that. I don't know any Democrat or Republican who is interested in doing that. The legislation I am most familiar with, reported out of the Finance Committee, doesn't cut Medicare benefits. In fact, we add some benefits. One is, under Medicare, people only get one lifetime only physical—just one—when they sign up for Medicare. If they don't take advantage of it then, they don't get it. Most people try to get an annual physical.

One of the changes that we make in our legislation that I hope will be in whatever we finally pass is that every year, a Medicare patient would be eligible for a physical. That is good preventive medicine. You can catch problems early rather than wait until it is too late.

Some people are familiar with the Medicare prescription drug program. They know when people exceed $2,500, up to about $5,500, for the most part, if their drug costs are in that range, almost all of the costs are borne by the senior citizens unless they are very low income. Then Medicare picks it up.

One of the principles in our legislation that I hope will be available is that the pharmaceutical industry said they are going to put up about $80 billion, a lot of which will be used for filling the doughnut hole to cut in half people's out-of-pocket expenses, when they would otherwise be called upon to pay for prescription drugs. We want to make sure people, No. 1—if there are pharmaceutical companies out there that will help—can find out about it, use it, and they can afford it. In the legislation reported out of our committee, I think we dramatically increase the likelihood that people will be helped by the pharmaceutical industry.

In terms of reducing spending out of Medicare, we can go out and identify—not just identify waste, fraud, and abuse, but identify it and quantify it, and we can go out and get the money back. We call that postaudit cost recovery. Last year, about $700 million was recovered in 1 year in these postaudit cost recoveries in just three States. What we need to do this year, and what we are going to do, is go to all 50 States and do postaudit cost recovery for Medicare. The money will go back to the trust fund. If we can gather $700 million in just three States, we can do a lot more than that in all 50 States. Those are the kinds of things we are going to do.

If folks were going to simply cut Medicare services and benefits, I am not aware of that in the legislation. I don't think that is the case.

I have one or two other points, and I will close. I had the opportunity to visit a place called the Cleveland Clinic in Cleveland, OH, a month or two ago. I went to find out how are they able to provide better health care and better outcomes for less money and to see if there is a lesson we can take from

them and from the Mayo Clinic and from Geisinger up in Pennsylvania—what lessons can we take from those places—all nonprofits—where all the doctors are on salary, where they focus on primary care and prevention and wellness, and where they focus on coordinating care among physicians and other providers within their units, and where the medical malpractice coverage is paid for by the Mayo Clinic and the Cleveland Clinic, not the individual physicians, and where all the patients have electronic health records.

If you look at all those nonprofits I have mentioned, including the Mayo Clinic, Cleveland Clinic, Geisinger, and Kaiser in California, they are all pretty much the same. I think one of the things we sought to do in our legislation is infuse that delivery system, change that and infuse that into our system for health care and, frankly, learn from what works—look to see what works and act on that.

Lastly, we will have the opportunity, after the legislation is merged together and the products from several committees, including the HELP Committee—but after the products of the two principal committees in the Senate have been merged and that has been submitted by our majority leader to the CBO, they will come back and say whether the legislation increases the budget deficit and whether the legislation can be expected to rein in the growth of health care costs. We will find out the answers to the questions, hopefully, in a week or two.

The President said, and I have heard others say:

> I am not going to sign legislation that increase the deficit by a dime, now or later.

I have said that I am not going to vote for legislation that increases the budget deficit now or later. The version of the health bill that we reported out of the Finance Committee over the next 10 years will reduce the deficit by $80 billion and the second 10 years by $400 billion to $800 billion. That is what we need to do.

At the end of the day, I think it is paramount for us to extend coverage to people who don't have it—40 million plus. About 14,000 people who woke up today with health insurance will not wake up tomorrow and have it. We pay way more for health insurance than anybody else, without better results. Some are going out of business. GM and Chrysler, who had a presence in my State, are bankrupt, and a lot of their trouble was because of enormous growth in health care costs.

One of the most important things we can do in health care reform this year is rein in the growth in health care costs. The idea that health care costs continue to go up two or three times the rate of inflation is not acceptable. The idea that we pay 1½ times more for health coverage than any other nation in the world is not sustainable. The idea that we don't get better results—actually, we get worse results—is unacceptable also.

Lastly, a lot of times we say: What responsibility do people have for their own health? Is there some way we can get people to take better care of themselves? As a population, we are overweight and, in many cases, obese. We have high blood pressure, and we have high levels of cholesterol. People suffer from hypertension. We smoke too much, and we eat the wrong foods, and too much of the wrong foods. We don't exercise. There are a couple of companies around the country where they have employee-provided health insurance to sort of self-insure. Some are encouraging us to allow them to do more in terms of reducing the premiums of people who basically do the right things. We have all heard about the company called Safeway, a grocery store chain headquartered in California. There are other companies, such as Pitney-Bowes and Delta, that have figured that out, and they have started to invite their employees to voluntarily enter into programs to stop smoking. If they do that, they can earn premium reductions. If they lose weight, they can reduce their premiums.

One of our colleagues, Senator ENSIGN, and I offered legislation, adopted in the HELP and Finance Committees, that says that individuals can reduce premiums by as much as 30 percent if they are doing things that will help reduce their exposure and costs to their company through the health plan. For example, at Safeway, if people stop smoking, they reduce their premiums by $400. If people lose 10 percent of their body mass, if they are overweight, there will be roughly another $400 reduction in their premium.

The idea is not just for people to say: I know I am overweight, and I need to exercise. So they get a gym membership, but then they stop going. Or they will walk every other day and maybe on weekends, or they will go on a diet and stay on it for a while, or they will stop smoking and then they start smoking again. That is kind of human nature, with all these temptations. Unfortunately, a lot of them lead to worse health outcomes for individuals. We want people to take better care of themselves. That should be in this legislation.

Lastly, at the Cleveland Clinic, they talked to us about defensive medicine, the fee-for-service delivery system where we incentivize doctors to do more of everything—more visits, procedures, tests, more of this and that because when they do those they—they—No. 1, may provide a better health outcome; No. 2, they make more money; and, No. 3, they reduce the likelihood that they will be successfully sued.

We don't have jurisdiction in the Finance Committee over medical malpractice. That is under the jurisdiction of the States. What we do want to do when we come to the Senate floor, my colleagues, both Democrats and Republicans, is to robustly test what is being done in States to, No. 1, reduce the incidence of illness with defensive medicine, reduce the incidence of medical malpractice lawsuits, and do so in a way that will encourage better outcomes; to take good ideas like what works in a company in Michigan or the idea of health courts, the idea of safe harbors where doctors who provide medicine basically under best medical practices and best practiced guidelines, maybe give them a safe harbor from lawsuits.

We can test a couple of these caps—a $250,000 cap or maybe a sliding scale cap on noneconomic. Ohio goes from $250,000 to $1 million. We can test those and see do they work? The certification programs, such as in Delaware, if my doctor performs a procedure on me, and I am not happy with the outcome, I have to go through a panel of knowledgeable people. If they say I don't have a case, basically I don't do it.

Those are the kinds of things we want to have the opportunity to explore, find out what is working in the States and other States to learn from it. Those are the kinds of things we will have a chance to debate on this floor in the next couple of weeks and in the end hopefully provide better insurance, a better outcome for less money, and use the savings to extend coverage to people who do not have it. That is what we are trying to do.

I thank my colleague from Arizona for his patience and for allowing me to finish my statement.

The ACTING PRESIDENT pro tempore. The Senator from Arizona.

Mr. MCCAIN. Mr. President, I always enjoy hearing the words of wisdom of my friend and colleague from Delaware.

30TH ANNIVERSARY OF THE HOSTAGE CRISIS IN IRAN

Mr. MCCAIN. Mr. President, today we mark a painful anniversary for our country—the day, 30 years ago, when America's Embassy in Iran was violently seized and an institution of diplomacy became a prison for dozens of peaceful servants of this Nation. For 444 days, the United States and the world watched and feared for the safety of our citizens. Eight brave Americans lost their lives trying to rescue our diplomats. And after so many days of dread, anguish, and heartbreak, we all felt a great weight lifted when our fellow citizens were returned home safely to their friends and families.

Today we express our deepest gratitude to those Americans taken hostage in Iran 30 years ago and to those who died to save them. They all gave more for our country than should be asked of any public servant, and we thank them for it.

Today, however, we are also mindful that the pain and suffering that began on November 4, 1979, did not end after only 444 days. For the people of Iran, that hardship continued for 30 more years, and it continues to this day.

Iran is a great nation, and the Iranian people are the stewards of a proud and accomplished civilization.

Throughout their nation's history, Iranians have made spectacular contributions to the arts and sciences, to literature and learning. These achievements have not only benefited Iran, they have added to the development and enrichment of all mankind. So it is with profound sadness that we think today of all the potential of the Iranian people that has been suppressed and squandered over the past 30 years by the rulers in Tehran.

I know that the Iranian Government is singing the praises of their revolution today. But Iranians are not fools. They know what the real legacy of the past 30 years is. Iranians know that the government in Tehran has ruined their nation's economy and kept them isolated from the promise of trading and engaging with the world.

Iranians are right to ask how much better off they would be if all of the money—the billions and billions of dollars—that Iran's rulers have spent sponsoring terrorist groups, tyrannizing their people, and building weapons to threaten the world were instead devoted to creating jobs, educating young people, and caring for the sick.

Iranians are right to wonder why a country so blessed with natural resources cannot meet the basic needs of so many of its own citizens. And yet corrupt members of the ruling elite are stuffing the wealth of their nation into their own pockets.

The rulers in Iran seized power 30 years ago, promising justice and better lives for all. But now they throw innocent Iranians in prison without proper trials. They mistreat and torture Iranians in jail. They beat and murder Iranians in the streets for trying to speak freely and exercise their basic human rights.

The world watched in horror as Iran's rulers inflicted all of this abuse and more upon peaceful Iranian protesters after the flawed elections last June. But the world also watched in awe as courageous Iranians risked everything for freedom and justice.

We Americans reflect with sympathy on Iran's continuing struggle for human dignity and human rights. Our country seeks a relationship of peace and prosperity with Iran, and it is incredibly unfortunate that the Iranian Government seems determined to keep the relationship between our two countries mired in the past by funding and arming violent groups that threaten our citizens and our allies, by building a nuclear weapons program in violation of Iran's own agreements and multiple U.N. Security Council resolutions, and by spurning repeated American efforts to reach out respectfully to resolve our differences in peace. The United States of America has no eternal enemies. We can overcome even the most painful parts of our own history, as we are doing now with countries such as Vietnam.

So today, on this solemn anniversary of the hostage crisis in Iran, we honor our fellow Americans whose lives were forever altered by that tragic day. But we also look forward to a new day, a better day when the long nightmare of the Iranian people is over and when our two nations share a relationship of mutual security, mutual respect, and mutual advantage.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BURRIS). The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. DODD. Mr. President, I want to spend a few minutes, if I can, to express my thanks first to Majority Leader REID and the leadership team for all they have done to bring us to a final vote later this evening on the effort to extend unemployment insurance to jobless Americans as well as to provide tax credits for homebuyers and allow more businesses to utilize the net operating loss carry back. I thank the leadership for it.

I want to also thank Senator BAUCUS, the chairman of the Finance Committee, who was responsible for putting this all together, and his staff who worked very hard. I presume they did so in conjunction with Senator GRASSLEY, the ranking member of that committee. I know it took some time. I regret it took as long as it did to get the extension of unemployment insurance.

As I am sure Members have heard over the last few weeks, every day we delayed in providing some relief to people who have lost their jobs through no fault of their own, 7,000 people were losing their unemployment insurance. Again, all of us know people within our communities, our neighborhoods, and our States who have lost their jobs as a result of the tremendous downturn in our economy. These people are trying to pay mortgages, literally put food on the table and provide for their families. Unemployment insurance has been absolutely critical over the years. This is not the first time, obviously, we have had an extension. It has traditionally been a bipartisan effort. Republican and Democratic administrations have agreed to provide these extensions. This one, unfortunately, took too long, in my view, to put in place, given the depth of this recession, given the fact that so many people have now fallen outside of the employment picture.

I know the numbers people talked about are anywhere from 8 to 15 percent unemployment rates, depending upon where you live. I don't think those numbers are anywhere near close to reflecting what is going on. If you asked me candidly what the unemployment rate is in this country, I think it hovers closer to 20 percent since an awful lot of people are so discouraged they have stopped looking because the economy has been that bad. So this extension of benefits is absolutely essential.

But extending unemployment benefits means in effect there is simply not enough job creation in the economy. That gets me to the second part of this bill and that is the homebuyer's tax credit.

I see my friend from Georgia who has arrived on the floor. It is perfect timing, because I was about to talk about him. He was the principal author a number of months ago of the first-time home buyer tax credit that was included as part of the Recovery Act. That provision authored by JOHNNY ISAKSON of Georgia which I was pleased to support has been used by almost 2 million people.

That provision is about to run out by the end of this month. As a result of his efforts these past few weeks—and I am pleased once more to be his partner in this effort—we have been able to extend that benefit to the first-time home buyer. But we have done something beyond that, which JOHNNY ISAKSON has talked about over the many weeks he and I have talked and that is to expand it to the move-up buyer. That is that person who literally moves up from the house they are in to that new house. That family may have grown—a couple of additional children—and they are able to move up into that next category. This bill now provides not only the benefit to the first-time home buyer but to that move-up home buyer as well. 70 percent of existing homeowners today can potentially qualify for this move-up buyer credit. That is going to be a tremendous benefit, in my view.

The credit is still $8,000 for the first-time home buyer, but now move-up buyers can claim a credit up to $6,500. You have to have an income, if you are a single person, of $125,000 or less; if you are joint filers, $225,000 or less. There is a cap on the home price of $800,000 or less. Move-up buyers have to have lived in their current home for at least 5 years. And all home buyers, first-time or move-up, have to be prepared to stay in their new home for 3 years. This credit cannot be used by investors. We also included a lot of anti-fraud provisions.

Again, I am confident my friend from Georgia has made this point: The first-time buyer traditionally is someone who has saved just enough to get into that first home. As I think Senator ISAKSON said, they are probably sleeping on futons and eating a lot of Lean Cuisine or other things just to survive in that new house. They are so excited to be in there, and sacrificed tremendously to get into that first home they dreamed about having.

The move-up buyer is more inclined and capable of buying that furniture, maybe building a porch, putting a garage on, a new roof on the house and generally making improvements. So the ripple effect economically from that move-up buyer is going to be a real benefit. The first-time home buyer obviously helps, but being able to actually make those kinds of investments I

think is going to be help create jobs in this country. It is not going to solve all our problems, but it is going to help get people working again: the home builders, employees at home improvement and hardware stores, landscapers, contractors, people in the real estate business, those kinds of jobs that can make a difference. So I am pleased we are extending unemployment insurance, but I am also very pleased we are doing this on the homebuyer tax credit because it does provide some economic lift in the country at a time when we desperately need to restore confidence and optimism.

We have a way to go, obviously, before we start feeling that level of confidence and optimism that was present before the current downturn. But in most recessions our country has been in, real estate has been at the heart of it, and the recoveries from our recessions have been led by the real estate sector of our economy. If this recession is typical of other recessions, real estate will help our economy to come out of this downturn. It is not the only factor but it is a major factor in recovery. This extension will run to next spring, at a critical time of real estate sales in our Nation.

I can't begin to thank my colleague from Georgia enough for his tireless efforts in this arena. This is how it ought to be, by the way. This is the way we are supposed to do business around here, where we come together, listen to each other's ideas, and then try to work it so our colleagues will appreciate the effort that has been made and try to make a difference in our country.

I thank my friend from Georgia for his leadership once again on this issue. But for him, I don't think this would have happened. You can't always say that about every bill. A lot of people were involved in this issue. But I would say to my colleagues, had it not been for Senator JOHNNY ISAKSON of Georgia, I don't think we would be where we are today. On behalf of my constituents in the State of Connecticut, your first-time home buyer provision, which I was pleased to join in, will likely help 10,000 home owners in my State. I don't know what the number will be as a result of this provision, but it is going to make a difference to families in Connecticut, so we thank the Senator from Georgia.

Mr. ISAKSON. Will the Senator yield?

Mr. DODD. I yield.

Mr. ISAKSON. Mr. President, first, I thank the Senator from Connecticut for his many kind words. But as I said earlier today in a speech—and this is important for everybody to know—had it not been for his willingness to call the hearing 3 weeks ago in the Senate and bring in the professionals from around the country, including the head of HUD, Shaun Donovan, to talk about the application of this credit and its extension, I don't think the information necessary to bring us to this point would have happened. So the Congress and the people who take advantage of this are in no small measure indebted to Senator DODD for that leadership and, I might add, to Senator BAUCUS who helped us define the pay-for. This bill, including the UI, the loss carryback, and housing tax credit, has a net plus against the deficit, not a cost to the country. That is extremely important. We couldn't have done that without Senator BAUCUS.

Quite frankly, Majority Leader HARRY REID helped us to make this happen as only he could do as majority leader of the Senate. While I appreciate very much the kind words of the Senator, it is true this has been a team effort and the captain of the team has been the chairman of the Banking Committee who brought about the hearing and helped it happen. I thank the Senator from Connecticut for that and tell the Senate we are about to do something meaningful for the U.S. economy, meaningful for the U.S. homeowners. This bill in the end is a jobs bill.

My last point to the Senator from Connecticut that people also need to know is this is the last extension. The benefit of tax credits is when they have a finality, when they have a sunset, when there is a sense of urgency to take advantage. Now is the time. With that type of momentum, the U.S. economy will come back because housing, which led us into it, will help lead us out of it.

I am grateful to the Senator for his kind remarks.

Mr. DODD. I thank my colleague and, as I said earlier, I thank Senator REID and Senator BAUCUS and their staffs as well for allowing us to come to this moment. It is a good day for our country.

I thank my colleague again, and I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

HEALTH CARE REFORM

Mr. GRASSLEY. Mr. President, over the past few days, this Senator and several other Senators have been coming to the floor, talking about various aspects of the health care reform bills the majority has brought forward so far. Today I want to review the impact of these bills on Medicare beneficiaries.

First, this is the Senate Finance Committee bill. It would cut Medicare by about $470 billion over 10 years. The House version takes an even bigger bite out of Medicare. In that bill, Medicare is cut by about $540 billion. That is more, obviously, than $½ trillion. Cuts of this magnitude are sure to hurt Medicare providers and threaten beneficiaries' access to care.

Take a look at the cuts in these reform bills. It shows why there is genuine concern that health care for Medicare beneficiaries will suffer greatly because of health care reform. The proposed legislation permanently cuts all annual Medicare provider updates. Permanently, or another way to say it, cuts them forever.

In addition, some providers, such as hospitals, home health agencies, and hospices, would face additional cuts over the next 10 years. These permanent cuts are supposed to reduce Medicare payments to account for increases in productivity by health care providers.

Supporters of those productivity adjustments believe Medicare generally overpays providers. I wish they would ask providers in my State of Iowa. And they say this would happen because today's Medicare payments do not take into account productivity increases that might reduce the cost of providing care to beneficiaries.

However, this proposal for productivity adjustments is an extremely blunt instrument that will threaten beneficiary access to care. It is flawed in at least two ways. First, the productivity measure used to cut provider payments in the bill does not represent productivity for specific types of providers, such as nursing homes. I mean, you would think that if Medicare is going to reduce your payments to account for increases in productivity, it would at least measure your specific productivity, but that is not the case. Instead, these reform bills would make the payment cuts based on measures of productivity for the entire economy. So if productivity in the economy grows because let's say computer chips or any other products are made more efficiently, then health care providers see their payments go down. Where is the connection?

But there is a second major problem. This other problem is that the productivity adjustment actually punishes providers for increases in productivity. This policy says that when a provider is more productive, Medicare is going to take it all—100 percent of the productivity increase. The provider does not even get to keep half of the financial benefit for that increase in productivity. Where is the reward? Confiscating the entire productivity increase removes all of the incentives for providers to improve their productivity in the first place. This is a typical government policy. If you do better, the government wants its share. But here, the government not only takes its share, it takes all of it.

These cuts are sure to impact health care for seniors. But I don't want you to take my word for it, so I am going to go to one of those nonpartisan people in government. There are a lot of nonpartisan, very professional people in government. But now I refer to the Chief Actuary of the U.S. Department of Health and Human Services. He recently identified this threat to beneficiary access to care. He confirmed

this in an October 21 memorandum analyzing the House bill. The House bill and the Senate Finance bill both propose the same types of permanent Medicare productivity cuts.

Here we have a chart referring to the Chief Actuary. Here is what Medicare's own Chief Actuary had to say about these productivity cuts. In reference to those cuts, he wrote that:

> The estimated savings . . . may be unrealistic.

In their own analysis of the House bill, Medicare's own Chief Actuary says:

> It is doubtful that many could improve their own productivity to the degree achieved by the economy at large.

They go on to say:

> We are not aware of any empirical evidence demonstrating the medical community's ability to achieve productivity improvements equal to those of the overall economy.

In fact, the Chief Actuary's conclusion is that it would be difficult for providers to even remain profitable over time as Medicare payments fail to keep up with the costs of caring for beneficiaries.

So let's go back to this chart again. Ultimately, here is their conclusion: Providers that rely on Medicare might end their participation in Medicare, ''possibly jeopardizing access to care for beneficiaries.''

Medicare's Chief Actuary confirms what I have been hearing from providers back in my State of Iowa about these permanent productivity payment cuts.

Those providers are doing everything they can to be efficient and to be innovative. They are doing everything they can to get the biggest bang out of every Medicare dollar they can. But assuming the level of productivity assumed in these bills would be like getting blood out of a stone.

These health reform bills will make it even harder for them to keep their doors open. Look at providers such as nursing homes and hospices. They provide labor-intensive services. There are few gadgets or processes in these settings that will increase productivity. Nothing in these settings replaces staff being at their bedside and providing care.

So it is very incorrect to assume these providers will achieve levels of productivity like the rest of the economy, justifying those cuts that these bills anticipate.

Let's look at other providers affected by these productivity adjustments, like ambulances. The Finance Committee bill would permanently cut payments for ambulance services beginning in 2011. It would do this in spite of the fact that Congress enacts payment increases to ambulances year after year. In fact, the Senate Finance bill extends the existing add-on payments for ambulance services for another 2 years, until 2012, and then you know what, it turns right around and cuts them.

I have no quarrel with providing additional payments for ambulance services because without them many ambulance providers would not survive. Well, what about this slight of hand? What is the impact? The bill proposes that we cut ambulance payments while we vote to increase them. It is kind of like, I voted to cut before I voted to increase.

There is another proposal in the Senate bill that cuts Medicare, and now I am talking about the Medicare Commission.

The pending insolvency of Medicare is a very serious problem, and Congress needs to stop kicking the can down the road when it comes to shoring up Medicare. We are nearing the end of that road.

This Medicare Commission is fatally flawed, and the risk of unintended consequences that will hurt seniors outweighs any benefits it might have. Not only will it be harder to find a doctor or hospital that will see Medicare patients, you can also forget President Obama's promise about keeping what you have.

After all the promises about not cutting Medicare benefits, Congressional Democrats and the White House are using the Medicare Commission to take aim at the popular Medicare prescription drug benefits and the Medicare Advantage Program. Under the Finance Committee bill, this new Medicare Commission would be given explicit authority to cut Federal subsidies for Medicare prescription drug premiums. Think about that. Today, that Federal subsidy pays for about 75 percent of the premium for Medicare prescription drug coverage for seniors, but the Finance bill says: Cut that subsidy. It says: Raise Part D premiums for our seniors. That is right.

But again, do not take my word for it. On October 13, during the Finance Committee health reform markup, the Director of the Congressional Budget Office, CBO, was asked whether reducing the Part D subsidy would raise premiums. So chart 2 here is what Dr. Elmendorf, the Director of CBO, said: ''Yes . . . [reduced subsidies] would raise the costs to beneficiaries.'' So this was clear confirmation that if the Medicare Commission cuts payments to Medicare drug benefits, it will cause Part D premiums for seniors and the disabled to go up.

At a time when the country is facing record unemployment and Americans are struggling to keep up with increasing prescription drug costs, these provisions will make these lifesaving prescription drugs more expensive for beneficiaries. These are the kinds of things that get buried in a 2,000-page bill. When the other side does not understand why the American people are concerned about these huge bills, those are some of the reasons.

These health reform bills also propose to cut up to $170 billion from Medicare Advantage. In my home State of Iowa, these cuts will cause about a 25-percent cut in the amount of money going to extra benefits for 63,000 seniors who are enrolled in Medicare Advantage. That means fewer low-income Iowans will be getting the eyeglasses, hearing aids, and chronic care management they have come to rely upon.

Some health care providers, such as hospitals, got a special deal. They are exempted from the Medicare Commission's payment cuts. That means other providers and programs, such as drug benefits for seniors and Medicare Advantage, will be bearing the brunt of payment cuts.

The Medicare Commission would also become a permanent program that Congress would, for practical purposes, be unable to undo. By making the Commission a permanent program, it becomes part of the baseline in the budget over the next decade, so it just goes on forever, sort of like the Energizer bunny—it will just keep cutting and cutting and cutting. If Congress ever wants to shut off those cuts, then it will have to offset the cost when of terminating this commission. That will make it effectively impossible, and the damage will have been done.

These Medicare cuts will also only make things worse for beneficiaries in rural areas. Seniors in rural areas already face health care access problems. Medicare generally pays rural providers less than those in urban areas. Cuts of this magnitude will make it much harder for rural Medicare providers to care for beneficiaries.

But believe it or not, it only gets worse. My colleagues on the other side of the aisle intend to create a government-run health plan. If this government plan pays providers based on already low Medicare rates, it is only going to make this whole situation with access and keeping hospitals open much worse.

These Medicare cuts are achieved at the expense of health care access and quality. These Medicare cuts turn a blind eye to threats to health care quality and access. There are no fail-safes in these bills that kick in automatically if these drastic cuts cause limited provider access or worse quality of care. Instead, Congress will have to step in.

The Congressional Budget Office has already projected that these Medicare cuts keep increasing by—can you believe it?—the cuts will keep increasing 10 to 15 percent each year over the next decade, so 15 percent even beyond the year 2019. And provisions such as these productivity adjustments and the Medicare Commission would drive the increased cuts to the program.

So this will give you an idea of the damage these bills will do to health care, particularly for seniors. This is an example of the challenge Congress will face in the next decade if these bills become law. And this is just what we know about these bills we see. Who knows what is being cooked up behind closed doors right now.

Once again, it is time to back up this process. It is headed in the wrong direction. A bill of this magnitude should

be done on a bipartisan basis with broad support. We can get it done right, if we work together. These bills have massive Medicare cuts. They will do permanent damage to our health care system—higher prescription drug premiums for seniors, increased costs, jeopardized access for beneficiaries. These bills are taking us in the wrong direction.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

THE ECONOMY

Mr. DORGAN. Mr. President, a couple weeks ago, I was on an airplane. The passenger sitting next to me had on a pair of sweatpants and looked pretty relaxed. I asked him where he was going. He said: I am dressed this way because I am going to Thailand, then going to Singapore, and then going to China. He said: I have a 24-hour flight ahead of me so I dressed pretty casually. I said: What are you going to do in Thailand, Singapore, and China? He said: I work for a company, and we have a lot of smaller companies that provide parts to us. We want those smaller companies to move those parts jobs to Thailand and Singapore and China so it costs us less to purchase parts. I am going to these three countries in order to see if we can offshore these jobs from companies we purchase from.

I was thinking about that as I sat there talking to him. I was thinking, there are likely hundreds of employees someplace going to work today not knowing he is on an airplane going over to Asia to see if he can get rid of their jobs and move them to Asia so they can pay just a fraction of the price.

So it goes, day after day after day. It happened to be someone I sat next to on an airplane. This is about jobs then. It is about American jobs. I am thinking, as we are talking, we have lost 7.6 million jobs since the recession began; 7.6 million people had to come home and tell their family: I have lost my job, not because I am a bad worker, I lost my job because they are cutting back. Most of that is because of the recession. But going into the recession and even now coming out of the recession, when we still have most of those folks looking for work, we still have people getting on airplanes, finding ways to move American jobs overseas.

When you think about where we are and what our agenda needs to be in the Congress and in the country, jobs have to be right at the top. How do you put people back to work? How do you get the economic engine started? How do you stop the hemorrhaging of jobs to China, where you can find somebody to work for 50 cents an hour, working 12 or 14 hours a day, 7 days a week. The agenda has to have jobs and economic recovery right at the top, putting people back to work, getting the economic engine started.

Our agenda, of course, includes health care and climate change. I am the first to attest to the importance of both. Health care is a very important subject. The relentless climb of increasing costs year after year after year means families take a look at their bill and wonder: How on Earth can I pay the bill—it is 10, 12, 14 percent higher than last year—in order to provide insurance for my family? I can't drop the insurance. Yet I can't afford to pay for it either. Businesses—small, medium, and large—are trying to figure out how to pay the increased cost. That is certainly important.

Climate change and global warming are both important, no question about that. We are going to have a lower carbon future, and we need to find ways to address it.

But the most important agenda, while standing in a very deep economic hole, the deepest hole since the Great Depression of the 1930s, the most important part of that agenda is trying to put people back to work, restarting the economic engine and putting people back to work with good jobs that pay well. That is what makes everything else possible. It is the menu and the success that has lifted so many people out of poverty, expanded the middle class in a manner that almost no one else was able to do. It is the way we succeed in this country, economic expansion and opportunity for the American worker.

While I think health care and climate change are important, my agenda is to put jobs right at the top, to try to understand we are in the deepest recession—or have been—since the Great Depression. The third quarter numbers of this year suggest there has been economic growth. But economic growth of GDP does not relate to people going back onto payrolls. For example, 263,000 people lost their jobs last month. That relates to the 7.6 million people total who have lost their jobs since the recession began.

The first priority is to start the economic engine, do the things that put together the policies that begin to start this big American economic engine again, get the economy back on track and create those jobs again.

I have indicated often that I taught a bit of economics in college. When I would teach the supply-and-demand curve and all the other things one teaches in economics, I used to say, by far, much more important than anything else in this book is to understand the American economy expands as a result of confidence. When people are confident about the future and they feel that confidence, they do the things that manifest confidence. They buy a suit, a car, a house. They take a trip. In other words, they are confident about their future. They are feeling good. They do the things that expand the economy. That is all about confidence. When they are confident and do the things that expand the economy, people work. The economy begins to hum along and the country does very well.

When they are not confident about the future, exactly the opposite happens. We have economic contraction. People don't buy the suit, the car, the home. They don't take a trip. We contract the economy. Confidence is at the root of progress. The question is, Standing in this deep economic hole, how do we restore confidence? How do we do that?

This President has only been in office 10 months. He inherited the biggest economic mess anybody has inherited since the Great Depression. That is a fact. We have a lot of people who want to blame the new administration for all the economic ills of the country. This President inherited the biggest economic mess any President has ever inherited since the 1930s. What do we do to restore confidence and what do we do to address this issue of the economy?

In my judgment, we do three things. One is financial reform. It seems to me the financial system went completely awry, and we had a carnival of greed, an atmosphere of anything goes, unbelievable gambling going on—they could have put a casino table in the lobby of some of the biggest banks in the country—the development of new financial engineering, things such as credit default swaps and CDOs, you name it. These folks steered this country's economy right into the ditch. If that is the case—and I believe it is—the first step to restore confidence is to reform the financial system to say this cannot happen again. We will not allow it. We have to fix it.

Fifteen years ago, I wrote the cover story for the Washington monthly magazine called Very Risky Business, in which I described even then that FDIC-insured financial institutions—financial institutions guaranteed by the Federal Government and the taxpayer, therefore—were trading on their own proprietary accounts and derivatives. I said then they might as well put a keno pit in the lobby of the bank. Fifteen years later, of course, the whole thing collapsed. The center poll broke, and the tent collapsed over all of it. Financial reform has to be the first step in developing some confidence in the American people that this will not happen again.

We need regulations. I know regulation is a four-letter word to some. It is not to me. If ever there was a demonstration that we need regulations, it is this carnival of greed that happened in the last decade or so, where we had regulators come to town who said: I intend to be woefully blind. I know I will get paid by the Federal Government. I know I am supposed to be a regulator, but I want to boast about not being able to watch. I want the market system to be whatever it is.

The fact is, this should demonstrate to us we need regulators who will keep a watchful eye on the market system so they can call the fouls. We need referees. That is what regulators are for. When someone commits a foul that injures the free market system, they

need to blow the whistle. We need effective regulatory authority. That is No. 1.

No. 2, deal with the issues we know are inappropriate. Never should an FDIC-insured institution be trading on unbelievably risky instruments on their own proprietary accounts. It is still going on today. We have to fix that.

No. 3, the issue of too big to fail. Have we not learned we can't have institutions that grow too big to fail without it being no-fault capitalism? I hear folks come and crow about the issue of the market system and free market capitalism. The fact is, when we have institutions that grow too big to fail, it means, when they steer the country into the ditch and they are about to go belly up, the American taxpayer is told: It is time for you to take some action. We intend to have you be a backstop for the biggest financial institutions in the country. We know they pay big bonuses. We know there are tens and tens of billions of dollars of bonuses being paid for failure, but we don't want you to pay attention to that, the fact that they lost a lot of money and paid big bonuses. We still want you to bail them out because they are too big to be allowed to fail.

This country should no longer allow that. At the very least, we have to address this question of too big to fail. That is no-fault capitalism, and it should not be allowed to continue to exist. Financial reform is essential to restore confidence by the American people. That has to lead the list.

Second, the issue of fiscal policy and deficits. It is not irrelevant to understand we are running very large budget deficits that are unsustainable. It is relevant for this administration to point out that when you have a steep economic downturn, the deep recession we have experienced, you have a dramatic loss of revenue coming into the Federal Government, hundreds of billions in lost revenue. You have a very substantial amount of increased expenditures because there are economic stabilizers, such as unemployment compensation and other things, that when times are tough, they kick in and it costs more. So you have less revenue and higher cost. The fact is, this administration inherited this unbelievable fiscal policy of deciding let's cut taxes for the highest income Americans and then we will go to war and not ask anybody to pay for one penny of it. We will charge it all. We will charge all of it for 8 years.

This country is in a big hole. The fact is, we can't allow that to be a sustainable policy. We have to change it. The President knows it, so does the Congress.

If we are going to restore confidence by the American people in what we are doing, there needs to be a plan to address these very large budget deficits. We cannot continue to provide a level of government the American people are either unwilling or unable to pay for. That is a fact. In my judgment, with respect to this agenda of No. 1, financial reform; No. 2, addressing fiscal policy and deficits, we must develop together a plan to tame these Federal budget deficits and get this fiscal policy back on track. That is a fact.

While I am talking about it, let me also say budget deficits are unsustainable, especially in the outyears. I understand you run big deficits in the middle of the deepest recession. Your revenue is down, expenditures are up. I am talking about in the outyears. This is unsustainable, and we must come together on a plan to address it.

The other side of the deficit issue is the trade deficit. Trade deficits are unbelievable. We also have to respond to the trade deficits. That relates to what I had described about the fellow on the airplane going to move American jobs overseas. I have talked about this on the floor, but this chart shows the trade deficits we face. You can make a case on budget deficits that that is something we want to repay to ourselves. You can't make that case with trade deficits. These are moneys we will have to repay to other countries. Last year we had an $800 billion merchandise trade deficit. This is an avalanche of red ink that will have to be repaid. It weakens the country. This gets worse every single year.

The most important part of that is the trade deficit with China. Nearly one-third of this trade deficit is with China. This deficit increases year after year after year after year.

I have told forever on the floor—and I will again, ever so briefly—the story of Huffy bicycles. The first book I wrote, I wrote extensively about these products: Huffy bicycles; the little red wagons, the Radio Flyer; the Etch A Sketch—gone to China. They are all made in China. Huffy bicycles were made in Ohio.

All those folks who made Huffy bicycles and were proud of their jobs then lost their jobs. They all got fired. This bicycle still exists. You can still buy it. It is made in China. The brand is owned by the Chinese, and from $11 an hour in Ohio that was paid to workers making the bicycle—$11 an hour—this job went to China, where they have paid them 30 cents an hour, and have worked them 12 to 14 hours a day, 7 days a week. The question is this: Should Americans be asked to compete with that? Can they compete with that? The answer is: No, of course not.

If I might show a couple other points about what causes these trade deficits. As shown on this chart, 98 percent of the cars driven in South Korea are made in South Korea. Everybody understands why that is. South Korea wants it that way. They do not want American cars in South Korea, so virtually all the cars in South Korea are made in South Korea.

As shown on this chart, here is our bilateral automobile trade with South Korea. Last year, they sent us 730,000 cars to be sold in the United States. We were able to sell them 4,000 cars. Think of that: 730,000 Korean cars put on ships to be sold in the United States, and we were able to get 4,200 American cars into South Korea. It is going to be much worse with China, by the way.

My point is very simply, we have these giant trade deficits growing and growing and growing, combined with a fiscal policy deficit that is record high, and this is unsustainable. It is unsustainable. So we have to deal with financial reform, and we have to deal with deficits—fiscal policy deficits and trade deficits.

Then, finally, the issue is jobs. When I talk about restoring the economic strength of this country, it means talking about: How do you put people back to work? It is interesting to me that the Wall Street firms are reporting record profits, they are going to pay record bonuses, and so they have healed. They are all fine. It is just those 7.6 million people who lost their jobs. They are still out there looking for work, and they ought to be plenty angry about what is going on. So the question is, How do we create jobs and keep jobs here? I want to talk about that for a moment.

It seems to me the issue of job creation—my colleagues Senators WARNER and CORKER have an idea that I have embraced that makes a lot of sense, and that is, job creation in most cases is a result of small and medium-sized businesses that have an idea and are running a business and putting people to work on Main Streets, and yet they are the very ones that cannot get lending. You need lending when you are in business. You need loan funds to finance your inventory and to expand, and so on. The very people who cannot get business loans are the very ones who would be creating the jobs.

So this Congress, without my vote, voted for $700 billion in TARP funds to provide a pillow and some aspirin and some soft landing for some big financial firms in the country that ran the country's economy into the ditch. My colleagues suggest—and I agree—that we probably ought to convert just a portion of that—just a portion of that—to create a mechanism by which we would have a bank of small business loans that would be available to small and medium-sized businesses.

There is no excuse not to use some of those funds for the right purpose. If you believe they were appropriated for the wrong purpose—that is to help out the biggest firms that steered us into the ditch—how about helping out Main Street businesses that would create some jobs?

Second, I think we ought to finally consider—and we have talked about it for a long while—creating an infrastructure investment bank, and over a period of 30 years float the bonds that allow you to rebuild the infrastructure in this country that will put massive numbers of people back to work. We can do that. If you create it the right way with an infrastructure investment

bank, you are not going to blow a hole in the Federal budget deficit, but you are going to put a lot of people back to work.

The issue that has been used previously during chronic eras of unemployment, which I think we should consider, is the issue of the new jobs tax credit. We did that in 1977 and 1978. The new jobs tax credit, it was reported, provided up to 2.1 million new jobs in this country. I think we ought to consider that.

Finally, we ought to end the disincentive for creating jobs by getting rid of these pernicious tax breaks that say: If you fire your workers and lock your plant and ship the whole thing overseas, we will give you a big fat tax break. Yes, that exists in tax law today. We cannot get it changed. It is outrageous, in my judgment. So let's provide some incentives for people to hire employees in this country and end the disincentives by getting rid of tax breaks for those companies that ship their jobs out of the country.

There is a lot to do. I have described some big issues that, for me, would represent the top of the agenda. I know that is not the agenda we are on at the moment, and I understand that the play gets called, and we all run toward the same goalposts. But the facts is, this country, in my judgment, will not have the kind of economic recovery we need unless we put at the top of the agenda, as we move forward, the issue of financial reform, which my colleagues are working on in the Banking Committee. It is urgent we get that done. In my judgment, that should have been at the front of the agenda: the issue of fiscal policy, deficits and trade policy deficits and, finally, the issue of jobs.

I want to mention that there is one additional issue that has been kicked around, and that is climate change. As I said when I started this presentation, I do not think climate change is irrelevant at all. I think it is important. For me, it would not lead the set of issues that would require us first to put the economy back on track.

But with respect to the issue of climate change and energy, part of having confidence in the future is also having some energy security. Energy security and national security, in my judgment, go together in many ways. Because if tomorrow, God forbid, we had an interruption in the pipeline of oil that comes to this country, our economy would be flat on its back. About one-fourth of the 85 million barrels of oil that are taken out of this planet every day, has to come into this country. We have a prodigious appetite for energy. But the problem is, 70 percent of our nation's oil comes from other countries. Seventy percent of the oil we use comes from other countries.

We have a real energy security issue and we need to work hard to be less dependent on other countries—some of who do not like us very much—for the oil we need to run this American economy.

We wrote a bill about 4 months ago in the Senate Energy and Natural Resources Committee, a bill that deals with all of the energy policies that would make America more energy secure and provide greater national security as a result. The Senate Energy Committee's bill, in my judgment, should be on the floor of the Senate before the climate change bill. It does all the things in the matter of policy, that you would do to address climate change.

The Senate Energy Committee's legislation maximizes the use of renewable energy, so you can produce electricity where the wind blows, and the Sun shines, and move it through a modern transmission system to the load centers where the energy is needed. The Senate Energy Committee's bill does the building retrofits and efficiencies, which are the lowest hanging fruit in energy. For the first time in history, it establishes a renewable electricity standard of 15 percent. It opens up the Eastern Gulf for offshore oil and natural gas production.

The Senate Energy Committee's legislation does all of the things you would do to take significant steps toward addressing climate change. The bill maximizes the production of renewable energy—it moves in exactly the right direction. Retrofitting buildings—it does exactly the right thing. The increase in the renewable electricity standard is exactly the right policy.

So I would say to those who are pushing very hard that we need to have climate change on the floor of the Senate. The fact is, it is much more important, in terms of public policy to move this country in the right direction, to bring the Senate Energy and Natural Resources Committee's bill on the floor. The Senate Energy Committee's bill includes a whole series of investments to make coal development, which is the most abundant resource in this country, more compatible with our need to address a lower carbon future.

Carbon capture and sequestration from coal development is very important. Carbon capture, beneficial use all of these investments require money, and we put some of that money in the Senate Energy Committee's bill so we can continue to use that resource as well.

The Senate Energy Committee's bill makes sense and, in my judgment, it ought to have a priority to come to the floor of the Senate after financial reform and deficits and jobs. Because all of that, I think, is necessary to address the very serious economic questions that face Americans.

Let me conclude by saying, I mentioned a few moments ago that we have these very large Federal budget deficits, and I think it would be useful to say that while there are expenditure cuts we should make—and there are plenty I have suggested; I think we should tighten our belts—there are other ways to begin to reduce the Federal budget deficit; and that is, to ask those who are not paying their fair share to pay some.

I want to describe that by showing a chart. This is a chart from a company that is part of their financial report. But I am doing this only to say this is a just a representation of many companies. But this one says: The United States Government is this company's largest single customer. The government operates in segments and supplies nuclear power systems, and so on. We are active in government-sponsored operations and research.

All right. So who is this company? This is a company that decided, in filing with the Securities and Exchange Commission, to say:

> [The company] is a Panamanian corporation that has earned all of its income outside of Panama.

It is not really a Panamanian corporation. Well, it is legally now. But it used to be an American corporation that decided to do what is called an inversion; that means disavowing your U.S. citizenship and saying, as a corporation: I don't want to be an American citizen anymore. I want to be a citizen of Panama. So that is what this company did.

All right. We decided some while ago, if you want to decide not to be an American citizen, as a company, then do not tell us you want to keep doing business with the American Government. The only reason you want to invert and get rid of your American citizenship is to avoid paying U.S. taxes. So we say, if you do not want to pay U.S. taxes—do you know what?—you ought not get business from the Federal Government.

Well, this company did not like that so much. This company has 2007 revenues that were sheltered now because they inverted to Panama—2007 revenues—of $2.6 billion.

It has taken the government a little longer than it should have to shut off these companies that inverted from doing business with the Federal Government. But now we have an understanding that one of the Federal agencies quietly approached the Appropriations Committee and asked to insert a clause in an appropriations bill which says that the contracting ban, which I have described, can only be administered consistent with U.S. international trade agreements. That was done because there is discussion of a trade agreement with Panama, and so with respect to the trade agreement with Panama, the contracting ban would be limited to not affect this company that inverted to Panama.

Isn't that interesting. Actually, we have people in government trying to help the company get Federal business once again, despite the fact that this company moved away to Panama as a legal address in order to avoid paying U.S. taxes. And it is not just this company.

Some long while ago, probably 2 years ago, I brought to the floor of the

Senate—and many of my colleagues have since used this—this picture. When you talk about everybody paying their fair share, this is a picture of a little four-story building on Church Street in the Cayman Islands. It is called the Ugland House. This is actually the original chart I used about 2 years ago. There was some enterprising reporting by a reporter named Evans from Bloomberg. Mr. Evans from Bloomberg actually did the reporting on this.

This little white building on Church Street in the Cayman Islands was home to 12,748 corporations. They are not there. That is just a legal address, a figment created by lawyers, to say, if you run your mail through a mailbox in this building, you can avoid paying U.S. taxes.

Isn't that wonderful? I think it is unpatriotic. It is going on all the time. By the way, since I first used this chart, my understanding is, there are now not 12,000 corporations using this address; there are 18,000 corporations. Isn't that unbelievable?

My point is, when you talk about the need for fiscal policy reform—yes, let's cut some spending; let's tighten our belts—let's also ask some interests who decided they want all the benefits that America has to offer but they do not want to pay taxes, let's ask them to become tax-paying citizens, corporate tax-paying citizens once again. There is a lot to do, and I am convinced we can do it if we have the priorities straight.

Yesterday, it was interesting to me to hear that Warren Buffett purchased the Burlington Northern Railroad.

Berkshire Hathaway, the company owned by Warren Buffett, purchased Burlington Northern Railroad. He said he is betting on America. I know Warren Buffett. I have known him for years. I like him. He is a good guy. In fact, he is one of the smartest investors perhaps in the history of our country. He is betting on America. That is probably a pretty good bet. I don't know the details of his purchase of this railroad company, but it is probably a pretty good bet to bet on this country.

I mentioned previously that we had Warren Buffett to speak to our caucus some while ago and somebody asked him the question: What do you think the economy will be like in 6 months?

Warren Buffett said: I don't have the foggiest idea. That is not the way I think. I don't know what is going to happen 6 months from now or 16 months from now, but I will tell you this: I know what the economy is going to be like 6 years from now. It is going to be great.

He said: America always pulls itself up. Look at the couple hundred years of history, at the creativeness, the inventiveness, the ambition of the American people. It is just innate in the soul of the American people and its culture to just keep moving forward.

He said: This country is going to do fine. I don't know whether it is going to be 7 or 10 or 15 months or 5 years, but, he said, I believe this country is going to do well.

So I kind of smiled yesterday when I saw that he had purchased a railroad and said: I am betting on America.

I think this Congress should bet on America too, but America needs some help from this Congress. America needs a lot of help to deal with the issues I have just described. I believe we can do that, but it is not going to happen unless we have some cooperation. We have gotten cooperation on nothing. By the way, just for interest's sake, we are now in this lengthy period, and we have had to burn 30 hours postcloture in 2 days, ripening cloture on everything, even on noncontroversial things, because there are people who don't want this institution to work. It doesn't make any sense to me. There ought not be two teams here; we all ought to be pulling for the same team.

Mr. President, I yield the floor.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

• Mrs. MCCASKILL. Mr. President, I rise to state my support for the extension of unemployment benefits that was included in H.R. 3548. Recent reports on gross domestic product by the Bureau of Economic Analysis indicate that we are out of the recession. However, unemployment is a lagging indicator, and we will need to see more GDP growth before employers start hiring again. In the meantime, families in Missouri and across the country are hurting. The unemployment rate in Missouri is 9.5 percent. American Airlines announced just last week that it would close its maintenance facility in Kansas City, and 490 workers are losing their jobs.

I believe we have a responsibility and an obligation to help good, hard working Americans who are struggling in these difficult times. To that end, the extension of unemployment benefits will provide a vital lifeline to people struggling to find work through one of the most severe recessions in our lifetime, and I fully support it.

I also strongly support inclusion in this bill of the provisions from the Service Members Homeownership Tax Act, which I introduced. These provisions will ensure that our troops deployed overseas this year and next will not be penalized for their service when they seek to buy their first homes. You cannot shop for a house while you are hunting al-Qaida in Afghanistan or supporting a diplomatic mission to NATO Allies, so it is only fair that service members have additional time to take advantage of the first-time homebuyer tax credit. This bill will give members of the armed, intelligence, and foreign services who were stationed abroad in 2009 or 2010 an additional year to qualify. It will also eliminate the ''recapture'' requirement for servicemembers. Unlike other recipients, they will not have to pay the credit back if they move within 3 years, as long as the relocation is service-related. Finally, Housing Assistance Program benefits that were expanded in the Recovery Act will be exempt from taxation. These temporary benefits are helping cushion the financial blow to military families who are forced to sell their homes in the current, depressed market. Families who are reassigned or are relocating to seek treatment for service-related injuries are some of the biggest beneficiaries of the program. I would note that the cost of extending the first-time homebuyer tax credit for servicemembers will be less than one percent of a full extension of the credit, and that the cost was fully offset in the bill I introduced.

Unfortunately, H.R. 3548 went further than only taking care of our men and women in uniform. It also contains a fiscally irresponsible extension and expansion of the first-time homebuyer tax credit for many other Americans. I do not support this extension.

Congress created the first-time homebuyer credit last year as a timely, targeted, and temporary response to the housing crisis, designed to reduce excess housing inventories by encouraging home purchases. Judging from home sales over the past few months, the credit has helped stabilize the housing market. However, the Treasury Inspector General for Tax Administration has found serious instances of fraud within the program, and economists have suggested that extending the credit is not the most effective way of addressing the remaining problems in the housing market. Now that we are out of crisis, it is time to let the first-time homebuyer credit expire. We simply cannot continue to expand one-time programs from the stimulus and ever expect to return to a state of fiscal responsibility. If we say it is a one-time program, it should be a one-time program.

In conclusion, I applaud the important, commonsense steps we have taken for Americans looking for work and for military families. I am disappointed that a broad extension of the first-time homebuyer credit was included in this legislation. I would not have supported an extension of the credit independently. However, the positive elements of this bill outweigh the negative, and I support the overall bill.•

Mr. GRASSLEY. Mr. President, I would like to take a moment to express my concern about a provision included in the unemployment compensation bill before the Senate.

The provision I am concerned about deals with a reversal of a sound international tax policy reform. Back in 2004, Congress passed and President Bush signed a major bipartisan business tax reform bill. The centerpiece proposal in the international tax reform area was a restoration of the Finance Committee position from the 1986 Tax Reform Act on the treatment of interest for the purposes of the foreign tax credit.

This reform, known as World Wide Interest Apportionment, was due to take effect at the beginning of 2009, but its implementation was delayed for 2 years in order to pay for housing legislation enacted in July of 2008. I expressed my concerns at the time about delaying sound international tax policy in order to fund new spending priorities. However, my view lost out and the delay of this provision was used as an offset.

Now, here we are again, in need of revenue offset in order to fund other priorities. The proposal in the bill before us delays this important reform an additional 7 years, until December 31, 2017. I support the main provisions of the bill intended to provide relief to those struggling to find work by extending unemployment benefits and to provide a lift to the economy by extending the homebuyer tax credit and the expanded net operating loss carryback period for small businesses.

My opposition to this revenue offset rests in the bad tax policy this proposal represents. The interest allocation reform would, if allowed to take effect, lower the chance of double tax that arises under current law from the artificial overallocation of interest expense to foreign income, even when the debt is incurred to fund domestic investment. The current rules actually penalize domestic manufacturers that compete in global markets by making it more likely they will be double-taxed on their foreign income.

Several companies have spoken to my staff about the negative ramifications this delay will have on them. Some of these companies are just starting to grow their businesses beyond the U.S. borders. The delay of this important international reform will make it more costly for these companies to expand into these markets. If these companies cannot grow beyond the domestic economy, they will be unable to compete in the global marketplace.

Mr. President, I ask unanimous consent that a letter I received from John Deere explaining their concern about delaying the implementation of this provision be printed in the RECORD.

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

DEERE & COMPANY,
Moline, IL, October 22, 2009.

Hon. CHARLES GRASSLEY,
Senate Finance Committee,
Washington, DC.

DEAR SENATOR GRASSLEY: Deere and Company would like to reemphasize to you the importance of worldwide interest allocation and our strong desire that implementation of this provision not be further delayed by using the provision as a ''pay for'' for other issues. Further continued delays in implementing this provision will make U.S. companies less competitive with our foreign competitors.

We ask that you find a different offset to fund H.R. 3548, the Supplemental Appropriations, and oppose using the Reid-Baucus proposed delay of the interest allocation rules to offset other tax policy. U.S. based employers like Deere believe implementing World Wide Interest Allocation is critically important international tax law.

THOMAS K. JARRETT,
Vice President, Tax.

Mr. HARKIN. Mr. President, I want to speak in support of extending the unemployment insurance program, to provide up to 20 weeks of additional unemployment insurance benefits for out-of-work Americans and their families.

American workers are facing tough times. During the last recession, our country lost millions of good jobs—jobs that have never been replaced. And the downturn of the past 2 years, brought on by the subprime mortgage disaster and skyrocketing oil costs, has created a perfect storm leading to severe unemployment, with official unemployment approaching 10 percent. Today, 15.1 million Americans are out of work, and more than a third of them have been out of a job for 6 months or more. Unfortunately, the jobless rates jumps closer to 20 percent when you take into account the millions more who have given up looking for work, or can only find part-time work when they need full-time incomes.

In recent weeks we have seen signs that our economy is starting to turn the corner, with growth in consumer spending, improved home sales and expansion in some manufacturing industries. Thanks to the Recovery Act, we have also been able to keep teachers in the classroom, and get construction workers started on new jobs because this administration and this Congress made significant investments that saved or created these and hundreds of thousands of other jobs. But we know that achieving a full economic recovery won't happen overnight. As our economy gradually improves, American families will still need help to get by.

The recession has meant hardship for many thousands of families in my home state. Des Moines' nine food banks have seen a significant increase in demand. And organizations like the Salvation Army are also seeing a surge of requests for assistance with utilities, food, and clothing.

When a family member is out of work, times are particularly tough. One survey found that 70 percent of families with a person out of work reported having cut back spending on food and groceries. That is why it is important that we act now to extend unemployment insurance benefits.

The unemployment insurance program provides a vital safety net during times of economic hardship. Workers have paid into the system through their hard work, so when they are out of a job they deserve support to see them through tough times. These benefits are fundamental to helping families meet basic necessities—to provide a roof over their heads, to put food on the table, or to keep the heat on. A recent survey found that 90 percent of people receiving unemployment benefits used them for just such necessities.

With over one-third of unemployed Americans out of a job for more than half a year, unemployment benefits have been a lifeline for these families. The critical nature of these benefits has enabled us to pass previous extensions with bipartisan support. Earlier this year we provided additional weeks of unemployment assistance and a small increase in workers' weekly benefits. Yet 400,000 workers ran out of benefits last month and another 200,000 exhausted their unemployment by the end of October. Over 30,000 Iowans have run out of State benefits since June.

Running out of unemployment support means even tougher times for Americans who are already strapped—and so I hope my colleagues will join me in supporting and quickly passing this extension of unemployment benefits.

The amendment before us will provide critical help to working families as our economy gets going again. Nationwide, it provides 14 additional weeks of benefits for workers who have run out of safety net support. In States where unemployment is at or above 8.5 percent, workers are eligible for 20 additional weeks of benefits. This amendment will provide much needed help to 1.9 million people across the country, including 31,000 in Iowa.

This help can't come too soon for hardworking men and women who are trying to hang on for better times ahead; people like Kimberly Anders, from West Des Moines, IA. She writes:

> As an older person, I feel lost in the face of not being able to find a job, especially after I've worked hard my whole life and never once relied on any state or federal aid . . . now my unemployment is about to run out, and my hope with it . . .

Unemployment benefits help Michelle Paulson from Huxley, IA, who is trying to train for a new career while caring for her family. A mother of two, Michelle went back to community college after she was laid off by a window manufacturer last August. As the lagging economy continues to take its toll on Iowans, Michelle is pursuing a degree in advanced manufacturing. Unemployment benefits provide Michelle the safety net to meet basic needs for her family while building her own workforce skills.

The American people are counting on us to help them. It is time to act now.

Passing this amendment now will give people like Kimberly Anders and Michelle Paulson the immediate help they need. What's more, it will benefit them and all American workers in the long run by helping to get our economy back on track. That is because unemployment benefits provide a major, immediate boost to the economy. Economists calculate that every $1 invested in the unemployment insurance safety net generates $1.63 in economic activity. Unemployed households spend these dollars on immediate needs—to pay the rent or a medical bill, buy groceries and school supplies, or repair the family car—all economic activities that quickly inject dollars into our communities.

An extension of unemployment benefits gives workers and their families the support they need while people continue to look for work. And it provides a needed stimulus to the rest of our economy. I urge my colleagues to support this amendment and pass it without delay.

Mr. LEVIN. Mr. President, the measure we have before us is vital to the three-quarters of a million people in Michigan who are unemployed. It is vital to the 15.1 million Americans who are unemployed. It will keep them in their homes. It will keep their children fed and clothed.

It is also vital to the millions of American workers who remain employed, but are plagued by fear that they too will lose their job. Previous extensions of unemployment insurance benefits have played an underappreciated role in helping us avoid even greater economic collapse. There are businesses still open, neighborhoods still filled with families instead of foreclosed homes, wheels of commerce still turning because of the economic fuel these extensions have provided. This extension, too, means help not just for those facing a loss of benefits but for entire communities.

I am also pleased that this legislation extends the homebuyer tax credit which had been set to expire on November 30, 2009. This credit, which has helped pull the real-estate market from the depths of decline, will now be available until April 30, 2010. This legislation expands eligible recipients to tax payers who have owned their homes for more than 5 years. The credit will also provide additional relief to members of the military by eliminating the recapture requirement of the credit if they are forced to sell their home as a result of an official extension of duty.

So I am glad that we are ready to approve this legislation. I wish it had come sooner. During the debate and delay here in Washington, 7,000 unemployed Americans each day saw their unemployment benefits expire. By mid-October, 44,000 Michigan workers had exhausted their benefits, and that number will more than double by the end of the year if we do not act. The anxiety caused by our delays has been a tremendous hardship for families facing the loss of their benefits hardship made painfully clear by the calls and letters to my office from Michiganders desperate for any word on when Congress would act.

For a family battered by the loss of a job, fearing the loss of a home, wondering if life will ever be the same, facing such uncertainty requires genuine courage to hold onto hope. This extension of unemployment benefits is one important way we can help alleviate fear and help preserve that hope that is essential to persevere until times get better.

Mr. DURBIN. Mr. President, I ask unanimous consent that immediately after the adoption of this unanimous consent request, all postcloture time be yielded back, and the bill, as amended, be read a third time, that no points of order be in order, and the Senate then proceed to vote on passage of H.R. 3548; that upon passage, the Senate then proceed to executive session to consider Calendar No. 331, the nomination of Tara Jeanne O'Toole; and that once the nomination is reported, the Senate proceed to vote on confirmation of the nomination, with any statements relating to the nomination appearing at the appropriate place in the RECORD, as if read; that upon confirmation, the motion to reconsider be considered made and laid upon the table; that the President be immediately notified of the Senate's action and the Senate then resume legislative session; that on Thursday, November 5, after a period of morning business, the Senate consider the motion to proceed to the motion to reconsider the vote by which cloture was not invoked on the committee-reported substitute amendment to H.R. 2847, the Commerce-Justice-Science Appropriations Act; that the motion to proceed be agreed to and the motion to reconsider be agreed to; and that prior to the vote on the motion to invoke cloture on the substitute amendment, there be 40 minutes of debate, equally divided and controlled as follows: 20 minutes under the control of Senator VITTER and 20 minutes total for Senators MIKULSKI and SHELBY; that upon the use or yielding back of that time, the Senate proceed to vote on the motion to invoke cloture on the substitute amendment; further, that upon disposition of H.R. 2847, the Senate then proceed to the consideration of Calendar No. 106, H.R. 3082, the Military Construction/Veterans Affairs Appropriations Act; that immediately after the bill is reported, Senator JOHNSON or his designee be recognized to call up the substitute amendment, which is the text of S. 1407, the Senate committee-reported bill.

Mr. President, I wish to inform my colleagues that the unanimous consent request I just made has been cleared by both sides.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The amendment in the nature of a substitute was ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall the bill, as amended, pass?

Mr. DURBIN. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Missouri (Mrs. MCCASKILL) are necessarily absent.

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

The result was announced—yeas 98, nays 0, as follows:

[Rollcall Vote No. 334 Leg.]

YEAS—98

Akaka	Enzi	Menendez
Alexander	Feingold	Merkley
Barrasso	Feinstein	Mikulski
Baucus	Franken	Murkowski
Bayh	Gillibrand	Murray
Begich	Graham	Nelson (NE)
Bennet	Grassley	Nelson (FL)
Bennett	Gregg	Pryor
Bingaman	Hagan	Reed
Bond	Harkin	Reid
Boxer	Hatch	Risch
Brown	Hutchison	Roberts
Brownback	Inhofe	Rockefeller
Bunning	Inouye	Sanders
Burr	Isakson	Schumer
Burris	Johanns	Sessions
Cantwell	Johnson	Shaheen
Cardin	Kaufman	Shelby
Carper	Kerry	Snowe
Casey	Kirk	Specter
Chambliss	Klobuchar	Stabenow
Coburn	Kohl	Tester
Cochran	Kyl	Thune
Collins	Landrieu	Udall (CO)
Conrad	Lautenberg	Udall (NM)
Corker	Leahy	Vitter
Cornyn	LeMieux	Voinovich
Crapo	Levin	Warner
DeMint	Lieberman	Webb
Dodd	Lincoln	Whitehouse
Dorgan	Lugar	Wicker
Durbin	McCain	Wyden
Ensign	McConnell	

NOT VOTING—2

Byrd McCaskill

The bill (H.R. 3548), as amended, was passed, as follows:

H.R. 3548

Resolved, That the bill from the House of Representatives (H.R. 3548) entitled ''An Act to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.'', do pass with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Worker, Homeownership, and Business Assistance Act of 2009''.

SEC. 2. REVISIONS TO SECOND-TIER BENEFITS.

(a) IN GENERAL.—Section 4002(c) of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by striking ''If'' and all that follows through ''paragraph (2))'' and inserting ''At the time that the amount established in an individual's account under subsection (b)(1) is exhausted'';

(B) in subparagraph (A), by striking ''50 percent'' and inserting ''54 percent''; and

(C) in subparagraph (B), by striking ''13'' and inserting ''14'';

(2) by striking paragraph (2); and

(3) by redesignating paragraph (3) as paragraph (2).

(b) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of the Supplemental Appropriations Act, 2008, except that no amount shall be payable by virtue of such amendments with respect to any week of unemployment commencing before the date of the enactment of this Act.

SEC. 3. THIRD-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.

(a) IN GENERAL.—Section 4002 of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended by adding at the end the following new subsection:

''(d) THIRD-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.—

''(1) IN GENERAL.—If, at the time that the amount added to an individual's account under

subsection (c)(1) (hereinafter 'second-tier emergency unemployment compensation') is exhausted or at any time thereafter, such individual's State is in an extended benefit period (as determined under paragraph (2)), such account shall be further augmented by an amount (hereinafter 'third-tier emergency unemployment compensation') equal to the lesser of—

''(A) 50 percent of the total amount of regular compensation (including dependents' allowances) payable to the individual during the individual's benefit year under the State law; or

''(B) 13 times the individual's average weekly benefit amount (as determined under subsection (b)(2)) for the benefit year.

''(2) EXTENDED BENEFIT PERIOD.—For purposes of paragraph (1), a State shall be considered to be in an extended benefit period, as of any given time, if—

''(A) such a period would then be in effect for such State under such Act if section 203(d) of such Act—

''(i) were applied by substituting '4' for '5' each place it appears; and

''(ii) did not include the requirement under paragraph (1)(A) thereof; or

''(B) such a period would then be in effect for such State under such Act if—

''(i) section 203(f) of such Act were applied to such State (regardless of whether the State by law had provided for such application); and

''(ii) such section 203(f)—

''(I) were applied by substituting '6.0' for '6.5' in paragraph (1)(A)(i) thereof; and

''(II) did not include the requirement under paragraph (1)(A)(ii) thereof.

''(3) LIMITATION.—The account of an individual may be augmented not more than once under this subsection.''.

(b) CONFORMING AMENDMENT TO NON-AUGMENTATION RULE.—Section 4007(b)(2) of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended—

(1) by striking ''then section 4002(c)'' and inserting ''then subsections (c) and (d) of section 4002''; and

(2) by striking ''paragraph (2) of such section)'' and inserting ''paragraph (2) of such subsection (c) or (d) (as the case may be))''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of the Supplemental Appropriations Act, 2008, except that no amount shall be payable by virtue of such amendments with respect to any week of unemployment commencing before the date of the enactment of this Act.

SEC. 4. FOURTH-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.

(a) IN GENERAL.—Section 4002 of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note), as amended by section 3(a), is amended by adding at the end the following new subsection:

''(e) FOURTH-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.—

''(1) IN GENERAL.—If, at the time that the amount added to an individual's account under subsection (d)(1) (third-tier emergency unemployment compensation) is exhausted or at any time thereafter, such individual's State is in an extended benefit period (as determined under paragraph (2)), such account shall be further augmented by an amount (hereinafter 'fourth-tier emergency unemployment compensation') equal to the lesser of—

''(A) 24 percent of the total amount of regular compensation (including dependents' allowances) payable to the individual during the individual's benefit year under the State law; or

''(B) 6 times the individual's average weekly benefit amount (as determined under subsection (b)(2)) for the benefit year.

''(2) EXTENDED BENEFIT PERIOD.—For purposes of paragraph (1), a State shall be considered to be in an extended benefit period, as of any given time, if—

''(A) such a period would then be in effect for such State under such Act if section 203(d) of such Act—

''(i) were applied by substituting '6' for '5' each place it appears; and

''(ii) did not include the requirement under paragraph (1)(A) thereof; or

''(B) such a period would then be in effect for such State under such Act if—

''(i) section 203(f) of such Act were applied to such State (regardless of whether the State by law had provided for such application); and

''(ii) such section 203(f)—

''(I) were applied by substituting '8.5' for '6.5' in paragraph (1)(A)(i) thereof; and

''(II) did not include the requirement under paragraph (1)(A)(ii) thereof.

''(3) LIMITATION.—The account of an individual may be augmented not more than once under this subsection.''.

(b) CONFORMING AMENDMENT TO NON-AUGMENTATION RULE.—Section 4007(b)(2) of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note), as amended by section 3(b), is amended—

(1) by striking ''and (d)'' and inserting '', (d), and (e) of section 4002''; and

(2) by striking ''or (d)'' and inserting '', (d), or (e) (as the case may be))''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of the Supplemental Appropriations Act, 2008, except that no amount shall be payable by virtue of such amendments with respect to any week of unemployment commencing before the date of the enactment of this Act.

SEC. 5. COORDINATION.

Section 4002 of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note), as amended by section 4, is amended by adding at the end the following new subsection:

''(f) COORDINATION RULES.—

''(1) COORDINATION WITH EXTENDED COMPENSATION.—Notwithstanding an election under section 4001(e) by a State to provide for the payment of emergency unemployment compensation prior to extended compensation, such State may pay extended compensation to an otherwise eligible individual prior to any emergency unemployment compensation under subsection (c), (d), or (e) (by reason of the amendments made by sections 2, 3, and 4 of the Worker, Homeownership, and Business Assistance Act of 2009), if such individual claimed extended compensation for at least 1 week of unemployment after the exhaustion of emergency unemployment compensation under subsection (b) (as such subsection was in effect on the day before the date of the enactment of this subsection).

''(2) COORDINATION WITH TIERS II, III, AND IV.—If a State determines that implementation of the increased entitlement to second-tier emergency unemployment compensation by reason of the amendments made by section 2 of the Worker, Homeownership, and Business Assistance Act of 2009 would unduly delay the prompt payment of emergency unemployment compensation under this title by reason of the amendments made by such Act, such State may elect to pay third-tier emergency unemployment compensation prior to the payment of such increased second-tier emergency unemployment compensation until such time as such State determines that such increased second-tier emergency unemployment compensation may be paid without such undue delay. If a State makes the election under the preceding sentence, then, for purposes of determining whether an account may be augmented for fourth-tier emergency unemployment compensation under subsection (e), such State shall treat the date of exhaustion of such increased second-tier emergency unemployment compensation as the date of exhaustion of third-tier emergency unemployment compensation, if such date is later than the date of exhaustion of the third-tier emergency unemployment compensation.''.

SEC. 6. TRANSFER OF FUNDS.

Section 4004(e)(1) of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 26 U.S.C. 3304 note) is amended by striking ''Act;'' and inserting ''Act and sections 2, 3, and 4 of the Worker, Homeownership, and Business Assistance Act of 2009;''.

SEC. 7. EXPANSION OF MODERNIZATION GRANTS FOR UNEMPLOYMENT RESULTING FROM COMPELLING FAMILY REASON.

(a) IN GENERAL.—Clause (i) of section 903(f)(3)(B) of the Social Security Act (42 U.S.C. 1103(f)(3)(B)) is amended to read as follows:

''(i) One or both of the following offenses as selected by the State, but in making such selection, the resulting change in the State law shall not supercede any other provision of law relating to unemployment insurance to the extent that such other provision provides broader access to unemployment benefits for victims of such selected offense or offenses:

''(I) Domestic violence, verified by such reasonable and confidential documentation as the State law may require, which causes the individual reasonably to believe that such individual's continued employment would jeopardize the safety of the individual or of any member of the individual's immediate family (as defined by the Secretary of Labor); and

''(II) Sexual assault, verified by such reasonable and confidential documentation as the State law may require, which causes the individual reasonably to believe that such individual's continued employment would jeopardize the safety of the individual or of any member of the individual's immediate family (as defined by the Secretary of Labor).''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to State applications submitted on and after January 1, 2010.

SEC. 8. TREATMENT OF ADDITIONAL REGULAR COMPENSATION.

The monthly equivalent of any additional compensation paid by reason of section 2002 of the Assistance for Unemployed Workers and Struggling Families Act, as contained in Public Law 111–5 (26 U.S.C. 3304 note; 123 Stat. 438) shall be disregarded after the date of the enactment of this Act in considering the amount of income and assets of an individual for purposes of determining such individual's eligibility for, or amount of, benefits under the Supplemental Nutrition Assistance Program (SNAP).

SEC. 9. ADDITIONAL EXTENDED UNEMPLOYMENT BENEFITS UNDER THE RAILROAD UNEMPLOYMENT INSURANCE ACT.

(a) BENEFITS.—Section 2(c)(2)(D) of the Railroad Unemployment Insurance Act, as added by section 2006 of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5), is amended—

(1) in clause (iii)—

(A) by striking ''June 30, 2009'' and inserting ''June 30, 2010''; and

(B) by striking ''December 31, 2009'' and inserting ''December 31, 2010''; and

(2) by adding at the end of clause (iv) the following: ''In addition to the amount appropriated by the preceding sentence, out of any funds in the Treasury not otherwise appropriated, there are appropriated $175,000,000 to cover the cost of additional extended unemployment benefits provided under this subparagraph, to remain available until expended.''.

(b) ADMINISTRATIVE EXPENSES.—Section 2006 of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 445) is amended by adding at the end of subsection (b) the following: ''In addition to funds appropriated by the preceding sentence, out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Railroad Retirement Board $807,000 to cover the administrative expenses associated with the payment of additional extended unemployment benefits under section 2(c)(2)(D) of the Railroad Unemployment Insurance Act, to remain available until expended.''.

SEC. 10. 0.2 PERCENT FUTA SURTAX.

(a) IN GENERAL.—Section 3301 of the Internal Revenue Code of 1986 (relating to rate of tax) is amended—

(1) by striking ''through 2009'' in paragraph (1) and inserting ''through 2010 and the first 6 months of calendar year 2011'',

(2) by striking ''calendar year 2010'' in paragraph (2) and inserting ''the remainder of calendar year 2011'', and

(3) by inserting ''(or portion of the calendar year)'' after ''during the calendar year''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to wages paid after December 31, 2009.

SEC. 11. EXTENSION AND MODIFICATION OF FIRST-TIME HOMEBUYER TAX CREDIT.

(a) EXTENSION OF APPLICATION PERIOD.—

(1) IN GENERAL.—Subsection (h) of section 36 of the Internal Revenue Code of 1986 is amended—

(A) by striking ''December 1, 2009'' and inserting ''May 1, 2010'',

(B) by striking ''SECTION.—This section'' and inserting ''SECTION.—

''(1) IN GENERAL.—This section'', and

(C) by adding at the end the following new paragraph:

''(2) EXCEPTION IN CASE OF BINDING CONTRACT.—In the case of any taxpayer who enters into a written binding contract before May 1, 2010, to close on the purchase of a principal residence before July 1, 2010, paragraph (1) shall be applied by substituting 'July 1, 2010' for 'May 1, 2010'.''.

(2) WAIVER OF RECAPTURE.—

(A) IN GENERAL.—Subparagraph (D) of section 36(f)(4) of such Code is amended by striking '', and before December 1, 2009''.

(B) CONFORMING AMENDMENT.—The heading of such subparagraph (D) is amended by inserting ''AND 2010'' after ''2009''.

(3) ELECTION TO TREAT PURCHASE IN PRIOR YEAR.—Subsection (g) of section 36 of such Code is amended to read as follows:

''(g) ELECTION TO TREAT PURCHASE IN PRIOR YEAR.—In the case of a purchase of a principal residence after December 31, 2008, a taxpayer may elect to treat such purchase as made on December 31 of the calendar year preceding such purchase for purposes of this section (other than subsections (c), (f)(4)(D), and (h)).''.

(b) SPECIAL RULE FOR LONG-TIME RESIDENTS OF SAME PRINCIPAL RESIDENCE.—Subsection (c) of section 36 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

''(6) EXCEPTION FOR LONG-TIME RESIDENTS OF SAME PRINCIPAL RESIDENCE.—In the case of an individual (and, if married, such individual's spouse) who has owned and used the same residence as such individual's principal residence for any 5-consecutive-year period during the 8-year period ending on the date of the purchase of a subsequent principal residence, such individual shall be treated as a first-time homebuyer for purposes of this section with respect to the purchase of such subsequent residence.''.

(c) MODIFICATION OF DOLLAR AND INCOME LIMITATIONS.—

(1) DOLLAR LIMITATION.—Subsection (b)(1) of section 36 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

''(D) SPECIAL RULE FOR LONG-TIME RESIDENTS OF SAME PRINCIPAL RESIDENCE.—In the case of a taxpayer to whom a credit under subsection (a) is allowed by reason of subsection (c)(6), subparagraphs (A), (B), and (C) shall be applied by substituting '$6,500' for '$8,000' and '$3,250' for '$4,000'.''.

(2) INCOME LIMITATION.—Subsection (b)(2)(A)(i)(II) of section 36 of such Code is amended by striking ''$75,000 ($150,000'' and inserting ''$125,000 ($225,000''.

(d) LIMITATION ON PURCHASE PRICE OF RESIDENCE.—Subsection (b) of section 36 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

''(3) LIMITATION BASED ON PURCHASE PRICE.—No credit shall be allowed under subsection (a) for the purchase of any residence if the purchase price of such residence exceeds $800,000.''.

(e) WAIVER OF RECAPTURE OF FIRST-TIME HOMEBUYER CREDIT FOR INDIVIDUALS ON QUALIFIED OFFICIAL EXTENDED DUTY.—Paragraph (4) of section 36(f) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

''(E) SPECIAL RULE FOR MEMBERS OF THE ARMED FORCES, ETC.—

''(i) IN GENERAL.—In the case of the disposition of a principal residence by an individual (or a cessation referred to in paragraph (2)) after December 31, 2008, in connection with Government orders received by such individual, or such individual's spouse, for qualified official extended duty service—

''(I) paragraph (2) and subsection (d)(2) shall not apply to such disposition (or cessation), and

''(II) if such residence was acquired before January 1, 2009, paragraph (1) shall not apply to the taxable year in which such disposition (or cessation) occurs or any subsequent taxable year.

''(ii) QUALIFIED OFFICIAL EXTENDED DUTY SERVICE.—For purposes of this section, the term 'qualified official extended duty service' means service on qualified official extended duty as—

''(I) a member of the uniformed services,

''(II) a member of the Foreign Service of the United States, or

''(III) an employee of the intelligence community.

''(iii) DEFINITIONS.—Any term used in this subparagraph which is also used in paragraph (9) of section 121(d) shall have the same meaning as when used in such paragraph.''.

(f) EXTENSION OF FIRST-TIME HOMEBUYER CREDIT FOR INDIVIDUALS ON QUALIFIED OFFICIAL EXTENDED DUTY OUTSIDE THE UNITED STATES.—

(1) IN GENERAL.—Subsection (h) of section 36 of the Internal Revenue Code of 1986, as amended by subsection (a), is amended by adding at the end the following:

''(3) SPECIAL RULE FOR INDIVIDUALS ON QUALIFIED OFFICIAL EXTENDED DUTY OUTSIDE THE UNITED STATES.—In the case of any individual who serves on qualified official extended duty service (as defined in section 121(d)(9)(C)(i)) outside the United States for at least 90 days during the period beginning after December 31, 2008, and ending before May 1, 2010, and, if married, such individual's spouse—

''(A) paragraphs (1) and (2) shall each be applied by substituting 'May 1, 2011' for 'May 1, 2010', and

''(B) paragraph (2) shall be applied by substituting 'July 1, 2011' for 'July 1, 2010'.''.

(g) DEPENDENTS INELIGIBLE FOR CREDIT.—Subsection (d) of section 36 of the Internal Revenue Code of 1986 is amended by striking ''or'' at the end of paragraph (1), by striking the period at the end of paragraph (2) and inserting '', or'', and by adding at the end the following new paragraph:

''(3) a deduction under section 151 with respect to such taxpayer is allowable to another taxpayer for such taxable year.''.

(h) IRS MATHEMATICAL ERROR AUTHORITY.—Paragraph (2) of section 6213(g) of the Internal Revenue Code of 1986 is amended—

(1) by striking ''and'' at the end of subparagraph (M),

(2) by striking the period at the end of subparagraph (N) and inserting '', and'', and

(3) by inserting after subparagraph (N) the following new subparagraph:

''(O) an omission of any increase required under section 36(f) with respect to the recapture of a credit allowed under section 36.''.

(i) COORDINATION WITH FIRST-TIME HOMEBUYER CREDIT FOR DISTRICT OF COLUMBIA.—Paragraph (4) of section 1400C(e) of the Internal Revenue Code of 1986 is amended by striking ''and before December 1, 2009,''.

(j) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by subsections (b), (c), (d), and (g) shall apply to residences purchased after the date of the enactment of this Act.

(2) EXTENSIONS.—The amendments made by subsections (a), (f), and (i) shall apply to residences purchased after November 30, 2009.

(3) WAIVER OF RECAPTURE.—The amendment made by subsection (e) shall apply to dispositions and cessations after December 31, 2008.

(4) MATHEMATICAL ERROR AUTHORITY.—The amendments made by subsection (h) shall apply to returns for taxable years ending on or after April 9, 2008.

SEC. 12. PROVISIONS TO ENHANCE THE ADMINISTRATION OF THE FIRST-TIME HOMEBUYER TAX CREDIT.

(a) AGE LIMITATION.—

(1) IN GENERAL.—Subsection (b) of section 36 of the Internal Revenue Code of 1986, as amended by this Act, is amended by adding at the end the following new paragraph:

''(4) AGE LIMITATION.—No credit shall be allowed under subsection (a) with respect to the purchase of any residence unless the taxpayer has attained age 18 as of the date of such purchase. In the case of any taxpayer who is married (within the meaning of section 7703), the taxpayer shall be treated as meeting the age requirement of the preceding sentence if the taxpayer or the taxpayer's spouse meets such age requirement.''.

(2) CONFORMING AMENDMENT.—Subsection (g) of section 36 of such Code, as amended by this Act, is amended by inserting ''(b)(4),'' before ''(c)''.

(b) DOCUMENTATION REQUIREMENT.—Subsection (d) of section 36 of the Internal Revenue Code of 1986, as amended by this Act, is amended by striking ''or'' at the end of paragraph (2), by striking the period at the end of paragraph (3) and inserting '', or'', and by adding at the end the following new paragraph:

''(4) the taxpayer fails to attach to the return of tax for such taxable year a properly executed copy of the settlement statement used to complete such purchase.''.

(c) RESTRICTION ON MARRIED INDIVIDUAL ACQUIRING RESIDENCE FROM FAMILY OF SPOUSE.—Clause (i) of section 36(c)(3)(A) of the Internal Revenue Code of 1986 is amended by inserting ''(or, if married, such individual's spouse)'' after ''person acquiring such property''.

(d) CERTAIN ERRORS WITH RESPECT TO THE FIRST-TIME HOMEBUYER TAX CREDIT TREATED AS MATHEMATICAL OR CLERICAL ERRORS.—Paragraph (2) of section 6213(g) the Internal Revenue Code of 1986, as amended by this Act, is amended by striking ''and'' at the end of subparagraph (N), by striking the period at the end of subparagraph (O) and inserting '', and'', and by inserting after subparagraph (O) the following new subparagraph:

''(P) an entry on a return claiming the credit under section 36 if—

''(i) the Secretary obtains information from the person issuing the TIN of the taxpayer that indicates that the taxpayer does not meet the age requirement of section 36(b)(4),

''(ii) information provided to the Secretary by the taxpayer on an income tax return for at least one of the 2 preceding taxable years is inconsistent with eligibility for such credit, or

''(iii) the taxpayer fails to attach to the return the form described in section 36(d)(4).''.

(e) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply to purchases after the date of the enactment of this Act.

(2) DOCUMENTATION REQUIREMENT.—The amendments made by subsection (b) shall apply to returns for taxable years ending after the date of the enactment of this Act.

(3) TREATMENT AS MATHEMATICAL AND CLERICAL ERRORS.—The amendments made by subsection (d) shall apply to returns for taxable years ending on or after April 9, 2008.

SEC. 13. 5-YEAR CARRYBACK OF OPERATING LOSSES.

(a) IN GENERAL.—Subparagraph (H) of section 172(b)(1) of the Internal Revenue Code of 1986 is amended to read as follows:

''(H) CARRYBACK FOR 2008 OR 2009 NET OPERATING LOSSES.—

''(i) IN GENERAL.—In the case of an applicable net operating loss with respect to which the taxpayer has elected the application of this subparagraph—

''(I) subparagraph (A)(i) shall be applied by substituting any whole number elected by the taxpayer which is more than 2 and less than 6 for '2',

''(II) subparagraph (E)(ii) shall be applied by substituting the whole number which is one less than the whole number substituted under subclause (I) for '2', and

''(III) subparagraph (F) shall not apply.

''(ii) APPLICABLE NET OPERATING LOSS.—For purposes of this subparagraph, the term 'applicable net operating loss' means the taxpayer's net operating loss for a taxable year ending after December 31, 2007, and beginning before January 1, 2010.

''(iii) ELECTION.—

''(I) IN GENERAL.—Any election under this subparagraph may be made only with respect to 1 taxable year.

''(II) PROCEDURE.—Any election under this subparagraph shall be made in such manner as may be prescribed by the Secretary, and shall be made by the due date (including extension of time) for filing the return for the taxpayer's last taxable year beginning in 2009. Any such election, once made, shall be irrevocable.

''(iv) LIMITATION ON AMOUNT OF LOSS CARRYBACK TO 5TH PRECEDING TAXABLE YEAR.—

''(I) IN GENERAL.—The amount of any net operating loss which may be carried back to the 5th taxable year preceding the taxable year of such loss under clause (i) shall not exceed 50 percent of the taxpayer's taxable income (computed without regard to the net operating loss for the loss year or any taxable year thereafter) for such preceding taxable year.

''(II) CARRYBACKS AND CARRYOVERS TO OTHER TAXABLE YEARS.—Appropriate adjustments in the application of the second sentence of paragraph (2) shall be made to take into account the limitation of subclause (I).

''(III) EXCEPTION FOR 2008 ELECTIONS BY SMALL BUSINESSES.—Subclause (I) shall not apply to any loss of an eligible small business with respect to any election made under this subparagraph as in effect on the day before the date of the enactment of the Worker, Homeownership, and Business Assistance Act of 2009.

''(v) SPECIAL RULES FOR SMALL BUSINESS.—

''(I) IN GENERAL.—In the case of an eligible small business which made or makes an election under this subparagraph as in effect on the day before the date of the enactment of the Worker, Homeownership, and Business Assistance Act of 2009, clause (iii)(I) shall be applied by substituting '2 taxable years' for '1 taxable year'.

''(II) ELIGIBLE SMALL BUSINESS.—For purposes of this subparagraph, the term 'eligible small business' has the meaning given such term by subparagraph (F)(iii), except that in applying such subparagraph, section 448(c) shall be applied by substituting '$15,000,000' for '$5,000,000' each place it appears.''.

(b) ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION.—Subclause (I) of section 56(d)(1)(A)(ii) of the Internal Revenue Code of 1986 is amended to read as follows:

''(I) the amount of such deduction attributable to an applicable net operating loss with respect to which an election is made under section 172(b)(1)(H), or''.

(c) LOSS FROM OPERATIONS OF LIFE INSURANCE COMPANIES.—Subsection (b) of section 810 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

''(4) CARRYBACK FOR 2008 OR 2009 LOSSES.—

''(A) IN GENERAL.—In the case of an applicable loss from operations with respect to which the taxpayer has elected the application of this paragraph, paragraph (1)(A) shall be applied by substituting any whole number elected by the taxpayer which is more than 3 and less than 6 for '3'.

''(B) APPLICABLE LOSS FROM OPERATIONS.—For purposes of this paragraph, the term 'applicable loss from operations' means the taxpayer's loss from operations for a taxable year ending after December 31, 2007, and beginning before January 1, 2010.

''(C) ELECTION.—

''(i) IN GENERAL.—Any election under this paragraph may be made only with respect to 1 taxable year.

''(ii) PROCEDURE.—Any election under this paragraph shall be made in such manner as may be prescribed by the Secretary, and shall be made by the due date (including extension of time) for filing the return for the taxpayer's last taxable year beginning in 2009. Any such election, once made, shall be irrevocable.

''(D) LIMITATION ON AMOUNT OF LOSS CARRYBACK TO 5TH PRECEDING TAXABLE YEAR.—

''(i) IN GENERAL.—The amount of any loss from operations which may be carried back to the 5th taxable year preceding the taxable year of such loss under subparagraph (A) shall not exceed 50 percent of the taxpayer's taxable income (computed without regard to the loss from operations for the loss year or any taxable year thereafter) for such preceding taxable year.

''(ii) CARRYBACKS AND CARRYOVERS TO OTHER TAXABLE YEARS.—Appropriate adjustments in the application of the second sentence of paragraph (2) shall be made to take into account the limitation of clause (i).''.

(d) ANTI-ABUSE RULES.—The Secretary of the Treasury or the Secretary's designee shall prescribe such rules as are necessary to prevent the abuse of the purposes of the amendments made by this section, including anti-stuffing rules, anti-churning rules (including rules relating to sale-leasebacks), and rules similar to the rules under section 1091 of the Internal Revenue Code of 1986 relating to losses from wash sales.

(e) EFFECTIVE DATES.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply to net operating losses arising in taxable years ending after December 31, 2007.

(2) ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION.—The amendment made by subsection (b) shall apply to taxable years ending after December 31, 2002.

(3) LOSS FROM OPERATIONS OF LIFE INSURANCE COMPANIES.—The amendment made by subsection (d) shall apply to losses from operations arising in taxable years ending after December 31, 2007.

(4) TRANSITIONAL RULE.—In the case of any net operating loss (or, in the case of a life insurance company, any loss from operations) for a taxable year ending before the date of the enactment of this Act—

(A) any election made under section 172(b)(3) or 810(b)(3) of the Internal Revenue Code of 1986 with respect to such loss may (notwithstanding such section) be revoked before the due date (including extension of time) for filing the return for the taxpayer's last taxable year beginning in 2009, and

(B) any application under section 6411(a) of such Code with respect to such loss shall be treated as timely filed if filed before such due date.

(f) EXCEPTION FOR TARP RECIPIENTS.—The amendments made by this section shall not apply to—

(1) any taxpayer if—

(A) the Federal Government acquired before the date of the enactment of this Act an equity interest in the taxpayer pursuant to the Emergency Economic Stabilization Act of 2008,

(B) the Federal Government acquired before such date of enactment any warrant (or other right) to acquire any equity interest with respect to the taxpayer pursuant to the Emergency Economic Stabilization Act of 2008, or

(C) such taxpayer receives after such date of enactment funds from the Federal Government in exchange for an interest described in subparagraph (A) or (B) pursuant to a program established under title I of division A of the Emergency Economic Stabilization Act of 2008 (unless such taxpayer is a financial institution (as defined in section 3 of such Act) and the funds are received pursuant to a program established by the Secretary of the Treasury for the stated purpose of increasing the availability of credit to small businesses using funding made available under such Act), or

(2) the Federal National Mortgage Association and the Federal Home Loan Mortgage Corporation, and

(3) any taxpayer which at any time in 2008 or 2009 was or is a member of the same affiliated group (as defined in section 1504 of the Internal Revenue Code of 1986, determined without regard to subsection (b) thereof) as a taxpayer described in paragraph (1) or (2).

SEC. 14. EXCLUSION FROM GROSS INCOME OF QUALIFIED MILITARY BASE REALIGNMENT AND CLOSURE FRINGE.

(a) IN GENERAL.—Subsection (n) of section 132 of the Internal Revenue Code of 1986 is amended—

(1) in subparagraph (1) by striking ''this subsection) to offset the adverse effects on housing values as a result of a military base realignment or closure'' and inserting ''the American Recovery and Reinvestment Tax Act of 2009)'', and

(2) in subparagraph (2) by striking ''clause (1) of''.

(b) EFFECTIVE DATE.—The amendments made by this act shall apply to payments made after February 17, 2009.

SEC. 15. DELAY IN APPLICATION OF WORLDWIDE ALLOCATION OF INTEREST.

(a) IN GENERAL.—Paragraphs (5)(D) and (6) of section 864(f) of the Internal Revenue Code of 1986 are each amended by striking ''December 31, 2010'' and inserting ''December 31, 2017''.

(b) CONFORMING AMENDMENT.—Section 864(f) of the Internal Revenue Code of 1986 is amended by striking paragraph (7).

(c) EFFECTIVE DATES.—The amendments made by this section shall apply to taxable years beginning after December 31, 2010.

SEC. 16. INCREASE IN PENALTY FOR FAILURE TO FILE A PARTNERSHIP OR S CORPORATION RETURN.

(a) IN GENERAL.—Sections 6698(b)(1) and 6699(b)(1) of the Internal Revenue Code of 1986 are each amended by striking ''$89'' and inserting ''$195''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to returns for taxable years beginning after December 31, 2009.

SEC. 17. CERTAIN TAX RETURN PREPARERS REQUIRED TO FILE RETURNS ELECTRONICALLY.

(a) IN GENERAL.—Subsection (e) of section 6011 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

''(3) SPECIAL RULE FOR TAX RETURN PREPARERS.—

''(A) IN GENERAL.—The Secretary shall require than any individual income tax return prepared by a tax return preparer be filed on magnetic media if—

''(i) such return is filed by such tax return preparer, and

''(ii) such tax return preparer is a specified tax return preparer for the calendar year during which such return is filed.

''(B) SPECIFIED TAX RETURN PREPARER.—For purposes of this paragraph, the term 'specified tax return preparer' means, with respect to any

calendar year, any tax return preparer unless such preparer reasonably expects to file 10 or fewer individual income tax returns during such calendar year.

''(C) INDIVIDUAL INCOME TAX RETURN.—For purposes of this paragraph, the term 'individual income tax return' means any return of the tax imposed by subtitle A on individuals, estates, or trusts.''.

(b) CONFORMING AMENDMENT.—Paragraph (1) of section 6011(e) of the Internal Revenue Code of 1986 is amended by striking ''The Secretary may not'' and inserting ''Except as provided in paragraph (3), the Secretary may not''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to returns filed after December 31, 2010.

SEC. 18. TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.

The percentage under paragraph (1) of section 202(b) of the Corporate Estimated Tax Shift Act of 2009 in effect on the date of the enactment of this Act is increased by 33.0 percentage points.

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

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

The motion to lay on the table was agreed to.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

• Mr. BYRD. Mr. President, it is a moral responsibility for a great nation to help provide for its citizens when they are in dire economic circumstances. There are more than 30,000 workers in West Virginia who have exhausted their regular unemployment benefits, and thousands of them have already received their final payment of emergency unemployment benefits. These workers and their families are relying on this unemployment extension bill to survive. Later this year, many more unemployed workers will be counting on the Congress to take action to extend provisions contained in the stimulus bill, in order to be able to purchase health insurance. Congress must not fail them.

I am very pleased that the Senate has passed this unemployment extension measure, which provides a lifeline for families who are barely hanging on.•

EXECUTIVE SESSION

NOMINATION OF TARA JEANNE O'TOOLE TO BE UNDER SECRETARY FOR SCIENCE AND TECHNOLOGY

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination, which the clerk will report.

The legislative clerk read the nomination of Tara Jeanne O'Toole, of Maryland, to be Under Secretary for Science and Technology, Department of Homeland Security.

Mr. MCCAIN. Mr. President, I understand the Senate is proceeding to the consideration of the nomination of Dr. Tara O'Toole to serve as Under Secretary for the Science and Technology Directorate at the Department of Homeland Security. This nomination has not been available for consideration until now because I was waiting for Dr. O'Toole to answer the nearly two dozen questions I submitted to her during the past month. As of Monday, she has answered each question.

While I continue to have concerns about this nominee failing to disclose her activities as strategic director for the Alliance for Biosecurity, I will not hold up consideration of her nomination. A September 8, 2009 article in the Washington Times referred to the Alliance as a ''lobbying group funded by the pharmaceutical industry.''

Specifically, the article stated, ''The alliance has spent more than $500,000 lobbying Congress and federal agencies—including Homeland Security—since 2005, congressional records show. However, Homeland Security officials said Dr. O'Toole need not disclose her ties to the group on her government ethics form because the alliance is not incorporated . . . Analysts say the lack of disclosure reflects a potential loophole in the policies for the Obama administration, which has boasted about its efforts to make government more transparent.''

The article continued:

They also question lobbying laws that allow such a group to spend hundreds of thousands of dollars without the public knowing exactly how much money each of the companies that belongs to the group contributes, though such arrangements are permitted under the law . . . Ethics rules require nominees to report any paid or unpaid positions held outside of government, including but not limited to those of ''officer, trustee, general partner, representative, employee or any consultant of any corporation, firm, partnership or other business enterprise.'' Dr. O'Toole signed a letter on behalf of the group sent to the White House as recently as March.

I put forward numerous questions to Dr. O'Toole about her ''stealth lobbying'' on behalf of the Alliance. She repeatedly answered that her ''activities did not constitute lobbying.''' I also asked numerous questions about her involvement in securing an earmark for the Center for BioSecurity at the University of Pittsburgh Medical Center. She provided answers to the questions and stated that although she provided a statement for the media in support of the earmark, she did not provide any assistance in lobbying Congress for the earmark.

Elections have consequences, and while she would not have been the nominee I would have chosen for this position, she is the President's choice.

I ask unanimous consent that the September 8, 2009, Washington Times article be printed in the RECORD.

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

[From the Washington Times, Sept. 8, 2009]

OBAMA NOMINEE OMITTED TIES TO BIOTECH

(By Jim McElhatton)

President Obama's nominee at the Department of Homeland Security overseeing bioterrorism defense has served as a key adviser for a lobbying group funded by the pharmaceutical industry that has asked the government to spend more money for anthrax vaccines and biodefense research.

But Dr. Tara O'Toole, whose confirmation as undersecretary of science and technology is pending, never reported her involvement with the lobbying group called the Alliance for Biosecurity in a recent government ethics filing.

The alliance has spent more than $500,000 lobbying Congress and federal agencies—including Homeland Security—since 2005, congressional records show.

However, Homeland Security officials said Dr. O'Toole need not disclose her ties to the group on her government ethics form because the alliance is not incorporated: ''There's no legal existence so she wouldn't have to disclose it,'' said Robert Coyle, an ethics official for the Department of Homeland Security.

Analysts say the lack of disclosure reflects a potential loophole in the policies for the Obama administration, which has boasted about its efforts to make government more transparent. They also question lobbying laws that allow such a group to spend hundreds of thousands of dollars without the public knowing exactly how much money each of the companies that belongs to the group contributes, though such arrangements are permitted under the law.

''You're not allowing the public to know the full background of this nominee,'' said Judy Nadler, a senior fellow at the Markkula Center for Applied Ethics at Santa Clara University in California. ''It shouldn't matter whether it's incorporated or not.''

Craig Holman, legislative director of the nonpartisan watchdog group Public Citizen, said the lack of disclosure ''definitely and clearly runs counter to the intent of the law.''

Ethics rules require nominees to report any paid or unpaid positions held outside of government, including but not limited to those of ''officer, trustee, general partner, representative, employee or any consultant of any corporation, firm, partnership or other business enterprise. . . .'' Dr. O'Toole signed a letter on behalf of the group sent to the White House as recently as March.

Dr. O'Toole declined to comment for this article. Her office referred questions to Mr. Coyle at Homeland Security and to officials for the Alliance for Biosecurity, who said the group is in ''full compliance'' with lobbying rules and noted that there were no financial ties between the Center for Biosecurity, where Dr. O'Toole is chief executive, and the lobbying group she help found.

In written testimony to Congress, Dr. O'Toole said the alliance was ''created to protect the Center for Biosecurity's status as an honest broker between the biopharma companies and the U.S. government.''

As undersecretary of science and technology, one of Dr. O'Toole's responsibilities would involve overseeing the department's chemical and biological division, which is in charge of making sure the nation is prepared to defend itself against chemical and biological attacks.

Dr. O'Toole was nominated less than four years after the alliance was formed in 2005. She has served as the group's unpaid strategic director and has signed her name on more than a dozen letters sent to Congress and federal agencies.

The group's letters to policymakers often seek more money for research and vaccines. She signed the letters as the group's strategic director, in addition to listing her full-time paid job as director of the Center for Biosecurity, which is affiliated with the University of Pittsburgh.

The letters, including one that Dr. O'Toole sent to House Speaker Nancy Pelosi, California Democrat, last fall, describe the Alliance for Biosecurity as a ''collaboration'' among the Center for Biosecurity of the University of Pittsburgh Medical Center, pharmaceutical companies and biotechnology companies ''working to develop vaccines, medicines and other medical countermeasures for the nation's Strategic National Stockpile.''

Members include companies such as Pfizer Inc., Sig Technologies and PharmAthene Inc. The group discloses the letters and list of members on a Web site.

But for all its lobbying and letters to Congress, the alliance isn't incorporated, it doesn't have a bank account and its day-to-day operations are overseen by the K Street lobbying arm of Drinker Biddle & Reath LLP, which also lobbies on behalf of the alliance, according to records and interviews.

The alliance's legal counsel, Anita Cicero, is also a Drinker Biddle lawyer who serves as a lobbyist for the group. In an e-mail response to questions about the alliance, Ms. Cicero said the group was formed to work ''in the public interest to improve prevention and treatment of severe infectious diseases—particularly those diseases that present global security challenges in the 21st century.''

Ms. Cicero described the lobbying activities as focusing on broad issues. ''The overarching advocacy issues we address run across the industry, and we do not conduct lobbying activities to advance the commercial interests of any individual member company,'' she said.

Still, a review of the group's correspondence to federal lawmakers along with member companies' public disclosures to investors show that the lines between advocacy and commercial interests aren't always clear.

In an Oct. 31 letter to Mrs. Pelosi signed by Dr. O'Toole and two other alliance officials, the group called on Congress to include more than $900 million for the ''advanced development of medical countermeasures'' to be administered by the Biomedical Advanced Research and Development Authority.

The letter also was signed by the chief executive officer of member company PharmAthene, David Wright, who was one of the two first co-chairmen for the alliance after its creation in 2005.

Mr. Wright's company has a big financial interest in securing work from the authority, according to investor filings. A Securities and Exchange Commission filing last summer disclosed that PharmAthene has been trying to win a contract administered by the authority to supply 25 million doses of an anthrax vaccine to the national stockpile, which is overseen by the Department of Health and Human Services.

As undersecretary, Dr. O'Toole wouldn't be directly responsible for decisions on which vaccines to develop or buy. Still, she would oversee the government's threat assessments on the risks of bioagents.

Dr. O'Toole has told the Senate in written testimony that she would adhere to all ethics rule on conflicts of interests, but that because she has no financial interest in PharmAthene, she's not aware of any recusal requirements if she were to become involved in decisions concerning government funding for anthrax vaccine development.

Ethics groups say the alliance's setup is an example of what critics call ''stealth lobbying,'' in which like-minded companies form a loosely knit compact and spend lots of money lobbying the government. The arrangement is legal, but it exposes loopholes that prevent the public from finding out how much money each company pays and whether one business exerts more control over the others.

Ms. Cicero said the group is complying with all applicable federal laws and that the alliance discloses on a Web site its membership list and correspondence to the White House, Congress and federal agencies. She said the companies pay a ''pro rata'' share to the Drinker Biddle & Reath firm.

''The alliance does not generate income, does not have a bank account and does not owe taxes,'' she said.

Ms. Cicero said the law firm ''regularly convenes consortia of biopharma companies that share common goals or interests and provides secretarial and legal support for the groups.'' She said the alliance was formed so companies, academic institutions and the government could work together to ''accelerate the development of therapeutic and vaccine countermeasures.''

Ms. Cicero said Dr. O'Toole no longer has an active role as the strategic director for the alliance.

Another lobbying client of the firm, the International Pharmaceutical Aerosol Consortium, appears structured similarly. There are no records of any incorporation papers for that group, either. The group has a Web site listing several pharmaceutical companies as members, and Senate records show it has paid more than $250,000 to Drinker, Biddle & Reath since 2007.

Government watchdog groups acknowledge that the arrangement is legal but say it seems at odds with lobbying reform laws that were intended to shed more light on who bankrolls and controls special interest groups.

''At the end of the day, companies that form coalitions like this are being able to get around having to disclose the full breadth of who they are and what they're doing,'' said Dave Levinthal, a spokesman for the nonpartisan Center for Responsive Politics. ''Does that cut against an open and transparent government? It appears that it does.

''Stealth lobbying has been taking place for years and despite the focus on the influence of lobbying, what's happening is that organizations are finding, if not loopholes, then ways around the spirit of the law,'' he said. ''Companies that are lobbying Congress are not necessarily disclosing the full strength of their lobbying.''

Mr. LEVIN. Mr. President, I cannot support the nomination of Dr. Tara O'Toole to be the Under Secretary for Science and Technology at the Department of Homeland Security.

By its nature, this position requires a disinterested scientific approach to issues affecting homeland security. It is a position which the Department of Homeland Security and its policymakers must rely on for objective advice and counsel.

Dr. O'Toole fell short of the strict adherence to scientific principles when she was the director of the Johns Hopkins Center for Civilian Biodefense Strategies. Dr. O'Toole was one of the principal designers and authors of the June 2001 Dark Winter exercise that simulated a covert attack on the United States by bioterrorists.

The Dark Winter exercise had a deadly serious purpose: to assess the vulnerability of the United States to a biological weapons attack and our ability to deal with such an attack.

But many top scientists have said that the Dark Winter exercise was based on faulty and exaggerated assumptions about the transmission rate of smallpox.

Dr. James Koopman of the Department of Epidemiology at the University of Michigan, an expert at modeling the transmission rates of infectious diseases who participated in the smallpox eradication program, has said that Dr. O'Toole ''has not sought balanced scientific input in her thinking, that she shows a lack of analytic orientation to scientific issues, and that she has generated hype about bioterrorism that she will feel obligated to defend rather than pursue a balanced approach.''

Dr. Anthony Fauci, the Director of the National Institute of Allergy and Infectious Diseases, told me that the conclusions of the Dark Winter exercise were ''dramatically affected'' by the assumptions that were used, and that these assumptions were ''much, much worse than would have been the case'' in real life.

Dr. Michael Lane, the former Director of the Centers For Disease Control Smallpox Eradication Program—who has had extensive and first-hand experience with the disease—found the assumptions about smallpox transmission rates in the Dark Winter exercise ''improbable'' and even ''absurd.''

The transmission rate of smallpox was not the only area where Dr. O'Toole exaggerated the facts. On February 19, 2002, she wrote that ''Many experts believe that the smallpox virus is not confined to these 2 official repositories [1 in the United States and 1 in Russia] and may be in the possession of states or subnational groups pursuing active biological weapons programs.'' This statement referenced a New York Times article of June 13, 1999, for support of that very startling statement about ''subnational groups.'' But the article she cited made no reference to any subnational or terrorist or nonstate group possessing active biological weapons programs.

Bioterrorism poses a serious threat to our national security. But it is one of many threats we face. All threats to our security must be addressed objectively and scientifically so that we spend our resources in the most effective way possible to address the most likely and most dangerous threats. Exaggerations for the purpose of influencing policy makers do a disservice and result in the misallocation of limited resources that must be utilized wisely and objectively in order to enhance our security.

Mr. LIEBERMAN. Mr. President, I rise today to urge my colleagues to take up and approve the nomination of Dr. Tara O'Toole to be Under Secretary of Science and Technology at the Department of Homeland Security.

When the Homeland Security and Governmental Affairs Committee held its confirmation hearing on Dr. O'Toole's nomination I said I believed it was an ''inspired choice.''

My judgment remains unchanged and I would note that her nomination was reported out of committee favorably on a bipartisan basis with just one dissenting Democratic vote.

I would also note that DHS Secretary Janet Napolitano has been pleading with the Senate to confirm Dr. O'Toole. Secretary Napolitano has said that Dr. O'Toole's biosecurity and epidemiology expertise are critical to DHS and to her, personally. The Secretary's urgency is heightened because of the critical roles Dr. O'Toole will play in both defending our Nation against bioterrorism and in the continuing preparations for the H1N1 flu pandemic.

Let's consider the tough job Dr. O'Toole has been asked to take on and then consider the qualifications she brings to it.

The Science and Technology Directorate is charged with managing our Nation's investments in homeland security research and development projects with the goal of providing its customers within and without the DHS the kinds of state-of-the-art technologies they need to achieve their missions.

The S&T Directorate got off to a rocky start and struggled in its early years to clarify and execute its primary mission. Former Under Secretary Jay M. Cohen resolved to build a leaner and more tightly managed organization that focused on better serving its customers and being transparent with Congress. He implemented internal controls to monitor S&T finances and track the progress of S&T investments. He established a structured strategic planning process that is designed to produce specific objectives and annual performance measures.

But despite this progress, big challenges await the new undersecretary, including expanding investments in innovative R&D for homeland security—like the advanced spectroscopic portal, ASP, and the secure border initiative—and insuring the reliability of the a testing and evaluation that DHS relies on for large acquisition programs.

Programs like these can be force multipliers for DHS's customers within and without the department.

Now let's consider the resume Dr. O'Toole brings to the job—both as a medical professional and as a manager.

Let's start with Dr. O'Toole's solid and impressive educational background: a bachelor's degree from Vassar College, a medical degree from George Washington University, and a master of public health degree from Johns Hopkins University.

Now let's consider her management skills: From 1989 to 1993 she served as a senior analyst and project director with the Congressional Office of Technology Assessment; from 1993 to 1997, she served as the Assistant Secretary for Environment, Safety and Health at the Department of Energy.

From 1999 to 2003, she managed the Johns Hopkins Center for Civilian Biodefense Strategies. For the last 6 years, she has served as the Director and Chief Executive Officer of the Center for Biosecurity at the University of Pittsburgh.

On top of all this, Dr. O'Toole is also an accomplished author.

She has published her research on anthrax, smallpox, the plague, biological attacks, containment of contagious disease epidemics, biodefense, and hospital preparedness. She is coeditor in chief of the Journal of Biosecurity and Bioterrorism.

And she took all this knowledge she has gained over these many years and used it to help create the 2001 bio-terror attack simulation known as ''Operation Dark Winter'' that helped open our eyes to our many vulnerabilities.

Dr. O'Toole is also a former chair of the board of the Federation of American Scientists and she has participated in major studies or advisory panels at the request of the National Science Foundation, the Department of Defense, the Department of Health and Human Services and the Department of Homeland Security.

Besides these many qualifications, another important measure of her fitness for this post is the bipartisan respect she has earned across the government and scientific communities that monitor homeland security and bioterrorism challenges.

Among her many supporters are: Former Senators Bob Graham and Jim Talent, Chairman and Cochairman of the Commission on the Prevention of WMD Proliferation and Terrorism; former DHS Secretary Tom Ridge; former Senator and defense expert Sam Nunn; former National Security Adviser to Presidents Gerald Ford and George H.W. Bush, Brent Scowcroft, as well as Dr. Robert P. Kadlec, former Special Assistant for Biodefense Policy at the Homeland Security Council under President Bush; Dr. D.A. Henderson, who led the World Health Organization's efforts to rid the world of smallpox, and the Federation of American Scientists.

Dr. O'Toole brings a remarkable breadth of experience to this job that is so crucial to our nation's security and I say again she is an inspired choice and I urge my 3 colleagues to take up her nomination and confirm her to this position where our nation so desperately needs her talents.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the nomination of Tara Jeanne O'Toole, of Maryland, to be Under Secretary for Science and Technology, Department of Homeland Security?

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is laid upon the table, and the President will be immediately notified of the Senate's action.

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will now return to legislative session.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that there now be a period for the transaction of morning business.

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

ORDER OF PROCEDURE

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the next hour be controlled by the Democratic side; that colloquies be allowed among the speakers; and that the speakers be recognized, first, the Senator from New Jersey, Mr. LAUTENBERG, then the Senator from Oregon, Mr. MERKLEY, and then as recognition may be sought on the Democratic side after that.

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

Mr. WHITEHOUSE. One further unanimous consent request, Mr. President. I ask unanimous consent that Senator STABENOW follow Senator MERKLEY after Senator LAUTENBERG has spoken.

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

The Senator from New Jersey is recognized.

HEALTH CARE REFORM

Mr. LAUTENBERG. Mr. President, I thank my colleagues for giving me an opportunity to talk for a few minutes about health care as we try to understand what brings us to this point with a shred of rage, trying to maintain the dignity of our society.

We are on the verge of fixing our health care system once and for all, but there is one major obstacle in our way. The obstacle I talk about is the health insurance companies, their lobbyists, CEOs, and their friends on the other side of the aisle. We can call this group the status quo caucus. They are spending unlimited funds on TV commercials and bogus studies to kill health reform. That is their mission. Think about it. They define their goal, their objective, as articulated by our colleague from South Carolina, as saying: If we can stop this health care reform from continuing, it can be the end of the Obama Presidency, it can be his Waterloo.

What kind of an objective is that, that we put politics at the top end as we ignore millions of people, over 40 million people who do not have any insurance, and many of the others who do

have insurance do not have a complete picture about what their policies permit or what they might lose by way of restrictions.

This is an outrage. The public is manifesting their concern. They are not sure about what they hear, the derogatory material they see—don't do this, don't do that, no public option, and let's take our country back. I don't know whom they are talking about. Whose country? It is our country. It is everybody's country. There is no monopoly here for participation in American society.

We hear the worst kinds of assertions about what we are trying to do—turning this country into a Socialist country. What has happened would be almost humorous if it were not so tragic; that is, for people who are on Medicare to be concerned about government interfering with their lives. Medicare is a government program, one of the most successful ever put into the structure of our country.

While this group of obstructionists goes about their business, ''don't let it happen'' is their mission. I just told you how it is demonstrated in the words of the Senator from South Carolina.

The insurance companies are spending millions on TV commercials and bogus studies to kill health care reform. Quenching their thirst for profits has led to some of the worst predatory practices imaginable. This is an industry that will knowingly strip children of their health care coverage when a parent loses a job. This is an industry that demeans women by treating pregnancy and domestic violence as preexisting conditions—anything to escape their obligations under their insurance policies, for which they charge a lot of money. This is an industry that squeezes small businesses by charging them 18 percent more than they do large firms for the same health insurance policies.

The priority of the health industry is not patients, it is profits. In the richest Nation in the world, decent health care should be a basic tenet of life for everyone in our society. But that is not the way it is going and that is not the way the health insurance companies look at it. Their single-minded drive for profits is at the expense of their policyholders—policyholders who depend on them for care when they are sick or injured and when they need medical or health professional assistance.

We have a chart that demonstrates the massive profit increases at some of our largest health insurance companies for the years 2000 to 2008. These are the profit increases at health insurance companies. This is 2000 and this is 2008. How can we forget 2008, when our country was coming apart at the seams, deep in recession and terrible expectations in front of us, with people losing their jobs and losing their homes by the millions. Yes, 2008 was that kind of a year. It was a disaster year, except for the guys who were in the health insurance business.

In 2000, the profit for WellPoint, one of the best-known companies, was $226 million. Eight years later, their profit was $2.5 billion. Note this: $226 million and $2.5 billion, for a 1000-percent increase. For Aetna, $127 million in 2000; in 2008, $1.4 billion. Think about it—$127 million to $1.4 billion, for a 990-percent increase. Humana, in 2000, had a $90 million profit year, but by 2008 they were up to $647 million, for a 619-percent increase. United Health had $736 million worth of profit in the year 2000, and in 2008 these guys made $3 billion, for a 340-percent increase. That is $736 million compared to $3 billion, for a 304-percent increase.

I can assure you working people were not looking at these kinds of increased percentages in their incomes. As a matter of fact, their purchasing power declined. Even though salaries may have stayed the same or have been increased by some factor, their purchasing power decreased.

Humana, we recently learned, achieved these profits largely by cheating taxpayers, by taking funds that were supposed to be subsidies for lower rates for their policyholders but, in fact, they went into the company's profits.

Just like the industry's profits have risen, so has CEO compensation. Over the last 20 years, compensation for health insurance company CEOs has grown steadily while workers' pay has barely moved. The average compensation package for each of the top five health insurance company executives between 2006 and 2008 was almost $15 million a year.

I ran a fairly large company before I came to the Senate, and I think earning a profit is good. I think it is appropriate to keep your books honestly, tell the company to be transparent, tell the country exactly what your profits are, how it was earned, what your expenses were, what your revenues were. The company I ran is a company called ADP. I started it with two other fellows. They, like I, came from poor, working-class families who worked in the mills in Paterson, NJ. We worked very hard. That company today has 46,000 employees in 26 countries across the world. We started in Paterson, NJ, in a dumpy hotel building where we could rent space. So I know something about balance sheets, financial statements, and profitability. I think that profit is a good thing.

But it is one thing if you are manufacturing lawnmowers and another thing if you are providing health care and the squeeze on the profit side comes out of people's lives; comes out of creating suffering and fear of loss of coverage.

The average salary for these insurance company executives was almost $15 million each year—each CEO—while a year's pay for the average worker during that same time was about $44,000. Imagine, these people are working in the shops, moving things along, doing their clerical work, doing what they have to do, and the top guy is earning $15 million a year, while the average person working there is earning $44,000, and $44,000 today doesn't carry a family very far.

A single health insurance CEO earns approximately 335 times the average worker. It is scandalous. But it doesn't end there. At the same time health insurers and CEOs have made out like bandits, the industry has increased its premiums relentlessly. According to a new report from the Kaiser Family Foundation, insurance premiums for families more than doubled since 1999. Ten years ago, premiums averaged less than $6,000 a year. Today, they have grown to an average of more than $13,000 a year—the highest amount on record. These are for middle-class people earning very modest incomes trying to get along and watch their health insurance.

I have had people walk up to me, people I see in positions of labor, saying: Mr. Senator, please, my rent is going up, my taxes for real estate are going up, I can't afford more. My health care is the one thing that worries me so much. I can't afford to pay the premium, Mr. Senator. Please, help us.

As the following chart shows, over the past 10 years, insurance premiums have gone up three times faster than wage increases—in a period of just 10 years. So we see what is happening to a family's ability to afford to cover their needs. If today's CEOs cared as much about the public health as their financial wealth, our system wouldn't look this way. What happens is we are trading the well-being of the needy for unconscionable gains by the greedy.

It is so funny, the times we live in. I read there was a boat show that just took place in Miami, FL, and the most active part of the sales of boats was for boats that were 100 feet or longer. We are talking about millions of dollars for these boats. I don't begrudge those people. I don't, really. But look at basic America and see what it is that keeps our country going.

The health care field is one of the great abominations. We have to end this poisonous prescription for management of health care companies and change the way these health insurance companies operate. There is one way to do it and that is to make sure there is competition within the industry that is serious. The legislation we are putting forward will reshape health insurance and end the industry's choke hold on ordinary Americans.

Under our proposal, it will be against the law for insurance companies to discriminate against women. It will be against the law for them to deny coverage because of a preexisting condition. It will be against the law for them to end insurance coverage just because policyholders become sick. That is what they are supposed to take care of. On top of that, we are going to stop insurance companies from charging immense amounts of out-of-pocket expenses.

We will also make it so insurance providers have to cover routine checkups and preventive care, so lifesaving mammograms will no longer be out of reach for millions of women. I know a world-renowned research clinician in New York who says mammograms are the gold standard for dealing with anticipation of breast cancer.

These changes will make health insurance companies more honest, more transparent and more accountable and they will still make enough money to take care of the wages and the profits they seek. They may not be as great as they are, but they shouldn't be as great as they are.

Our Republican colleagues are chasing a different goal. They are looking for political victories on the backs of the working people of our country. They are fixated on stopping the Congress and President Obama no matter what the consequences are for our country and for the people who work hard to keep their families together. But I want to remind these obstructionists that health insurance companies have shown their utter disregard for the well-being of all Americans from all walks of life. They do not care if the policyholder is a Democrat, a Republican or an Independent. I remind anybody who hears what we are saying or looks at what we are doing that fixing health care is not a choice; it is a necessity.

I know this on a personal basis, though I am fortunate. I have a grandson who is 16 years old. He has asthma. When my daughter takes him to play sports—he is a good athlete—she first checks to see where the nearest emergency clinic is in case he starts to wheeze. I have a granddaughter, 11 years old, and she has diabetes. When she was here in Washington on a visit, I looked at her, and I didn't like the way she looked. I said to my daughter—they live in Florida—you have to find out what is wrong with Maddie. There is something there. It worried me. She was pale, she didn't have any energy, and she looked terribly slim. When I went down to Florida 3 days later, after they left Washington, I went to the hospital where she had entered and I saw her. She looked like a new person because the diabetes was treated and she had insulin. She looked like a new person.

Those things mean so much. There is nothing more important to any of us—and I say this about my Republican friends as well—nothing more important than our children, our grandchildren. That is what we all live for. They have a right to live and be healthy. For the future of our children and grandchildren, every American—we have to meet our obligations. I plead with my friends on the other side, get out of the way. Don't stand there unless you are willing to come in here and say: I don't want people to have health insurance. I don't care whether a child has health insurance. Say it out loud instead of skulking behind the walls and hiding the truth about what your mission is.

It is my hope that history will record a moment of success, success for the people of our country. We have never quite been this close to achieving fundamental health care reform. We may never have this opportunity again.

Once more, step forward, colleagues, Senators, sent here by people who trust you, who have confidence in you. Take care of them. Be honest with them. If you don't want to give them health care insurance, say so. Say: I don't want to give you health insurance. Or say: We don't want your condition to determine whether we cover you, we want to decide. This is an opportunity we have to seize.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

Mr. LEVIN. Will the Senator yield for a unanimous consent request?

Mr. MERKLEY. I will.

Mr. LEVIN. I ask unanimous consent that after the Senator from Oregon is recognized and the Senator from Michigan is recognized, under the existing unanimous consent agreement I then be recognized.

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

Mr. MERKLEY. Mr. President, I thank the senior Senator from New Jersey for his remarks, for his reminder that health care is not about profits, it is not about salaries of the CEOs, it is about health care for Americans so that all citizens have access to affordable and quality health care. That is what this debate is about.

One component of that debate is extending the opportunity for health care to those who do not have that opportunity right now. Another part of this debate is about improving the way insurance works for those who already have insurance. That is what I want to address tonight.

There are common practices in our insurance industry, our health care system, and that includes exclusion of preexisting conditions, gender discrimination, arbitrary annual spending limits or lifetime spending limits, and dumping—the practice of kicking people off policies when they get sick. They go against the very idea of insurance. What people expect is that their health insurance will be there if they need it. What they often find is it is not there.

For example, many people do not realize their insurer has placed an arbitrary limit on how much care they can get in a single year or over the course of their lifetime. A person may be paying monthly premiums, perhaps $500 a month in premiums, every month for years, adding up to tens of thousands of dollars. That person may be going forth in that fashion, needing not so much as a checkup, but then they are struck by a serious illness or a serious accident and they need regular and sometimes expensive care. Suddenly they find out that the thousands of dollars in premiums they have paid do not actually guarantee they will get the care they need.

I will give an example from my home State of Oregon. Alaya Wyndham-Price is a healthy 27-year-old from Lake Oswego, OR. She had insurance but had no reason to think she would actually need it, given that she was healthy and she was young. Imagine her surprise when she was diagnosed with a tumor the size of a golf ball just below her brain. Then imagine her further shock when she found out that her insurance policy caps treatment at $20,000 a year.

It took $30,000 of tests—and it doesn't take a whole lot of testing to run up that kind of bill—to determine the best treatment for her tumor. The surgery to remove that tumor is going to cost $50,000, but because of Alaya's limit, she has to put off the surgery until next year. That means further hardship on her, for her family—emotionally, physically, and financially.

As she told me this story a couple of weeks ago, I kept pondering, what will that delay do to her ultimate health outcome? How much opportunity is that delay affording to a tumor that doesn't have her health in mind as it grows?

These caps are not right. It is not right to tell someone who is gravely ill that they can only have so much health care in a given year. It is not right to ration treatments on the ability to pay. It is not right to collect premiums year after year and then in the fine print put in an annual cap that denies care when it is desperately needed. Alaya has insurance but she has already amassed a massive amount of debt. Hopefully, she will be able to continue paying her bills and not have this critical health care issue also drive her into a critical financial situation, into bankruptcy. Indeed, that is what happens to many Americans who have health insurance. Half the people who declare bankruptcy do so because of medical bills, and three-fourths of those who declare bankruptcy because of medical bills had insurance.

Insurance at the least is supposed to be the way to keep yourself financially solvent in the case of a disaster, but that is not what is happening for millions of Americans. It is not working for many Americans.

Insurance failed Kathryn Peper of Tigard, OR. Katherine had trouble getting any insurance because she had high cholesterol, a common condition but enough to allow the insurers to deny her application because of this preexisting condition. She did finally find a policy—$550 a month. She paid that premium and one would think insurance at that price would pay some of her medical expenses, but she found out it did not. Her insurer routinely refused to pay for even simple doctor appointments. So she was paying a huge amount for insurance and getting no coverage as a result, when she needed it to go to the doctor. She finally canceled her policy, and she now pays out

of pocket for each visit, and she hopes she does not have a debilitating condition come up or an accident.

There are other practices. I mentioned dumping. This is egregious. Imagine you pay your premium year after year, month after month, stretching over 10, 15 years, and then you have that accident or that disease that lands you in the hospital and you need a lot of care. You get a letter from your insurance company saying: We don't think you are a good insurance risk anymore so we are canceling your insurance.

At the end of that year you are suddenly stuck with massive bills and no insurance coverage to pay for the ongoing treatments you need. That is not right.

We have built our health care system around private insurance and private insurance remains an integral part of health care reform. But things have to change. We can't continue to have our citizens pay millions to insurers and see so little in return. It is not good for the health of the American people or our Nation. We need an insurance policyholder bill of rights. It needs to have guaranteed issue, no blocks as a result of preexisting conditions, no rejection because of preexisting conditions. It needs to have no arbitrary annual or lifetime limits. It needs to say no dumping, and it needs to say no gender discrimination.

Each and every one of these concepts was debated in the Health, Education, Labor and Pensions Committee and incorporated into the bill that came out of that committee. These are principles I want to see carried straight through until we put this health care reform on the President's desk.

It is time to act for the citizens of this Nation. It is time to have a health care system that works for working Americans.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

Ms. STABENOW. Mr. President, first I thank my friend and colleague from Oregon, Senator MERKLEY, for those wonderful comments and his passion and commitment on this issue; also, Senator LAUTENBERG from New Jersey and my friend and partner from Michigan, Senator LEVIN, who will be speaking, and the great Senator from Rhode Island, as well, who has been a wonderful leader on this issue and so many other issues as well. We all come today because we are committed. We are absolutely committed to seeing reforms in our insurance system so families get what they are paying for and we can bring costs down and we can save lives.

We are here because we want to share the voices and stories from people in our States who have paid into a system and too often not gotten what they have paid for, not been able to benefit from the health care system that we have in this country.

It is important that insurance industry reforms be a part of health care reform. We know we are still in the process of bringing a bill to the floor. At this point we are talking about our goals and our commitment to the common shared values and goals that we have going forward because we know we need to make sure this is addressed.

When we started this debate earlier this year, I set up an online health care people's lobby for the people of Michigan to be able to share with me their thoughts, concerns, and stories as they relate to health care, not having health insurance, what is happening to their families. My sense was we can step outside this Chamber and meet at any moment with insurance company lobbyists and prescription drug lobbyists and others who are here representing special interests. It is very important that voices be heard from people who just want health care for their families and either cannot find it, cannot afford it, or they have it and the costs are going through the roof and then they find that what they have paid for or what they thought they were paying for is not what they are actually getting for their families.

That is specifically what we want to talk about today, the fact that there are abuses, bad practices occurring right now. People who have insurance have a stake in health care reform. We are not changing their ability to have insurance. Everyone can keep what they have. But we want to make sure they are getting what they are paying for.

That is a very important part of health care reform. It is important as we look at the fact that since 2000, insurance company profits have gone up 428 percent. People in my State would take a quarter of that. We are seeing insurance premiums during that same period go up 120 percent. Even though profits have gone up 428 percent, we still have seen premiums going up 120 percent, and now even higher. We are seeing more and more announcements of premiums going up despite the high profits in the industry.

What is most concerning is, for average people wages are either going down, they are losing their job, or if they have a job their wages certainly are growing much more slowly. In fact, over the 8-year period we have seen wages going up about 29 percent at best, if you are fortunate enough to have a job in this bad economy. That means every day insurance companies are taking a bigger chunk out of budgets of our families and businesses, and it is not fair.

The status quo is not working anymore for anybody other than those who are making profits off the system. It is hurting families, it is hurting businesses, and it is costing us jobs. In fact, health care reform is about jobs. It is about saving jobs, it is about making sure if you lose your job you do not loose your health care. It is about making sure that small businesses that want to provide insurance for employees can do that or not have to lay off people because premiums are going up. So it is very much about jobs.

It is very much about jobs, and that is why we need a health care reform bill now. It is time to put an end to the insurance company abuses. The goals we share in this process are to stop the process of denying coverage because of preexisting conditions; to stop the process of annual and lifetime caps on benefits; to stop the process where someone can get charged more or dropped from coverage if they get sick.

I have seen too many situations where somebody pays in, pays in, and pays the higher premiums and so on, and then somebody in the family gets sick and, based on technicalities, they are dropped or they are not covered. That is wrong. We are committed to fixing that.

We also want to make sure on the positive end that we are focusing on prevention and on checkups and making sure you can do that without the cost of copays and deductibles. We are encouraging people to get healthy, to get those early checkups, to be able to get the care on the front end that they need.

It is also extremely important as we move forward we crack down on discrimination by insurance companies. Right now women can pay twice as much for insurance as men and, in fact, get less coverage. In eight States and the District of Columbia, being a victim of domestic violence can count as a preexisting condition. I was stunned when I first heard that, and then said, well, that cannot be. We doubled back and, yes, in fact, that is true for men and women who need help for getting the insurance care they need right when they need it.

In many places, being pregnant, having ever been pregnant, even wanting to be pregnant, can be qualified as a preexisting condition. We had a report in the Washington Post about insurance companies that even denied coverage to men who were expectant fathers. I am not sure what kind of family values those are. But we need insurance reform that addresses some pretty basic things.

Right now 60 percent of the plans in the individual and small business markets do not cover vital maternity and prenatal care for pregnant women. That needs to change with health care reform. It is not an accident that we have an infant mortality rate of 29th in the world, below some Third World countries, children and babies who do not make it through their first year of life.

We look at the fact that too many insurance plans do not cover prenatal care and care for mom and baby during the first year of the baby's life. We are committed to changing that.

I wish to share a story I received that goes right to the heart of why insurance reform is so important to families in Michigan and all across the country. It comes from a constituent of mine in Michigan, Lynn, from Marshall, MI.

A few years ago she got the kind of news that every parent fears. Her son

Justin was diagnosed with leukemia. To date, his medical bills have totalled over $450,000. Thankfully they have insurance and his leukemia has a very high cure rate.

Justin is 21 now and a senior in college. He is doing fine, thankfully, but Lynn worries about what is going to happen when he graduates from college and can no longer stay on her insurance. With leukemia as a preexisting condition, his insurance premiums will go through the roof. And for a young man who is just starting his career, those kinds of costs would simply be unaffordable.

If Justin wants to start his own business, which is so central to the American dream, he would never be able to afford to pay for his own insurance with that kind of preexisting condition. How many other Justins are out there, who would be the innovators and the entrepreneurs we need to revitalize our economy in America? Who would make the difference if only they could afford to go out on their own and start their own company and know they could get affordable insurance without preexisting conditions and other barriers that have been in their way from insurance companies?

That is why we need health care reform. We need health insurance reform as a part of health care reform. We are committed to that. We are committed to stop abuses in the health insurance industry. Those who have insurance now who will be able to keep their insurance need to know they are getting what they are paying for in the health care system today for their families. That is why we need reform now, and we are committed to getting it done.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

Mr. LEVIN. Mr. President, it should be crystal clear to all of us why the health insurance industry opposes reform so strenuously: because the status quo is so profitable.

As my colleagues have pointed out, the massive profit announced this week by Humana, Inc. illustrates this vividly. Humana's third-quarter profit of $301 million was a 65-percent increase over the same period a year ago. And Humana executives made no secret of the reason for this ballooning profit. The company's president and CEO said, ''Our government segment continued to perform well in the third quarter particularly in our Medicare business.''

It is no coincidence that Humana is one of the biggest providers of Medicare Advantage plans. These plans, in which private insurers contract with the government to provide coverage to Medicare beneficiaries, were supposed to unleash the power of private-sector competition, lowering costs, improving service, and increasing benefits to our seniors.

It has not often worked out that way. While some Medicare Advantage plans have performed well, Medicare pays, on average, 14 percent more for Medicare Advantage beneficiaries than for those in traditional Medicare, and despite this increase in payments to Medicare Advantage plans, the Government Accountability Office has found that seniors often face higher out-of-pocket costs in Medicare Advantage plans.

In fact, when the GAO studied the costs and performance of these plans, it found that in 2005, those plans spent significantly less for health care for seniors than they projected to pay. That lower spending on medical care for seniors led directly to windfall profits, $1.1 billion more in profits than the insurance companies had told the government they expected to earn. That $1.1 billion is taxpayer money that should be providing treatment to our seniors, and instead is boosting insurance company profits.

Indeed, health insurance companies need no taxpayer help in reaping big profits. From 2002 to 2006, profits at publicly traded insurance providers increased more than tenfold. At the same time these companies are making massive profits, working Americans and their employers have endured year after year of much higher premiums, reduced benefits, and denials of treatment.

Our citizens need a sensible health care system. We can not afford a system in which our people are denied treatment because their benefits are capped. We can not afford a system in which they are denied coverage because they have a preexisting condition. Our Nation can not afford a system in which the loss of a job means the loss of coverage and debilitating health costs. Our Nation can not afford a system in which even those with jobs and insurance face rapidly increasing premiums and out-of-pocket costs. Our nation certainly can not afford a system in which our tax dollars boost the ever-higher profits at insurance companies, or in which premiums and out-of-pocket costs constantly go up, while coverage constantly shrinks or disappears entirely.

The Senate needs to put the interests of the American people ahead of the interests of insurers. We need to take up a health reform plan that makes comprehensive, affordable health coverage available to every American, and helps keep insurance companies honest.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. WHITEHOUSE. 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. WHITEHOUSE. I ask unanimous consent that the period for speakers be extended for an additional 20 minutes.

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

Mr. WHITEHOUSE. Mr. President, I have joined my colleagues on the floor this evening to discuss the need for health insurance reform, which is a critical component of the health care reform package that the Senate will soon consider.

Our colleagues on the other side of the aisle are fond of suggesting to the American people that our current health care system is fundamentally fine, fundamentally sound, and all it needs is some minor tweaks. But Rhode Islanders who have faced down their insurance companies over the denial of benefits they paid for will tell you that idea is dead wrong. As they and many other Americans have found to be painfully true, our current system of health care is all too often a mirage concocted by health insurance companies to extract premiums from consumers while denying coverage when it is actually needed.

Reform of this system of delusion is needed and it is needed now. As someone said the other day: Americans have all the health care they need until they need it. Then the insurance company comes and interferes.

Those profit-driven companies focus on share price and quarterly earnings and other telltales of the business world and are only too happy to diligently mail those premium notices and collect those payments when you are feeling well. But when illness strikes, they vanish, they disappear, hiding behind stacks of forms, automated 800 numbers, with no human to be found, and weeks and weeks of delay and denial.

The insurance company Humana pulled just such a stunt a few years ago. In May of 2006, a Humana policyholder was diagnosed with a rare and advanced form of liver cancer. Without treatment, he was not expected to live more than 4 years. But in September of that year, his doctor, a board-certified interventional radiologist, recommended a course of treatment for the cancer involving a new technology, expensive but proven to be effective.

The insurance company policy explicitly covered such radiological treatment. At this point, it is an inspirational story, a terminally ill patient whose persistent and caring doctor found a technological advance that could extend his life. But when the insurer Humana became involved, this patient's bureaucratic nightmare began. The treatment recommended by the doctor is widely accepted. It is FDA approved. It is reimbursed by Medicare and Medicaid, and it is covered by several large insurance plans. But Humana's medical director denied coverage. He denied it on the basis that it was ''experimental/investigational, not identified as widely used or generally accepted.''

Humana decided to deny this life-saving treatment in spite of the fact that the insurance company medical director, the same fellow who made that determination, later admitted in court that:

He has never performed [the] treatment, consulted with another physician about the treatment, or even read any literature on the topic.

Without ever having performed this treatment, without ever having consulted with another physician about this treatment, without ever having read any literature on the topic, he reached the decision that this treatment was ''experimental/investigational . . . not identified as widely used [or] generally accepted,'' leaving this man with liver cancer and a doctor telling him how to cure it hanging in bureaucratic limbo.

Since this policyholder could not pay out of pocket—it was an expensive treatment—the hospital treating him said it could not proceed with the treatment. With time running out and nowhere to turn, he hired an attorney to force Humana to stick to the terms of its health insurance policy. Thank goodness, he won.

In a blistering opinion, the trial judge found that the company could not have possibly made a well-informed decision under the provisions of the plan. Rather, the judge found, the company relied on the flimsy pretext of an internal company guideline deeming the treatment ''experimental.'' How good is that? You are the insurance company that has the decision on whether to pay. You have a rule that says you don't pay if it is experimental, and you create your own internal, independent guideline that decides, contrary to all the rest of the evidence, that it is experimental. It is like being able to grade your own exams, except that lives hang in the balance.

The basis for that conclusion was two written summaries of medical articles by a private health insurance industry consultant. That is what they based that internal guideline on. They said it was based on written summaries of medical articles by a private health insurance industry consultant. It makes you feel pretty good as a customer of the insurance company to think that they are getting recommendations from their own private health insurance industry consultants, right? The real problem was this: The summaries were wrong. Neither of the articles actually concluded that the treatment was experimental. The whole thing was a big, complex, bureaucratic chase founded in falsehood.

The court found that Humana inappropriately denied the treatment and ordered that it immediately pay for this patient's cancer treatment. What a waste—a waste of money, a waste of time, and a waste of resources. Worse than all of that, what a thing for this man to have to go through. Not enough that he has been diagnosed with a rare and fatal form of liver cancer, not enough that a doctor has told him that with the right treatment, he could extend his life, maybe long enough to see a daughter graduate, maybe long enough to see a son get married, maybe long enough to arrange his affairs for his family to do well after he has left them, on top of all that, he now had two battles to fight—one with his illness, one with his insurance company.

We have heard a lot of hysterical propaganda lately about how health reform will put the government between you and your doctor. Indeed, the recent GOP health care bill on the House side has in its opening passages that it will not intervene in the doctor-patient relationship, suggesting that other proposals would intervene in the doctor-patient relationship.

I submit that our colleagues on the other side are a lot less concerned about intervening in the doctor-patient relationship than they are about the Congress of the United States intervening in the insurer-to-insured relationship. I submit they are more concerned about leaving American insureds at the mercy of these insurance companies—the place where they actually intervene between the patient and the doctor. The worry for the real American isn't that the government is interfering between them and their doctor; the worry is that when they get sick, that insurance company intervenes between them and their doctor.

We hear it in Rhode Island, in Colorado, the State of the Presiding Officer. We hear it over and over. Indeed, one of the things they do is called rescission. Rescission is when you have paid your premiums, you have been a good customer, you think you are a customer in good standing, and something awful happens—an unexpected diagnosis, a terrible accident. Suddenly, you need to call on that insurance policy that you have paid for month after month, year after year, to see you through your time of illness or injury. Then what do they do? The first thing they do is send somebody in their administrative offices squirreling off through your file to look for something you did wrong when you filled out your form. If they can find a mistake, they yank the coverage you paid for all those years.

During a recent study by House colleagues, committee investigators found a total of 19,776 rescissions from just three large insurance companies over 5 years; 19,776 families who thought they had coverage, who paid for coverage, who were good customers, but when they got sick, the insurance company turned on them, and, once again, they had to fight two battles—one against the illness or injury and one against the insurance company. The rescissions saved those three insurance companies $300 million, a third of a billion dollars. As a prosecutor would say, there is motive.

When you look for real examples of bureaucratic interference, when you look for real examples that resemble death panels, you need look no further than the kind of story about this gentleman Humana turned on when he got his diagnosis. We are here not to encourage that, not to have the government do it, but to stop it, to put an end to it.

In stark contrast to this patient's humiliation, having to pay attorney's fees out of pocket to fight the insurance company, having to try to cope with all this nonsense while suffering from a terminal illness, Humana executives and shareholders have done quite well. The company reported this week that its third-quarter profits are up 65 percent. Its CEO, Michael McCallister, was paid $5.2 million in 2008. Nice pay. Too bad the work is so mean-spirited.

You might think the Humana story is extreme, an outlier, a rare, tragic case, but you would be wrong. The private health insurance industry torments Americans like that patient day-in and day-out, 17,000 of them just with the rescissions.

Another example: In 2005, BlueCross of California denied a patient's claim for bone marrow treatment, writing only that its decision was ''based upon the member's specific circumstances and upon peer reviewed criteria including Medical Policy.'' What is that? What does that mean? ''Based upon the member's specific circumstances and upon peer reviewed criteria including Medical Policy''—what a lot of rigmarole. The State insurance commissioner stepped in and penalized the company because it didn't describe any reasons for its denial, nor did it cite provisions of the insurance policy upon which it relied, just ''based upon the member's specific circumstances and upon peer reviewed criteria including Medical Policy.'' You could make that up about anything. In essence, the insurance company denied that claim for no reason.

That same year, the company denied another patient's claim for nutritional counseling to treat anorexia. In its notice of cancellation, the company wrote to its insured that ''nutritional counseling is only covered when the diagnosis is diabetes. Since the claim was not submitted with a diabetes diagnosis, the claim was denied.'' California's insurance regulator found that the company's reasoning directly contradicted the benefits listed under the policy which said that dietary counseling ''is covered if it is for the treatment of anorexia.'' Why do you make somebody who needs this health care go chasing through the policy to find the place where it actually says it is covered? Why make up a lie that it is not covered? There is an obvious reason: If you do that to enough people, some won't take the trouble. Some will fight back. Some will figure out that it is inaccurate. Some will go to the regulators. But some will give up. Of those who give up, you make money.

BlueCross of California is owned by WellPoint, whose CEO, Angela Braly, made $9.8 million last year.

Many years ago, Charles Dickens wrote a book called ''Bleak House.'' In ''Bleak House,'' there are a lot of story lines, but one of them is about two young people who are pursuing a case in the British courts. Jarndyce v. Jarndyce was the name of the litigation. It is described in ''Bleak House''

as a monster extending through the courts, through writs and clerks and judges. And the storyline through ''Bleak House'' is that eventually, through all this bureaucracy, through all this static, through all this nightmare, through all this hassle, the couple finally gets to the point where they achieve the inheritance that was theirs, and that was the subject of the litigation they needed to claim through this arduous ordeal. The problem: By the time they got the inheritance, it had all been eaten up, every penny and farthing, by all that process and all that delay.

Our current system of private health insurance too often leaves policyholders feeling like that poor young couple in ''Bleak House,'' surrounded by bureaucracy; surrounded by people who are out to gouge you, not to help you; surrounded by people who turn their backs on you in your hour of need; surrounded by people who sold you all the health coverage you need until you really need it. Then they are looking for loopholes and trying to deny you coverage.

We owe Americans better than that. We can build a system of health insurance about which Dickens would not be tempted to write or Franz Kafka for that matter. Let's build a system that prevents insurers from evading their promises—in which people can't be denied coverage for a preexisting condition; in which surprise annual or lifetime caps don't pitch you into bankruptcy; in which insurers compete on customer service, not on how to figure out ways to deny you coverage. That is the system we in Congress are striving to enact into law this year.

One of the ways we will do this is by adding to the bill a public option. You can chase these insurance companies around until you are blue in the face. You can sic the regulators on them all day long. But they have been doing this for years. It is a habit. It is a pattern and practice. It is a business model. It is not going to change without competition forcing it. That is yet another one of the reasons a public option is so important in this debate.

One of my fellow Rhode Islanders, Karen Ignagni, is actually the chief lobbyist for the health insurance industry. She said something the other day about the public option. She said that it would reduce payments ''to doctors and hospitals rather than driving real reforms that bring down costs and improve quality.'' I submit she has it exactly wrong, exactly backward.

First, as we have crafted a public option, it would have to compete and negotiate for price, just like the private insurance industry does, no different than the insurance companies Ms. Ignagni represents.

But more to the point, this idea that it will compete by reducing payments to doctors and not drive real reforms, I submit the exact opposite is true. It is the public option that will drive the real reforms. It is the public option that will pursue cost-effective quality improvements; that will pursue wellness and prevention for customers; that will find better ways to pay doctors for value, not for volume; that will take advantage of President Obama's investment in health information technology to transform American health care for the better.

So I will close with that observation, and I will add one more thing. I have used examples from public records, but many of us here have had this experience personally.

Someone in my family, whom I love very much—I would describe him as my best friend—got a terrible diagnosis some time ago, and his family and everybody who loves him gathered around to help him. One of the things that was recommended was that he go to the National Institutes of Health, where the best specialists for this terrible diagnosis he had can be found.

So he went to the National Institutes of Health. Actually, I went with him because it is just up the road in Maryland—he had to come down from New York—and I wanted to be a good friend and a good family member and show support and be there with him. So I know firsthand he went up to NIH, and I know he spoke to that doctor, that world's best expert on this terrible diagnosis, and I know firsthand what he was told. I know exactly what he was told to do by that doctor.

He went back home to New York with this course of treatment for his condition that had been given to him by the top specialist in the field in the country, the man recognized by the National Institutes of Health, and when he began that course of treatment, guess what his insurance company told him. ''I'm sorry, that's not the indicated treatment.'' Oh, really? Not indicated? By whom? By some person on the other end of the phone who has never even examined him? By some person on the other end of the phone who might not even have a medical degree?

Why is it that every single time the insurance companies get involved and say something is not the ''indicated treatment,'' the indicated treatment is less expensive, the treatment they want is less expensive than what the doctor wants? You would think that maybe once in a while, just to throw us off, they might say: No, no, no, wait a minute, the indicated treatment is actually more expensive and better than what your doctor said, and we want you to have that. Has that ever happened? I do not think so. Every time the private health insurance industry steps in between you and your doctor and says: No, we are not covering that treatment, we don't care that your doctor has prescribed it—in this case, we don't even care that the top specialist in the country prescribed it—it is always to push you to a cheaper treatment.

The terrible thing is that for every American like the man I love, for every American like him who fought back, who said: Nuts to that, I have been to the NIH, this is what they told me to do, this is what I am doing, some number will give up, some number will be defeated, already scared by a terrible diagnosis, already bombarded at home with forms and bills and things they do not know how to cope with, already trying to cope with issues like preparing their family for horrible news. Dealing with the difficulties of treatment, some number of them will give up, and they will let the insurance companies get away with it. For every one of them who dies a little earlier because they did not get the treatment they should have—for every one of them—we in this Congress need to get to work to make sure this kind of behavior is never permitted again.

This is not a small matter. This hits home in every one of our States every day. So I am proud to support our health care reform. I think we are going to see this legislation through to the end, and we are going to get it right, and after all the scare mongering and all the stories about death panels and all the phony defense about the government getting between you and your doctor—when what they are really protecting is the right of the insurance company to step in and get between you and your doctor; that is what they are about—after all of that, what people are going to find, coming out, when they actually see the real results, is that, in fact, the world has changed for them. What Americans will see is that we will have changed the world for the better for people who are now in the grip of these greed-driven insurance companies.

Mr. President, I thank the distinguished Presiding Officer very much, and I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BURRIS). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. CASEY. Mr. President, I also ask unanimous consent that after the next, I believe, 10 minutes expires on our time, that I be permitted to speak in morning business beyond that time by, oh, say 10 minutes at the most.

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

Mr. CASEY. Mr. President, I rise tonight to also speak about health care, as we have heard from some of my colleagues. I was coming in as Senator WHITEHOUSE was concluding his remarks on the floor and am grateful for his leadership and the leadership demonstrated by so many of our colleagues here on this critically important issue.

We have heard a great deal in the last couple of weeks about some of the fundamentals of health care reform. I was speaking last week about children

and some of the progress we need to make in the final bill to protect our children, to make sure that especially poor children are not only not worse off at the end of this debate but also that they are, in fact, better off because of the reforms we make. We have great programs to work with. The Children's Health Insurance Program, for example, has been tremendously successful in insuring the children of working parents. We know the kinds of early, periodic screening and diagnostic testing done in Medicaid is very important to poor children and their families. So there is much we have to do just with regard to children.

Our older citizens, of course, are a huge focus of this health care reform. We want to control costs. We want to provide better quality, ensure prevention strategies that will not only save lives but also save us a lot of money. We want to wrestle, as we have been trying to do, with the cost issue, and we will continue to do that, and I think successfully.

But one area I think we often, unfortunately, overlook is what happens to our small businesses. We know that most of the jobs in America—the foundation of our economy—are created by small businesses. These are the very businesses in States such as Pennsylvania and the Presiding Officer's home State of Illinois and States across the country—big States and small State—where businesses have been devastated by health care costs. Over and over again, we hear it.

Just in the last couple of days, we saw this headline in the New York Times: ''Small Business Faces Sharp Rise in Health Costs.'' And the subheadline or the reference to the story says: ''Up 15%, On the Average.'' ''Insurers Increase Rates as Congress Weighs Major Overhaul.'' So there are a lot of small businesses in Pennsylvania and across America that are waiting to see what the House and the Senate will do. What kind of bill will we send to President Obama for his signature?

If we do nothing, there is one thing we are sure of. If we do nothing, if we do not pass legislation this year—as I think we will—but if the Congress did nothing, we know those costs are going up all the time. The New York Times reminds us of that: ''Up 15 percent, On the Average.'' There is an increase in costs, if we do nothing, that has been escalating for years now. We have had people in the Congress, here in this Chamber, and other places saying: We have to help small businesses. We have to be conscious of what their needs are, the difficulties they have had in this recession.

Families have had a lot of difficulties, obviously. In addition to that, small businesses have. But we cannot say we really are concerned about what happens to small businesses—small business owners—in America if we do not help them on health care, if we allow this to persist, this spiraling, ever-increasing cost of health care for small businesses.

If you look at it just in terms of Pennsylvania—one way to look at this is just in terms of State numbers. These numbers, we will not have to go through. I know some of them are small. But here is the basic point: cost of health benefits to small businesses per year if there is no reform. This is just for Pennsylvania, as shown on this chart. If you look at the year 2009: 7.43—the annual spending in billions of dollars in the State of Pennsylvania. Almost $7.5 billion spent by small businesses on health care. You do not need to read every number here because a lot of them are small, but you can see the trajectory of that graph, that blue line going up and up and up. So by the time 2018 rolls around, not even a decade away—9 years away—if we do nothing, Pennsylvania's small businesses will pay more than $16 billion for health care—just in less than a decade, more than a doubling of health care costs for small businesses in one State. One can just imagine. One doesn't have to be an expert with numbers to extrapolate from that what that means for the United States of America. Small businesses already crushed in many instances by health care costs, being crushed even further. That is the cost of doing nothing. There are a lot of ways to measure that, but the cost to small business is one of them.

According to an August 2009 Small Business Majority survey of 200 Pennsylvania small businesses, the top three concerns for small businesses in Pennsylvania—and I have no doubt this is similar to the rest of the country—here are the three top concerns: No. 1, controlling costs; No. 2, having insurance that covers everyone; and, No. 3, ensuring at least high-quality standard benefits. So small businesses have the same concerns that many people here have: controlling costs, enhancing quality, and making sure we have broad coverage.

Ninety percent of small businesses in Pennsylvania want to eliminate preexisting condition rules, and 75 percent see these rules as a barrier to starting a business. So someone is making a decision, making a determination about whether they will start a small business, and they think to themselves: I may not be able to get this business off the ground because of health care costs or because of preexisting conditions.

Why have we allowed this problem—not just the cost problem but the problem that we point to all the time of preexisting conditions—why have we allowed insurance companies to do that? Well, we have allowed it over many years because we haven't taken them on and defeated them when it comes to passing legislation.

This is the year when at long last we are going to say to insurance companies: You cannot have this kind of power over people's lives, over people's business decisions by, for example—one of many examples, but the most prominent, the most egregious example—denying someone coverage because of a preexisting condition.

I know this summer, way back in the middle of July, as a member of the Health, Education, Labor and Pensions Committee, we passed our bill out of that committee and the first section of that bill dealt with the preexisting condition problem. In one sentence in that bill we set forth a determined effort to make it illegal to prevent someone from coverage because of a preexisting condition. So this is about individuals and families, as well as about small businesses. They, too, suffer from the preexisting condition problem in our health care system.

There are a lot of other numbers I could point to in a survey. I will not go through all of those, but I do wish to highlight tonight as well what we heard just yesterday, or part of what we heard yesterday in the Health, Education, Labor and Pensions Committee where we had a number of witnesses. One of those witnesses was Jonathan Gruber who is an MIT economist. He testified that small businesses—and I am paraphrasing his testimony; it is all in the record—small businesses are disproportionately hurt by the health care status quo and that health insurance reform will lower—lower—premiums and save jobs in the small business sector.

I am quoting from Dr. Gruber from MIT:

> Small business has little to fear and much to gain from health reform.

Not my words, the words of an MIT economist who has spent time not just analyzing health care reform over many years, he played a role in helping Massachusetts develop their strategy. But he is talking about reform generally on health care as it relates to small businesses.

Professor Gruber also talked about health insurance reform breaking down many of the barriers that currently are faced by small business owners or prospective small businesses. For example, unpredictable premium jumps, as we see on the chart. Whether they are predictable or not, they occur all the time. But they are especially problematic when a small business owner doesn't have any warning. Fear of starting new businesses for lack of affordable health insurance options is an impediment to starting a small business. An impediment to creating jobs is another way of saying it, in my judgment.

Professor Gruber talks about other barriers to small businesses under our current system: higher costs and limited choices due to administrative expenses and lack of bargaining power. Just imagine what it is like for a small business owner in a huge environment where they don't have the kind of bargaining power a big company has or they don't have the kind of bargaining power the Federal Government has to go into the marketplace to keep costs down. So they go in virtually unarmed

or alone into that marketplace, a small business owner, who might have 4 or 5 or 7 or 8 or 10 or 20 employees.

Tax credits would help small businesses who need it the most to help them pay for insurance. Dr. Gruber unveiled a new analysis in his testimony showing that health insurance reform will save small businesses 25 percent over the next decade. One thinks: Well, 25 percent, what does that mean? By his estimate, this 25 percent savings to small business as a result of health care reform, in his judgment, would be a $65 billion-per-year savings for small business. That is Dr. Gruber at MIT, not my words, not the words or the analysis of some Senator or House Member on one side of the debate or the other.

So the consequences of those savings would be enormous to small businesses in America. I know we need this kind of reform in Pennsylvania.

Workers in small businesses would see an increase in their take-home pay, according to Dr. Gruber, of almost $30 billion a year. That affects all of our lives in a very positive way. If a small business in our community can hire more people, can make an investment in the development of that small business because of health care savings as a result of a health care reform bill, our communities will be stronger. We will have more people working. We will have a much stronger economy right at the community level, not just in a macro or larger scale way.

Finally, on this analysis of what health care reform could mean to small businesses in terms of savings, that reform could save almost 80,000 jobs, according to Dr. Gruber—80,000 jobs in the small business sector by 2019. Dr. Gruber also dispelled the myth that health insurance reform will raise costs for small businesses. He said:

> Objective CBO analysis shows that these claims are clearly wrong. Reform will lower, not increase, nongroup insurance costs.

So says MIT economist Dr. Gruber, who has lots of experience in this area and is lending the benefit of his experience and his insight into these analyses on health insurance reform, but in particular as it relates to small businesses.

So what we want to try to do with health care reform when it comes to a State such as Pennsylvania is take this blue line of an exponential increase in health care costs for small businesses in one State—and I think this is true of the country as well, in my judgment—we want to make sure this line and this exponential increase is turned the other way or at least begin to flatten out so that the $7 billion that small businesses are paying in Pennsylvania for health insurance reform by the year 2018 might be only something a little less or a little more than $7 billion.

We cannot say with a straight face or with any degree of integrity, in my judgment, that we want to lower costs for small businesses, that we want small businesses to hire more people, and then in the next breath say: But I don't think we should pass any health care reform. It is too complicated or it is too something to get it done this year. We cannot do that.

We cannot continue to say: Oh, isn't it too bad that health care costs are so high? Isn't it too bad we couldn't do something about the health care costs of small businesses? This, in the end, is not simply about the small business owner, it is not simply about what we are going to do for small businesses to help them get through this recession. This, in the end, is about our economy. We are either going to change course, get control of costs, reform health care and be able to move our economy forward or we won't meet that challenge.

We are going to make the changes and institute reforms that will lead to lower costs, better health care outcomes, and a better bottom line for small businesses and, therefore, control long-term health care costs and long-term national debt. All of that comes from a good health care bill in the end.

We cannot fail. We cannot at long last say we didn't get the job done. We have to for our families, for children, for older citizens, as well as for small business owners. I think we can. I think we have the strategy that the American people understand fundamentally, and I think we can do it this year.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

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

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

COLD WAR PATRIOTS NATIONAL DAY OF REMEMBRANCE

Mr. BROWN. Mr. President, October 30, 2009, has been designated a national day of remembrance for hundreds of thousands of Americans who served their nation with distinction. Cold War Patriots National Day of Remembrance recognizes and commemorates former nuclear workers who built and operated our Nation's nuclear infrastructure during World War II and the Cold War.

It is an honor to recognize the thousands of Ohioans—from towns and cities across the State—whose work helped protect our Nation during five decades of ideological battles against totalitarianism. With a job to be done and a war to win, every day for more than 50 years laborers, millers, and haulers exemplified Ohio's Midwestern values of hard work and patriotism. Factory workers, metallurgists, and scientists risked exposure to hazards that are unique to the production of nuclear weapons in order to preserve our Nation's freedom and ideals to create a better world for all of us.

From the Mound laboratory in Miamisburg to the Fernald foundry near Cincinnati to the enrichment plant in Piketon to the more than 20 other sites across the State, the people of Ohio served their Nation with distinction, confronting threats that today we still don't completely understand and that their children and grandchildren continue to face. Many of the hardworking men and women of that generation sacrificed their health some lost their lives while protecting our country and our freedom.

The Cold War Patriots National Day of Remembrance recognizes these men and women for their contribution, service, and sacrifice towards the defense of our great Nation.

NATIONAL BIBLE WEEK 2009

Mr. VOINOVICH. Mr. President, I am honored to serve as the congressional cochairman of National Bible Week 2009. National Bible Week, which will be held from November 22 to 29, was created to underscore the importance of regular Bible study and scripture reading. The Bible is the word of God. I know that many of us could not face the challenges, stress, and heavy burden of serving during this critical time for our country, if it were not for the daily guidance God provides us through scripture—and for those of us in the Catholic faith, reception of the Blessed Sacrament. I believe that my colleagues and I need to pay special attention to the lessons the Bible teaches us, as we work together to make a difference for our country.

The enormity of what confronts us makes it is easy to become frustrated, discouraged and tired. Thankfully, the Bible provides us with inspiration, strength, and wisdom to motivate us. Prominently displayed in my office is a picture showing an eagle soaring high in the sky. One of my favorite Bible verses, Isaiah 40:31 adorns the frame, it reads:

> Those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.

As I read those words so often, I am reminded that the Holy Spirit is always present and willing to inspire and help us. Isaiah reminds us that we can certainly try to tackle the big issues on our own, but that without the Holy Spirit by our side, the road will be long and arduous.

My colleagues have often heard me express my desire to address the ballooning Federal deficit, to create an economic climate that is conducive to

higher job-growth, and to improve the standard of living and quality of life of our children and grandchildren—undertakings that take much time and effort. Isaiah's message makes the importance and urgency of these undertakings no less daunting, but does reassure us that if we trust in the Holy Spirit, he will allow us to persevere.

I urge all Americans to celebrate National Bible Week to discover the lessons, inspiration and guidance that God's scripture provides for each of us.

ADDITIONAL STATEMENTS

RECOGNIZING SIXTEENTH STREET COMMUNITY HEALTH CENTER

• Mr. KOHL. Mr. President, I would like to take this time to recognize and congratulate the Sixteenth Street Community Health Center on its 40th anniversary.

Located in the heart of Milwaukee's diverse south side, the Sixteenth Street Community Health Center provides high quality health care services to low income and non-English speaking residents in its surrounding neighborhoods. Providing more than just basic health care, the center offers a full range of social services, health education, and important mental health services.

The Sixteenth Street Community Health Center began in 1969 when a small group of residents opened the Health Contact Center with the goal of providing care to central city residents who may not otherwise have access to medical services. Residents throughout the neighborhood came together to ensure that the health center had the resources and support it needed to thrive.

Just 10 years after it opened, the health center doubled in size. Throughout its history, it has partnered with the city of Milwaukee, local hospitals and clinics, and charitable organizations to continue its growth and expand the services it provides to patients. Today, the Sixteenth Street Community Health Center offers prenatal care, social services, environmental health education, HIV treatment and prevention education, physical therapy, nutrition and wellness education, and much more. In 2006, it opened its second clinic and last year it served more than 27,000 patients.

I have a long and proud history of working with the Sixteenth Street Community Health Center. The center, widely recognized as an exemplary health organization, is a treasured vital community asset. For 40 years, the staff of the center has worked diligently to fulfill its mission of providing care to as many people as possible regardless of income or insurance status. In Milwaukee, the Sixteenth Street Community Health Center is synonymous with quality health care, community service, and passion for all.

On behalf of our State and Nation, I applaud the Sixteenth Street Community Health Center on 40 years of outstanding service and wish them continued success and a strong future.•

REMEMBERING RICHARD NEAL FOSTER

• Ms. MURKOWSKI. Mr. President, I rise today to acknowledge the life of one of Alaska's most dedicated public servants. Representative Richard Neal Foster served as a member of the Alaska House of Representatives for nearly 21 years. Since his election in 1988 he represented the residents of Nome and 28 villages with great love and dedication. Alaska will remember him this Friday at a memorial service in Anchorage.

A lifelong Alaskan, Representative Foster was born and raised in Nome. He received a business administration degree from the University of Alaska. He managed Foster Aviation, a family-run air service started by his father in 1946. He was a civic leader in the community of Nome serving on the boards of the Bering Straits Native Corporation, the Sitnasuak Native Corporation, Nome Eskimo Community, and the Northwest Campus of the University of Alaska.

Representative Foster will be remembered for a lifetime of public service. After serving two tours in Vietnam as a captain in military intelligence he was awarded the Bronze Star. He received a commission as a second lieutenant in the Army through the University of Alaska, Army ROTC program. As a man with passion for Alaska, he later served with the Alaska Army National Guard in Nome.

During his tenure in the Alaska State legislature, he served as majority whip from 1993 to 2007. Showing his commitment to address the challenges of rural Alaska, he was a member of the Bush Caucus as well as the Alcohol and Substance Abuse Task Force Committee. And, in 2009, he was honored as a University of Alaska Distinguished Alumni because of his dedication to public service.

As one of the longest serving members in the Alaska legislature, it saddens me to acknowledge that Alaska has lost one of our truly great leaders. I had the honor of serving in the legislature with Representative Foster. He was a man with an infectious laugh and he had a great love for the Seward Peninsula and the State of Alaska. Never letting divisive politics come between friendships, he was known for his humility and friendliness to both Republicans and Democrats. His ''Friday at Fosters'' events, where he hosted legislators, staff, administration officials, friends, and visitors for a Friday evening jam sessions for over 17 years, will be sorely missed.

Foster loved the outdoors of the Seward Peninsula, a region with a rich mining history. He spent his summers at Hannum Creek, working on his family's mining claims. One time, he and his sister Iris and son Neal walked 80 miles of the historic mining trail from Quartz Creek to Hannum Creek to experience the journey of ''Old Timers.'' In addition, Foster was known for his love of military history including the Civil War and World War II and was a collector of military weapons.

He is survived by his wife Cathryn of Eatonville, WA; seven sons, Neal Foster of Nome, AK; James Foster of Anchorage, AK; Nathan Foster of Ellendale, ND; 1st Lt. Jason Weber, LCpl Richard Foster, Ramsey Foster, and Chandler Foster, all of Eatonville, WA; and two daughters, Maria Stevens of Tacoma, WA, Tiffany Sanchez of Miami, OK; and sister Margaret ''Iris'' Magnell of Laguna Hills, CA.

Foster's public service to the State of Alaska will continue to positively impact the lives of Alaskans for decades to come.•

RECOGNIZING THE NATIONAL ASSOCIATION OF BLACK MEN UNITED

• Mr. PRYOR. Mr. President, today I wish to recognize the National Association of Black Men United, NABMU, and congratulate them for 10 years of dedication to advancing education.

The National Association of Black Men United has been instrumental in increasing college students' graduation rates in my home State of Arkansas. Their focus on graduating students at the University of Central Arkansas has sparked expansion to Howard University in the District of Columbia.

Furthermore, the National Association of Black Men United was founded on the principle that everyone who attends college should reach the goal of graduation, regardless of race. The purpose is to assist black men in obtaining a bachelor's degree from an accredited college or university. The organization provides men with the tools needed to increase graduation rates and improve economic advancements within the African-American community. These tools include educational forums, workshops, mentorship programs, and financial plans to guide students to graduation. NABMU's vision is to expand across the country, helping individuals in all corners of the United States.

NABMU teaches a set of 10 primary responsibilities that encourage students to earn their degree. These responsibilities range from sitting in the front of the classroom, being diligent with their finances, and being responsible for their own actions. Another vital function of the organization is to assist young men in finding careers in the field of their choice.

I ask my colleagues to join me in recognizing the National Association of Black Men United and especially their chapter at the University of Central Arkansas for their outstanding work.•

TRIBUTE TO CHARLES EARLE CRAFTS

• Ms. SNOWE. Mr. President, today I pay tribute to Charles Earle Crafts of

Livermore, ME, who is to be awarded three exceptional valor awards on November 9, 2009, for his extraordinary service to this Nation. Charles will be presented with the prestigious Silver Star Medal for his heroic role in combat against an overwhelming Viet Cong force at the Battle of Binh Gia, South Vietnam, on December 29, 1964. In addition, he will be awarded the Bronze Star Medal in honor of the 2 years, 1 month, and 24 days he spent in brutal jungle captivity as a prisoner of war—and the Bronze Star Medal with a ''V'' (valor) device for his outstanding achievement in smuggling out critical information for the United States—risking further retribution—I might add. Indeed, all Americans owe a tremendous debt of gratitude to Charles for his inexhaustible service to this country contributions that we will never forget and that truly epitomize the valor of every man and woman courageous enough to wear our Nation's uniform.

In fact, a year before most Americans became aware that there was a violent war being fought against the democratic government of South Vietnam, Charles was drafted into the U.S. Army and trained as a radio operator. Then, in November of 1964, he was sent to Saigon and became a military advisor to the Army of South Vietnam, ARVN, which was engaged in a bloody struggle against the Viet Cong insurgents.

That December, as Viet Cong forces attacked and held the village of Binh Gia which is located about 50 miles east of Saigon, Private Crafts, in his capacity as the radio operator for Sergeant Harold George Bennett, accompanied the 33rd ARVN Ranger Battalion in an attempt to retake Binh Gia. As they approached the village, their much smaller force of approximately 350 men came under heavy fire from an enemy force that was later estimated to be near 5,000 strong.

The majority of the ARVN Rangers were killed, wounded, or captured during the horrific battle that followed, but despite all of the challenges, Crafts successfully rebuffed attempts by the Viet Cong to jam radio transmissions during the deadly carnage around them. And due to his deft and flawless operation of their portable radio, they were able to warn approaching American helicopter pilots not to attempt a rescue of them in the Viet Cong killing zone.

Shortly thereafter, Sergeant Bennett and Private Crafts were captured as prisoners of war—forced to survive disease including several bouts of malaria, as well as malnutrition and even terrible retribution for attempting to escape—being told, on myriad occasions, that, ''dying is easy; surviving is much more difficult.''

Both Crafts and Bennett would later be joined by CPT Donald G. Cook, a U.S. Marine Corps officer who was severely wounded at Binh Gia 2 days after their capture. And under the steadfast leadership of Captain Cook, all upheld the military Code of Conduct to the utmost of their individual ability while resisting frequent Viet Cong interrogation and indoctrination sessions—facing untold hardships on behalf of each and every American. These brave men, in the face of such profound adversity, sustained themselves by their faith, trust in their country, and above all, each other.

And through all of the trials and tribulations, in light of the countless reasons to give up hope, Charles remained resolute—and that unwavering determination to survive and to return home came to fruition as the Viet Cong political leadership decided to release two American POWs, choosing Charles and Sgt Sammie Womack. A brief ceremony was held on February 16, 1967, in the midst of the jungle, but it was after they boarded a Vietnamese bus, stopping at a U.S. military checkpoint, that they again tasted freedom on February 23 that our Nation holds so dear. And as if all that Crafts had endured and accomplished had not been enough, he smuggled documents out of the jungle, providing even further intelligence for our country.

Following several months of hospitalization—growing stronger with each passing day—Charles was honorably discharged on May 17, 1967, with the rank of specialist four class, E–4. Throughout the entire ordeal, his parents, the late Leroy Bradford Crafts and Virginia (Voter) Crafts, never gave up hope for the return of their only son. And return to Maine he did to a welcoming and loving family, to a most grateful community and State, and, although he didn't know it at the time, his future wife Juanita during a ceremony where his high school alma mater dedicated their yearbook to him. Now that is fate!

Throughout his entire life—from his time at International Paper Company to his role as a national service officer for the Disabled American Veterans and, of course, his tireless service to this country while serving in the Army—Charles has exemplified the very best that this Nation has to offer, and he is a shining example for why we celebrate Veterans Day every year.

It goes without saying that Charles Crafts is a true American hero who risked his life, time and again, so that our lives could be better. There are no words to adequately thank or appropriately honor Charles for all that he has done, but it gives me, and surely everyone in Maine, immeasurable pride that the Department of the Army has now approved three awards for Charles Earle Crafts: the Silver Star Medal for gallantry in action during the Battle of Binh Gia, on December 29, 1964, the Bronze Star Medal with ''V'' device for valorous achievement in smuggling out several documents—hiding those documents among his few possessions and memorizing those which he was unable to sneak past the guards—and finally, the Bronze Star Medal for meritorious service while caring for his fellow prisoners under extreme duress by his captors.

These awards reflect Charles' unending patriotism and boundless spirit that, quite literally, saved lives and made this country stronger. And as we laud Charles for his limitless contributions to our Nation, I cannot help but also thank Retired Colonel Doug Moore, whose sterling efforts over the past decade were critical to collecting and providing the necessary information to ensure this fitting recognition for Charles' heroic service in Vietnam.

I could not be more pleased to join with Charles' friends and family in celebrating these phenomenal accolades and his remarkable service with his wife of 15 years, Juanita; his son, Jason, and wife, Julie, of Jay, ME; his two stepsons, Alan Levesque of Lewiston, ME, and Andy Levesque and fiancée Tara Averill of Poland, ME; his two sisters, Patricia Ridley of Wilton, ME, and Ann Crafts of North Jay, ME; as well as his four grandchildren, soon to be five—Sarah, Emma, Whitney and Bailey. It goes without saying that families and loved ones are undeniable pillars of strength for their tireless support and indispensable devotion to our veterans and to our country.

The enduring truth is that neither a single day nor single ceremony is enough to honor America's veterans. We owe them and we owe Charles Crafts our praise and thanks on every day that we enjoy the blessings of liberty and benefits of security. These medals presented to Charles will be a lasting testament, commemorating his unflagging spirit of placing love of homeland above all else which has been the string upon which our pearls of freedom, liberty, and democracy have always been strung.●

RECOGNIZING MORRIS YACHTS

● Ms. SNOWE. Mr. President, four centuries ago, in my home State of Maine, a group of colonists settled on the mouth of the Kennebec River. There, they built the Virginia, a 30-ton pinnace that voyaged across the Atlantic Ocean at least twice. By constructing the first English-built ship in North America, these early Mainers engendered a rich tradition of shipbuilding that continues still today. In this time of economic volatility, Maine shipbuilders who carry on this lofty practice are some of the many small businesses that are piloting our Nation out of this recession. I rise today to note the achievements of one of these remarkable companies, Morris Yachts, which is headquartered in the picturesque Maine village of Bass Harbor.

Since his business first set sail in 1972, Tom Morris has added immensely to the abundant history of Down-east shipbuilding. Mr. Morris's passion for sailing spawned from summer vacations in Maine with his family. Similarly, he instilled his zeal into his son, Cuyler, who joined him at the wheel of Morris Yachts in 1995. With father and

son at the helm, the company outgrew its home of 27 years in Southwest Harbor a decade ago and now operates a complete yacht service company just down the road at its present facility.

During the company's near three decades in the Maine boatbuilding arena, Morris Yachts has become a trusted and dependable name for hundreds of clients. Its yachts generally range from 29 to 62 feet in length, and provide customers with semicustom boats of superb quality and beautiful woodworking. A testament to the Morris's remarkable craftsmanship, there are presently over 269 Morris Yachts sailing all over the world. Morris Yachts also has a connection to Hollywood, as its Pemaquid Friendship sloop was utilized as a prop in the popular film ''The Truman Show.''

Most recently, Morris Yachts has been asked to build four 44-foot sailing vessels for the U.S. Coast Guard Academy for use in training programs. With this new contract, Morris Yachts will be able to hire up to 20 employees, including mechanics, electricians, carpenters, and composite craftspeople this fall to work on the Coast Guard project, bringing the total number of Morris employees close to 100. While the initial contract asks for four boats, the Coast Guard Academy hopes to potentially double its order.

Not only does the company provide a valuable service to its local community, but with this contract, Morris Yachts will be able to serve the entire Nation. Providing ships to the U.S. Coast Guard is a true honor, and the firm's critical work will better equip our Nation's bravest men and women to protect our shores.

Despite the difficulty facing countless yacht manufacturers over the past year and a half, Morris Yachts has continued to produce sturdy and reliable boats. As a result, the company has been nominated for the 2010 Boat of the Year Award by Cruising World and Sailing World magazines. I congratulate everyone at Morris Yachts for this honor and look forward to the announcement of the award in January.

The Morris family story serves as an inspiration to all who pursue the American dream. I commend the Morris family for being chosen by our Nation's military to build these watercraft and congratulate them for their well-deserved accolades. Just as the colonists on the Kennebec River did centuries ago, I am certain the Morris family will continue the great tradition of Maine shipbuilding as they have for the past 37 years. Their success is proof that commitment, resolve, and hard work still lead to great things.●

RECOGNIZING NEW URBAN ARTS

● Mr. WHITEHOUSE. Mr. President, today I honor New Urban Arts of Providence, RI, which has been honored by the White House with the 2009 Coming Up Taller Award, the Nation's highest honor for out-of-school arts and humanities programs. New Urban Arts is a model for what the arts can do in the lives of our urban youth, giving them the opportunity to explore the limitless possibilities of their own imaginations and helping them apply what they discover to goals they set for their futures.

New Urban Arts was founded in 1997 as a collaboration between local high school and college students, with the support of the Swearer Center for Public Service at Brown University. It has grown from those 14 students in a loft at Grace Church in downtown Providence into an organization that serves over 300 high school students every year.

The New Urban Arts afterschool and summer programs provide these students with the opportunity to work with established local artists who act as both mentors and peers, with the young people creating new works of art that reflect their experiences. We know that for youth who are on their own after school, the hours between 3 p.m. and 6 p.m. are a danger zone, a peak time for juvenile crime and experimentation with drugs and alcohol. Not only does New Urban Arts give youth in Providence a place to go, it provides them with a safe space where they can express themselves through many different art mediums and with people who can nurture their talent. This includes members from Rhode Island's acclaimed arts community, which has long understood the need to invest in our state's youth and arts education. And luckily for the people of Rhode Island, the New Urban Arts gallery and exhibition spaces allow all of us to share in the joy of that new talent.

Our investment in the youth of Providence has paid dividends. Three-quarters of the students who participate in the New Urban Arts program are low-income and over half live in neighborhoods where the poverty rate is four times the national rate. Despite these challenges, over 90 percent of the seniors in this group graduate high school and attend college. When I was attorney general of Rhode Island, I saw what too often happened to students who did not know how to set goals for themselves or understand the importance of education—they ended up in the juvenile justice system. New Urban Arts helps students chart a course toward the future by inspiring them to create and introducing them to adults who are invested in them and treat them as equals.

This wonderful model has attracted national attention, including this most recent honor, the 2009 Coming Up Taller Award. This award recognizes afterschool and out-of-school arts and humanities programs for youth in traditionally underserved communities. It honors programs that foster the creative and intellectual development of our Nation's children. The ideals set out by the Coming Up Taller Award are certainly met by New Urban Arts, and I know that they will build on this honor by helping more students.

I would like congratulate all of the students and mentors who make New Urban Arts such a dynamic and innovative program, as well as its executive director, Jason Yoon, and the chairwoman of the New Urban Arts Board of Directors, Myrth York. Their hard work and dedication to the youth of Providence and to the arts will ensure that New Urban Arts continues to help our young people realize their potential into the future, and to serve as model for the rest of the Nation.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mrs. Neiman, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

MESSAGE FROM THE HOUSE

At 11:28 a.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 3157. An act to name the Department of Veterans Affairs outpatient clinic in Alexandria, Minnesota, as the ''Max J. Beilke Department of Veterans Affairs Outpatient Clinic''.

H.R. 3949. An act to amend title 38, United States Code, and the Servicemember Civil Relief Act, to make certain improvements in the laws relating to benefits administered by the Secretary of Veterans Affairs, and for other purposes.

ENROLLED BILLS SIGNED

The PRESIDENT pro tempore (Mr. BYRD) reported that he had signed the following enrolled bills, which were previously signed by the Speaker of the House:

S. 475. An act to amend the Servicemembers Civil Relief Act to guarantee the equity of spouses of military personnel with regard to matters of residency, and for other purposes.

S. 509. A bill to authorize a major medical facility project at the Department of Veterans Affairs Medical Center, Walla Walla, Washington, and for other purposes.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 3157. An act to name the Department of Veterans Affairs outpatient clinic in Alexandria, Minnesota, as the ''Max J. Beilke Department of Veterans Affairs Outpatient

Clinic''; to the Committee on Veterans' Affairs.

H.R. 3949. An act to amend title 38, United States Code, and the Servicemember Civil Relief Act, to make certain improvements in the laws relating to benefits administered by the Secretary of Veterans Affairs, and for other purposes; to the Committee on Veterans' Affairs.

MEASURES DISCHARGED

The following bill was discharged from the Committee on Commerce, Science, and Transportation by unanimous consent, and referred as indicated:

S. 1506. A bill to authorize the Secretary of Transportation to establish national safety standards for transit agencies operating heavy rail on fixed guideway; to the Committee on Banking, Housing, and Urban Affairs.

ENROLLED BILLS PRESENTED

The Secretary of the Senate reported that on today, November 4, 2009, she had presented to the President of the United States the following enrolled bills:

S. 475. An act to amend the Servicemembers Civil Relief Act to guarantee the equity of spouses of military personnel with regard to matters of residency, and for other purposes.

S. 509. An act to authorize a major medical facility project at the Department of Veterans Affairs Medical Center, Walla Walla, Washington, and for other purposes.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC–3557. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Pesticide Inert Ingredients; Revocation of Tolerance Exemption for Sperm Oil'' (FRL No. 8350–6) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–3558. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Ulocladium oudemansii (U3 Strain); Exemption from the Requirement of a Tolerance'' (FRL No. 8436–6) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–3559. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Methamidophos; Tolerance Actions'' (FRL No. 8796–1) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–3560. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Certain Polyurethane Polymer; Tolerance Exemption'' (FRL No. 8796–3) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–3561. A communication from the Deputy Secretary of Defense, transmitting the report of (19) officers authorized to wear the insignia of the grade of brigadier general in accordance with title 10, United States Code, section 777; to the Committee on Armed Services.

EC–3562. A communication from the Secretary of the Treasury, transmitting, pursuant to law, a six-month periodic report on the national emergency with respect to Iran that was declared in Executive Order 12170 of November 14, 1979; to the Committee on Banking, Housing, and Urban Affairs.

EC–3563. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Revisions to the California State Implementation Plan, Northern Sierra Air Quality Management District and San Joaquin Valley Unified Air Pollution Control District'' (FRL No. 8970–6) received in the Office of the President of the Senate on October 29, 2009; to the Committee on Environment and Public Works.

EC–3564. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Air Quality Implementation Plans; Maryland; Clean Air Interstate Rule'' (FRL No. 8975–2) received in the Office of the President of the Senate on October 29, 2009; to the Committee on Environment and Public Works.

EC–3565. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Implementation Plans; Corrections to the Arizona and Nevada State Implementation Plans'' (FRL No. 8976–3) received in the Office of the President of the Senate on October 29, 2009; to the Committee on Environment and Public Works.

EC–3566. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''National Priorities List, Final Rule No. 48'' (FRL No. 8977–5) received in the Office of the President of the Senate on October 29, 2009; to the Committee on Environment and Public Works.

EC–3567. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Revisions to the California State Implementation Plan, California Air Resources Board Consumer Products Regulations'' (FRL No. 8979–9) received in the Office of the President of the Senate on October 29, 2009; to the Committee on Environment and Public Works.

EC–3568. A communication from the Acting Assistant Administrator for Fisheries, Office of Protected Resources, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Sea Turtle Conservation; Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic'' (RIN0648–AY21) received in the Office of the President of the Senate on November 3, 2009; to the Committee on Environment and Public Works.

EC–3569. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Industry Director's Directive No. 1—United States Outer Continental Shelf Activity'' (LMSB–4–0909–037) received in the Office of the President of the Senate on November 3, 2009; to the Committee on Finance.

EC–3570. A communication from the Deputy Assistant Administrator, Bureau for Legislative and Public Affairs, U.S. Agency for International Development, transmitting, pursuant to law, the Agency's FY 2009 fourth quarter report; to the Committee on Foreign Relations.

EC–3571. A communication from the Assistant General Counsel of the Division of Regulatory Services, Office of Postsecondary Education, Department of Education, transmitting, pursuant to law, the report of a rule entitled ''General and Non-Loan Programmatic Issues'' (RIN1840–AC99) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Health, Education, Labor, and Pensions.

EC–3572. A communication from the Secretary of Education, transmitting, pursuant to law, the report of a rule entitled ''Adjustments to Statutory Caps on State Administration—Final Notice'' (RIN1810–AB05) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Health, Education, Labor, and Pensions.

EC–3573. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report on the Food and Drug Administration's Report on Communicating to the Public on the Risks and Benefits of New Drugs; to the Committee on Health, Education, Labor, and Pensions.

EC–3574. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations (Cut Bank, Montana)'' (MB Docket No. 09–50) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3575. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations (McNary, Arizona)'' (MB Docket No. 09–7) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3576. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations (Crandon, Wisconsin)'' (MB Docket No. 08–62) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3577. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Television Broadcasting Services; Lexington, Kentucky'' (MB Docket No. 09–163) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3578. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Television Broadcasting Services; Opelika, Alabama'' (MB Docket No. 09–162) received in the Office

of the President of the Senate on November 2, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3579. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Promoting Diversification of Ownership in the Broadcasting Services'' (MB Docket No. 07–294) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3580. A communication from the Chairman of the Office of Proceedings, Surface Transportation Board, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Removal of Delegations of Authority to Secretary'' (RIN2140–AA96) received in the Office of the President of the Senate on November 2, 2009; to the Committee on Commerce, Science, and Transportation.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. LIEBERMAN, from the Committee on Homeland Security and Governmental Affairs, without amendment:

H.R. 955. A bill to designate the facility of the United States Postal Service located at 10355 Northeast Valley Road in Rollingbay, Washington, as the ''John 'Bud' Hawk Post Office''.

H.R. 1516. A bill to designate the facility of the United States Postal Service located at 37926 Church Street in Dade City, Florida, as the ''Sergeant Marcus Mathes Post Office''.

H.R. 1713. A bill to name the South Central Agricultural Research Laboratory of the Department of Agriculture in Lane, Oklahoma, and the facility of the United States Postal Service located at 310 North Perry Street in Bennington, Oklahoma, in honor of former Congressman Wesley ''Wes'' Watkins.

H.R. 2004. A bill to designate the facility of the United States Postal Service located at 4282 Beach Street in Akron, Michigan, as the ''Akron Veterans Memorial Post Office''.

H.R. 2215. A bill to designate the facility of the United States Postal Service located at 140 Merriman Road in Garden City, Michigan, as the ''John J. Shivnen Post Office Building''.

H.R. 2760. A bill to designate the facility of the United States Postal Service located at 1615 North Wilcox Avenue in Los Angeles, California, as the ''Johnny Grant Hollywood Post Office Building''.

H.R. 2972. A bill to designate the facility of the United States Postal Service located at 115 West Edward Street in Erath, Louisiana, as the ''Conrad DeRouen, Jr. Post Office''.

H.R. 3119. A bill to designate the facility of the United States Postal Service located at 867 Stockton Street in San Francisco, California, as the ''Lim Poon Lee Post Office''.

H.R. 3386. A bill to designate the facility of the United States Postal Service located at 1165 2nd Avenue in Des Moines, Iowa, as the ''Iraq and Afghanistan Veterans Memorial Post Office''.

H.R. 3547. A bill to designate the facility of the United States Postal Service located at 936 South 250 East in Provo, Utah, as the ''Rex E. Lee Post Office Building''.

S. 1825. A bill to extend the authority for relocation expenses test programs for Federal employees, and for other purposes.

S. 1860. A bill to permit each current member of the Board of Directors of the Office of Compliance to serve for 3 terms.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. JOHNSON:

S. 2726. A bill to modify the boundary of the Minuteman Missile National Historic Site in the State of South Dakota, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. LUGAR:

S. 2727. A bill to provide for continued application of arrangements under the Protocol on Inspections and Continuous Monitoring Activities Relating to the Treaty Between the United States of America and the Union of Soviet Socialist Republics on the Reduction and Limitation of Strategic Offensive Arms in the period following the Protocol's termination on December 5, 2009; to the Committee on Foreign Relations.

By Mr. BURR (for himself, Mrs. HAGAN, and Mr. WICKER):

S. 2728. A bill to amend the Internal Revenue Code of 1986 to provide that the value of certain historic property shall be determined using an income approach in determining the taxable estate of a decedent; to the Committee on Finance.

By Ms. STABENOW (for herself, Mr. BAUCUS, Ms. KLOBUCHAR, Mr. BROWN, Mr. BEGICH, Mr. HARKIN, and Mrs. SHAHEEN):

S. 2729. A bill to reduce greenhouse gas emissions from uncapped domestic sources, and for other purposes; to the Committee on Environment and Public Works.

By Mr. BROWN (for himself and Mr. CASEY):

S. 2730. A bill to extend and enhance the COBRA subsidy program under the American Recovery and Reinvestment Act of 2009; to the Committee on Health, Education, Labor, and Pensions.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. ISAKSON:

S. Res. 333. A resolution designating each of Saturday, November 7, 2009, and Saturday, November 6, 2010, as ''National Wounded Warrior Day''; to the Committee on the Judiciary.

By Mr. HATCH (for himself, Mr. UDALL of New Mexico, Mr. REID, Mr. BENNETT, Mr. CRAPO, and Mr. LUGAR):

S. Res. 334. A resolution designating Thursday, November 19, 2009, as ''Feed America Day''; to the Committee on the Judiciary.

By Mr. ISAKSON (for himself and Mr. CHAMBLISS):

S. Res. 335. A resolution designating November 29, 2009, as ''Drive Safer Sunday''; to the Committee on the Judiciary.

By Mr. INOUYE (for himself, Mr. LEAHY, Mr. COCHRAN, and Mr. INHOFE):

S. Res. 336. A resolution expressing the sense of the Senate regarding designation of the month of November 2009 as ''National Military Family Month''; considered and agreed to.

By Mr. REID (for Mr. BYRD (for himself and Mr. ROCKEFELLER)):

S. Res. 337. A resolution designating December 6, 2009, as ''National Miners Day''; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 229

At the request of Mrs. BOXER, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 229, a bill to empower women in Afghanistan, and for other purposes.

S. 428

At the request of Mr. DORGAN, the name of the Senator from North Carolina (Mrs. HAGAN) was added as a cosponsor of S. 428, a bill to allow travel between the United States and Cuba.

S. 471

At the request of Ms. SNOWE, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 471, a bill to amend the Education Sciences Reform Act of 2002 to require the Statistics Commissioner to collect information from coeducational secondary schools on such schools' athletic programs, and for other purposes.

S. 535

At the request of Mr. NELSON of Florida, the name of the Senator from Florida (Mr. LEMIEUX) was added as a cosponsor of S. 535, a bill to amend title 10, United States Code, to repeal requirement for reduction of survivor annuities under the Survivor Benefit Plan by veterans' dependency and indemnity compensation, and for other purposes.

S. 557

At the request of Mr. KOHL, the name of the Senator from Florida (Mr. LEMIEUX) was added as a cosponsor of S. 557, a bill to encourage, enhance, and integrate Silver Alert plans throughout the United States, to authorize grants for the assistance of organizations to find missing adults, and for other purposes.

S. 571

At the request of Mr. MENENDEZ, the name of the Senator from Maryland (Ms. MIKULSKI) was added as a cosponsor of S. 571, a bill to strengthen the Nation's research efforts to identify the causes and cure of psoriasis and psoriatic arthritis, expand psoriasis and psoriatic arthritis data collection, and study access to and quality of care for people with psoriasis and psoriatic arthritis, and for other purposes.

S. 619

At the request of Mr. KERRY, his name was added as a cosponsor of S. 619, a bill to amend the Federal Food, Drug, and Cosmetic Act to preserve the effectiveness of medically important antibiotics used in the treatment of human and animal diseases.

S. 621

At the request of Mr. DURBIN, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 621, a bill to amend the Public Health Service Act to coordinate Federal congenital heart disease research efforts and to improve public education and awareness of congenital heart disease, and for other purposes.

S. 663

At the request of Mr. NELSON of Nebraska, the name of the Senator from

Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 663, a bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish the Merchant Mariner Equity Compensation Fund to provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II.

S. 706

At the request of Mr. MENENDEZ, the names of the Senator from New Jersey (Mr. LAUTENBERG) and the Senator from New York (Mr. SCHUMER) were added as cosponsors of S. 706, a bill to increase housing, awareness, and navigation demonstration services (HANDS) for individuals with autism spectrum disorders.

S. 729

At the request of Mr. DURBIN, the name of the Senator from Wisconsin (Mr. KOHL) was added as a cosponsor of S. 729, a bill to amend the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 to permit States to determine State residency for higher education purposes and to authorize the cancellation of removal and adjustment of status of certain alien students who are long-term United States residents and who entered the United States as children, and for other purposes.

S. 841

At the request of Mr. KERRY, the name of the Senator from Connecticut (Mr. DODD) was added as a cosponsor of S. 841, a bill to direct the Secretary of Transportation to study and establish a motor vehicle safety standard that provides for a means of alerting blind and other pedestrians of motor vehicle operation.

S. 1056

At the request of Mr. VOINOVICH, the names of the Senator from Pennsylvania (Mr. SPECTER) and the Senator from South Carolina (Mr. GRAHAM) were added as cosponsors of S. 1056, a bill to establish a commission to develop legislation designed to reform tax policy and entitlement benefit programs and ensure a sound fiscal future for the United States, and for other purposes.

S. 1147

At the request of Mr. KOHL, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1147, a bill to prevent tobacco smuggling, to ensure the collection of all tobacco taxes, and for other purposes.

S. 1237

At the request of Mrs. MURRAY, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. 1237, a bill to amend title 38, United States Code, to expand the grant program for homeless veterans with special needs to include male homeless veterans with minor dependents and to establish a grant program for reintegration of homeless women veterans and homeless veterans with children, and for other purposes.

S. 1478

At the request of Mrs. GILLIBRAND, the names of the Senator from Utah (Mr. HATCH) and the Senator from New Jersey (Mr. MENENDEZ) were added as cosponsors of S. 1478, a bill to strengthen communities through English literacy and civics education for new Americans, and for other purposes.

S. 1547

At the request of Mr. REED, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. 1547, a bill to amend title 38, United States Code, and the United States Housing Act of 1937 to enhance and expand the assistance provided by the Department of Veterans Affairs and the Department of Housing and Urban Development to homeless veterans and veterans at risk of homelessness, and for other purposes.

S. 1584

At the request of Mr. MERKLEY, the name of the Senator from Massachusetts (Mr. KIRK) was added as a cosponsor of S. 1584, a bill to prohibit employment discrimination on the basis of sexual orientation or gender identity.

S. 1646

At the request of Mr. REED, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 1646, a bill to keep Americans working by strengthening and expanding short-time compensation programs that provide employers with an alternative to layoffs.

S. 1780

At the request of Mrs. LINCOLN, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 1780, a bill to amend title 38, United States Code, to deem certain service in the reserve components as active service for purposes of laws administered by the Secretary of Veterans Affairs.

S. 1823

At the request of Mr. BAUCUS, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 1823, a bill to renew the temporary suspension of duty on certain footwear.

S. 1833

At the request of Mr. UDALL of Colorado, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 1833, a bill to amend the Credit Card Accountability Responsibility and Disclosure Act of 2009 to establish an earlier effective date for various consumer protections, and for other purposes.

S. 1859

At the request of Mr. ROCKEFELLER, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 1859, a bill to reinstate Federal matching of State spending of child support incentive payments.

S. 1927

At the request of Mr. DODD, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 1927, a bill to establish a moratorium on credit card interest rate increases, and for other purposes.

S. 2128

At the request of Mr. LEMIEUX, the names of the Senator from South Carolina (Mr. GRAHAM) and the Senator from Tennessee (Mr. ALEXANDER) were added as cosponsors of S. 2128, a bill to provide for the establishment of the Office of Deputy Secretary for Health Care Fraud Prevention.

S. 2336

At the request of Mr. SESSIONS, the name of the Senator from South Carolina (Mr. GRAHAM) was added as a cosponsor of S. 2336, a bill to safeguard intelligence collection and enact a fair and responsible reauthorization of the 3 expiring provisions of the USA PATRIOT Improvements and Reauthorization Act.

S. RES. 316

At the request of Mr. MENENDEZ, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. Res. 316, a resolution calling upon the President to ensure that the foreign policy of the United States reflects appropriate understanding and sensitivity concerning issues related to human rights, ethnic cleansing, and genocide documented in the United States record relating to the Armenian Genocide, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. JOHNSON:

S. 2726. A bill to modify the boundary of the Minuteman Missile National Historic Site in the State of South Dakota, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. JOHNSON. Mr. President, today I introduced legislation that will allow the Minuteman Missile National Historic Site to move forward with development of a visitor center. Specifically, my legislation will allow 25 acres of national Forest Service land to be transferred to the National Park Service where the visitor center and administrative facility will be constructed.

The launch control facility and missile silo that make up the Minuteman Missile National Historic Site were preserved to illustrate the history of the cold war and the role the Air Force's Minuteman II missile defense system played in efforts to preserve world peace. Construction of a visitor center will help tell this story and allow many more to learn about this historic site. I was pleased to help establish Minuteman Missile as part of the national park system in 1999, and I am now glad to be able to follow through on fully developing resources for visitors.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 333—DESIGNATING EACH OF SATURDAY, NOVEMBER 7, 2009, AND SATURDAY, NOVEMBER 6, 2010, AS ''NATIONAL WOUNDED WARRIOR DAY''

Mr. ISAKSON submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 333

Whereas recognizing ''National Wounded Warrior Day'' would embrace an already existing ''mindset of remembrance'' for men and women alike that have served our Nation;

Whereas the current conflicts in Iraq and Afghanistan have seen many wounded warriors whose injuries grow more serious as the enemy increases the use of improvised explosive devices;

Whereas those disabled veterans who have served in previous conflicts without any recognition and those disabled veterans who are currently recovering remind us that we, as people and as a Nation, need to thank and care for our disabled veterans; and

Whereas the number of casualties after 8 years of the current conflicts in Iraq and Afghanistan is over 4,000 and recognizing ''National Wounded Warrior Day'' would ensure that the sacrifice of wounded warriors would not be forgotten: Now, therefore, be it

Resolved, That the Senate—

(1) designates each of Saturday, November 7, 2009, and Saturday, November 6, 2010, as ''National Wounded Warrior Day''; and

(2) encourages the United States to honor our wounded warriors who have sacrificed their safety in order to preserve our freedom.

SENATE RESOLUTION 334—DESIGNATING THURSDAY, NOVEMBER 19, 2009, AS ''FEED AMERICA DAY''

Mr. HATCH (for himself, Mr. UDALL of New Mexico, Mr. REID, Mr. BENNETT, Mr. CRAPO, and Mr. LUGAR) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 334

Whereas Thanksgiving Day celebrates the spirit of selfless giving and an appreciation for family and friends;

Whereas the spirit of Thanksgiving Day is a virtue upon which the Nation was founded;

Whereas according to the Department of Agriculture, roughly 35,000,000 people in the United States, including 12,000,000 children, continue to live in households that do not have an adequate supply of food; and

Whereas selfless sacrifice breeds a genuine spirit of thanksgiving, both affirming and restoring fundamental principles in our society: Now, therefore, be it

Resolved, That the Senate—

(1) designates Thursday, November 19, 2009, as ''Feed America Day''; and

(2) encourages the people of the United States to sacrifice 2 meals on Thursday, November 19, 2009, and to donate the money that they would have spent on such food to a religious or charitable organization of their choice for the purpose of feeding the hungry.

Mr. HATCH. Mr. President, I rise today to speak regarding an effort that I have supported for a number of years and something I am very proud to have championed in the Senate for over 4 years. I speak, of Feed America Day. More than just the recognition of a single day, the Feed America campaign is a nationwide effort promoted by a number of charitable organizations and supported by numerous communities throughout the country. It is aimed at encouraging our Nation's spirit of selflessness and sacrifice in order to help those in need.

Those who participate in Feed America Day encourage all Americans to sacrifice two meals on the Thursday before Thanksgiving Day and to donate the money they would have used for food to a charity or religious organization in their community for the purpose of feeding the Hungry. In a simple and practical way, this is an effort to harness the generosity of the American people in the spirit of the Thanksgiving season.

We live in the most prosperous nation on the planet. Even in the face of our current difficulties, that remains true. Yet, according to the Department of Agriculture's most recent numbers, roughly 35 million Americans, including 12 million children, live in households that do not have an adequate supply of food. I think we can all agree that it is a good idea to encourage the American people to do more for the hungry in their communities, even if we don't always agree as to what Congress should do on such matters.

Today, I have submitted a resolution that would designate Thursday, November 19, 2009, as Feed America Day. Once passed, this will be the fifth consecutive year that this day has been recognized by the Senate. I want to personally thank Senator TOM UDALL from New Mexico for all his efforts in supporting and promoting this resolution and we are joined by Senators BENNETT, CRAPO, LUGAR, and REED. I urge my Senate colleagues and every American to join me in helping to assist those in need and affirming the long-standing values that have made our Nation great.

SENATE RESOLUTION 335—DESIGNATING NOVEMBER 29, 2009, AS ''DRIVE SAFER SUNDAY''

Mr. ISAKSON (for himself and Mr. CHAMBLISS) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 335

Whereas motor vehicle travel is the primary means of transportation in the United States;

Whereas every individual traveling on the roads and highways needs to drive in a safer manner in order to reduce deaths and injuries that result from motor vehicle accidents;

Whereas according to the National Highway Traffic Safety Administration, wearing a seat belt saves more than 15,000 lives each year;

Whereas the Senate wants all people of the United States to understand the life-saving importance of wearing a seat belt and encourages motorists to drive safely, not just during the holiday season, but every time they get behind the wheel; and

Whereas the Sunday after Thanksgiving is the busiest highway traffic day of the year: Now, therefore, be it

Resolved, That the Senate—

(1) encourages—

(A) high schools, colleges, universities, administrators, teachers, primary schools, and secondary schools to launch campus-wide educational campaigns to urge students to be focused on safety when driving;

(B) national trucking firms to alert their drivers to be especially focused on driving safely on the Sunday after Thanksgiving, and to publicize the importance of the day through use of Citizen's Band (''CB'') radios and truck stops across the Nation;

(C) clergy to remind their members to travel safely when attending services and gatherings;

(D) law enforcement personnel to remind drivers and passengers to drive safely, particularly on the Sunday after Thanksgiving; and

(E) all people of the United States to use the Sunday after Thanksgiving as an opportunity to educate themselves about highway safety; and

(2) designates November 29, 2009, as ''Drive Safer Sunday''.

SENATE RESOLUTION 336—EXPRESSING THE SENSE OF THE SENATE REGARDING DESIGNATION OF THE MONTH OF NOVEMBER 2009 AS ''NATIONAL MILITARY FAMILY MONTH''

Mr. INOUYE (for himself, Mr. LEAHY, Mr. COCHRAN, and Mr. INHOFE) submitted the following resolution; which was considered and agreed to:

S. RES. 336

Whereas military families, through their sacrifices and their dedication to the United States and its values, represent the bedrock upon which the United States was founded and upon which the country continues to rely in these perilous and challenging times: Now, therefore, be it

Resolved, That—

(1) it is the sense of the Senate that the month of November 2009 should be designated as ''National Military Family Month''; and

(2) the Senate encourages the people of the United States to observe ''National Military Family Month'' with appropriate ceremonies and activities.

SENATE RESOLUTION 337—DESIGNATING DECEMBER 6, 2009, AS ''NATIONAL MINERS DAY''

Mr. REID (for Mr. BYRD (for himself and Mr. ROCKEFELLER)) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 337

Whereas the foundations of civilization are constructed from, advanced by, and sustained with, the materials procured with the sweat and blood of miners;

Whereas the miners of the United States have labored long and hard over our nation's existence to make it the economically strong, militarily secure Nation that it is today;

Whereas miners and their families have achieved, provided, and sacrificed so much for the betterment of their fellow Americans;

Whereas miners have struggled, in their lives and in their work, to obtain health and safety protections;

Whereas the terrible mining tragedy at Monongah, West Virginia, that occurred on December 6, 1907, is recognized for causing the greatest loss of lives in American industrial history, and this tragedy helped to launch the national effort to secure the safety and health of our miners that continues to this day; and

Whereas miners still today risk life and limb in their labors: Now, therefore, be it

Resolved, That the Senate—

(1) designates December 6, 2009, as ''National Miners Day'', in appreciation, honor, and remembrance of the accomplishments and sacrifices of the miners of the Nation; and

(2) encourages the people of the United States to participate in local and national activities celebrating and honoring the contributions of miners.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2725. Mr. WEBB submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 2725. Mr. WEBB submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 170, between lines 19 and 20, insert the following:

SEC. 220. USE OF FUNDS FOR TECHNOLOGY UPGRADES.

At the discretion of the Attorney General, amounts appropriated under the heading ''COMMUNITY ORIENTED POLICING SERVICES'' under the heading ''OFFICE OF JUSTICE PROGRAMS'' under title II of division B of the Omnibus Appropriations Act, 2009 (Public Law 111–8; 123 Stat. 583) for law enforcement technologies and interoperable communications for Southside Virginia law enforcement for technology upgrades may be available to the sheriffs' offices of Pittsylvania, Cumberland, Bedford, Henry, Brunswick, Campbell, and Greene counties in Virginia and the Sheriff's Office of the City of Martinsville, Virginia for law enforcement technology.

NOTICE OF HEARING

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Senate Committee on Energy and Natural Resources. The hearing will be held on Thursday, November 19, 2009, at 10 a.m., in room SD–366 of the Dirksen Senate Office Building.

The purpose of this hearing is to receive testimony on environmental stewardship policies related to offshore energy production.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record may do so by sending it to the Committee on Energy and Natural Resources, United States Senate, Washington, D.C. 20510–6150, or by e-mail to Abigail_Campbell @energy.senate.gov.

For further information, please contact Linda Lance at (202) 224–7556 or Abby Campbell at (202) 224–1219.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

Mr. MERKLEY. Mr. President, I ask unanimous consent that the Committee on Environment and Public Works be authorized to meet during the session of the Senate on November 4, 2009, at 10:15 a.m. in room 406 of the Dirksen Senate Office Building.

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

COMMITTEE ON FINANCE

Mr. MERKLEY. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on November 4, 2009, at 10 a.m. in room 215 of the Dirksen Senate Office Building.

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

COMMITTEE ON FOREIGN RELATIONS

Mr. MERKLEY. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on November 4, 2009, at 2:30 p.m.

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

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. MERKLEY. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on November 4, 2009, at 10 a.m.

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

COMMITTEE ON INDIAN AFFAIRS

Mr. MERKLEY. Mr. President, I ask unanimous consent that the Committee on Indian Affairs be authorized to meet during the session of the Senate on November 4, 2009, at 2:15 p.m. in room 628 of the Dirksen Senate Office Building.

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

COMMITTEE ON THE JUDICIARY

Mr. MERKLEY. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate on November 4, 2009, at 2 p.m. in room SD–226 of the Dirksen Senate Office Building, to conduct a hearing entitled ''Nominations.''

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

COMMITTEE ON NATIONAL PARKS

Mr. MERKLEY. Mr. President, I ask unanimous consent that the Subcommittee on National Parks be authorized to meet during the session of the Senate to conduct a hearing on November 4, 2009, at 2:30 p.m. in room SD–366 of the Dirksen Senate Office Building.

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

SUBCOMMITTEE ON OCEANS, ATMOSPHERE, FISHERIES, AND COAST GUARD

Mr. MERKLEY. Mr. President, I ask unanimous consent that the Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard of the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on November 4, 2009, at 10 a.m., in room 253 of the Russell Senate Office Building.

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

FOREIGN TRAVEL FINANCIAL REPORTS

In accordance with the appropriate provisions of law, the Secretary of the Senate herewith submits the following reports for standing committees of the Senate, certain joint committees of the Congress, delegations and groups, and select and special committees of the Senate, relating to expenses incurred in the performance of authorized foreign travel:

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON AGRICULTURE FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Elizabeth Croker:									
Switzerland	Franc		1,178.30						1,178.30

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON AGRICULTURE FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009—Continued

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
United States	Dollar				6,649.60				6,649.60
Total			1,178.30		6,649.60				7,827.90

SENATOR BLANCHE L. LINCOLN,
Chairman, Committee on Agriculture, Oct. 7, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON APPROPRIATIONS FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Arthur Cameron:									
Poland	Zloty		548.96						548.96
United States	Dollar				6,085.52				6,085.52
Paul Grove:									
Pakistan	Rupee		120.00						120.00
Afghanistan	Afghani		80.00						80.00
Kyrgyzstan	Som		100.00						100.00
Turkmenistan	Manat		130.00						130.00
United States	Dollar				12,573.00				12,573.00
Senator Kay Bailey Hutchison:									
Kuwait	Dinar		414.79						414.79
United States	Dollar				10,678.43				10,678.43
Dennis A. Balkham:									
Kuwait	Dinar		414.79						414.79
United States	Dollar				11,288.03				11,288.03
David W. Davis:									
Kuwait	Dinar		414.79						414.79
United States	Dollar				8,068.59				8,068.59
Paul Grove:									
Kuwait	Dinar		218.00						218.00
Lebanon	Pound		132.00						132.00
United States	Dollar				3,687.02				3,687.02
Arthur Cameron:									
France	Euro		600.00						600.00
United States	Dollar				7,823.72				7,823.72
Howard Sutton:									
France	Euro		778.00						778.00
United States	Dollar				7,823.73				7,823.73
Senator George V. Voinovich:									
Bosnia-Herzegovina	Convertible Marka		141.00						141.00
Lithuania	Lita		800.00						800.00
Joseph Lai:									
Bosnia-Herzegovina	Convertible Marka		141.00						141.00
Lithuania	Lita		800.00						800.00
Andrew Vanlandingham:									
Japan	Yen		266.00						266.00
United States	Dollar				11,410.25				11,410.25
Senator Richard J. Durbin:									
Bosnia-Herzegovina	Convertible Marka		235.03		111.75				346.78
Lithuania	Lita		1,181.76		1,355.00				2,536.76
Senator Christopher S. Bond:									
Denmark	Kroner		330.00						330.00
Greece	Euro		334.00						
United States	Dollar				9,314.86				9,314.86
Charles M. DuBois:									
Denmark	Kroner		330.00						330.00
Greece	Euro		334.00						334.00
United States	Dollar				9,314.86				9,314.86
Nikole Manatt:									
Switzerland	Franc		290.98						290.98
United States	Dollar				9,089.85				9,089.85
Total			9,135.10		108,624.61				117,759.71

SENATOR DANIEL K. INOUYE,
Chairman, Committee on Appropriations, Oct. 2, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON ARMED SERVICES FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Erskine W. Wells III:									
Bosnia & Herzegovina	Konvertibilna Mark		251.40				11.90		263.30
Lithuania	Lita		807.43				23.98		831.41
Richard Fontaine:									
Libya	Dollar		155.00						155.00
Kuwait	Dollar		59.00						59.00
Yemen	Dollar		129.00						129.00
Afghanistan	Dollar		26.00						26.00
Greece	Dollar		190.00						190.00
Terence K. Laughlin:									
United States	Dollar				11,270.10				11,270.10
Japan	Yen		192.50						192.50
Senator John McCain:									
Libya	Dollar		71.70						71.70
Kuwait	Dollar		11.70						11.70
Yemen	Dollar		62.60						62.60
Afghanistan	Dollar		31.40						31.40
Greece	Dollar		186.26				40.00		226.26

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON ARMED SERVICES FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009—Continued

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Senator Susan M. Collins:									
Libya	Dollar		155.00						155.00
Yemen	Dollar		129.00						129.00
Afghanistan	Dollar		76.00						76.00
Greece	Dollar		190.00						190.00
Senator Jack Reed:									
United States	Dollar				8,140.60				8,140.60
Afghanistan	Dollar						8.00		8.00
Carolyn Chuhta:									
United States	Dollar				8,135.60				8,135.60
Pakistan	Dollar						10.00		10.00
Afghanistan	Dollar						8.00		8.00
Senator Joseph I. Lieberman:									
Libya	Dollar		155.00						155.00
Kuwait	Dollar		159.00						159.00
Yemen	Dollar		129.00						129.00
Afghanistan	Dollar		76.00						76.00
Greece	Dollar		190.00						190.00
Vance F. Serchuk:									
Libya	Dollar		155.00						155.00
Kuwait	Dollar		159.00						159.00
Yemen	Dollar		129.00						129.00
Afghanistan	Dollar		76.00						76.00
Greece	Dollar		190.00						190.00
Brooke Buchanan:									
Libya	Dollar		155.00						155.00
Kuwait	Dollar		159.00						159.00
Yemen	Dollar		129.00						129.00
Afghanistan	Dollar		76.00						76.00
Greece	Dollar		190.00						190.00
Senator Lindsey Graham:									
Libya	Dollar		71.70						71.70
Kuwait	Dollar		23.40						23.40
Yemen	Dollar		59.20						59.20
Afghanistan	Dollar		19.70						19.70
Adam Brake:									
Libya	Dollar		60.00						60.00
Yemen	Dollar		81.50						81.50
Afghanistan	Dollar		66.50						66.50
Michael J. Kuiken:									
United States	Dollar				10,754.00				10,754.00
Mali	Dollar		246.00						246.00
Senegal	Dollar		443.00						443.00
Liberia	Dollar		244.00						244.00
Bayard Winslow Kennett II:									
Libya	Dollar		155.00						155.00
Kuwait	Dollar		159.00						159.00
Yemen	Dollar		129.00						129.00
Afghanistan	Dollar		76.00						76.00
Greece	Dollar		190.00						190.00
Dana W. White:									
United States	Dollar				10,754.00				10,754.00
Mali	Dollar		234.00						234.00
Senegal	Dollar		402.00						402.00
Liberia	Dollar		221.00						221.00
Senator Carl Levin:									
United States	Dollar				4,750.00				4,750.00
Afghanistan	Dollar		8.00						8.00
Richard D. DeBobes:									
United States	Dollar				8,140.00		25.00		8,165.00
Afghanistan	Dollar		8.00						8.00
United Arab Emirates	Dollar		254.00						254.00
William G.P. Monahan:									
United States	Dollar				8,140.00		25.00		8,165.00
Afghanistan	Dollar		8.00						8.00
United Arab Emirates	Dollar		254.00						254.00
Total			8,263.99		70,084.30		151.88		78,500.17

SENATOR CARL LEVIN,
Chairman, Committee on Armed Services, Oct. 21, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Senator Richard Shelby:									
Germany	Euro		986.00		252.68				1,238.68
Netherlands	Euro		458.00		223.72				681.72
Belgium	Euro		446.00		120.45				566.45
France	Euro		708.00		174.11				882.11
England	Pound		792.00		493.58				1,285.58
United States	Dollar				8,028.09				8,028.09
Anne Caldwell:									
Germany	Euro		986.00		252.68				1,238.68
Netherlands	Euro		458.00		223.72				681.72
Belgium	Euro		446.00		120.45				566.45
France	Euro		708.00		174.11				882.11
England	Pound		198.00		493.58				691.58
United States	Dollar				8,028.09				8,028.09
William D. Duhnke III:									
Germany	Euro		986.00		253.00				1,239.00
Netherlands	Euro		458.00		224.00				682.00
Belgium	Euro		446.00		120.00				566.00
France	Euro		708.00		174.00				882.00
United States	Dollar				8,028.00				8,028.00
Senator Mark Warner:									
France	Euro		708.00						708.00

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009—Continued

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
United States	Dollar				7,840.50				7,840.50
Nathan Steinwald:									
France	Euro		372.24						372.24
United States	Dollar				7,840.50				7,840.50
Jennifer Gallagher:									
Ghana	Cedi		294.00						294.00
Liberia	Dollar		180.00						180.00
United States	Dollar				7,653.20				7,653.20
Total			10,338.24		50,718.46				61,056.70

SENATOR CHRISTOPHER J. DODD,
Chairman, Committee on Banking, Housing, and Urban Affairs,
Oct. 15, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Melissa Porter:									
United States	Dollar				7,375.20				7,375.20
Spain	Euro		1,332.29						1,332.29
Italy	Euro		1,655.18						1,655.18
John Drake:									
United States	Dollar				7,375.20				7,375.20
Spain	Euro		1,332.29						1,332.29
Italy	Euro		1,655.18						1,655.18
Douglas Mehan:									
United States	Dollar				2,254.80				2,254.80
Spain	Euro		1,332.29						1,332.29
Italy	Euro		1,655.18						1,655.18
Kristen Sairi:									
United States	Dollar				6,584.00				6,584.00
Switzerland	Franc		2,446.00						2,446.00
Total			11,408.41		23,589.20				34,997.61

SENATOR JOHN D. ROCKEFELLER IV,
Chairman, Committee on Commerce, Science, and Transportation,
Oct. 30, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON ENERGY AND NATURAL RESOURCES FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Allen Stayman:									
Palau	Dollar		664.75						664.75
United States	Dollar				10,730.56				10,730.56
Isaac Edwards:									
Palau	Dollar		1,141.50						1,141.50
United States	Dollar				10,730.56				10,730.56
Allyson Anderson:									
Iceland	Dollar		1,715.00						1,715.00
United States	Dollar				3,334.70				3,334.70
Total			3,521.25		24,795.82				28,317.07

SENATOR JEFF BINGAMAN,
Chairman, Committee on Energy and Natural Resources, Sept. 30, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON FINANCE FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Senator Maria Cantwell:									
China	RMB		513.00						513.00
United States	Dollar				12,247.00				12,247.00
Senator John Cornyn:									
Germany	Euro		1,423.17		252.68				1,675.85
Netherlands	Euro		1,704.92		223.72				1,928.64
Belgium	Euro		960.04		120.45				1,080.49
France	Euro		2,928.67		174.11				3,102.78
United Kingdom	Pound		1,728.26		493.58				2,221.84
United States	Dollar				8,418.30				8,418.30
Staci Lancaster:									
India	Rupee		312.12						312.12
Ethiopia	Birr		145.39						145.39
United States	Dollar				9,051.82				9,051.82
Chelsea Thomas:									
Kenya	Shilling		127.14						127.14
India	Rupee		443.45						443.45
Ethiopia	Birr		225.48						225.48
United States	Dollar				11,494.31				11,494.31

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON FINANCE FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009—Continued

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Jeffrey Phan:									
India	Rupee		174.12						174.12
Ethiopia	Birr		159.30						159.30
United States	Dollar				10,023.82				10,023.82
Claudia Poteet:									
Kenya	Shilling		163.94						163.94
United States	Dollar				9,887.00				9,887.00
Christopher Campbell:									
India	Rupee		455.26						455.26
Ethiopia	Birr		241.41						241.41
United States	Dollar				9,938.83				9,938.83
Amber Cottle:									
India	Rupee		336.44						366.44
Ethiopia	Birr		223.03						223.03
United States	Dollar				9,051.82				9,051.82
Travis Steven Jordan:									
India	Rupee		290.09						290.09
Ethiopia	Birr		195.12						195.12
United States	Dollar				4,068.82				4,068.82
Karin Hope:									
India	Rupee		253.92						253.92
Ethiopia	Birr		229.11						229.11
United States	Dollar				10,023.82				10,023.82
David Kavanaugh:									
India	Rupee		559.53						559.53
Ethiopia	Birr		209.43						209.43
United States	Dollar				8,930.32				8,930.32
Ayesha Khanna:									
India	Rupee		445.38						445.38
Ethiopia	Birr		207.79						207.79
United States	Dollar				8,837.31				8,837.31
Elizabeth Quint:									
India	Rupee		246.00						246.00
Ethiopia	Birr		157.66						157.66
United States	Dollar				10,023.82				10,023.82
Russell Thomasson:									
India	Rupee		382.52						382.52
Ethiopia	Birr		301.72						301.72
United States	Dollar				10,023.82				10,023.82
John Christopher Phillips:									
India	Rupee		240.95						240.95
Ethiopia	Birr		194.39						194.39
United States	Dollar				9,051.82				9,051.82
Jonathan Hale:									
China	RMB		635.74						635.74
United States	Dollar				10,199.20				10,199.20
Katharine Lister:									
China	RMB		334.53						334.53
United States	Dollar				10,789.20				10,789.20
Total			17,149.02		163,325.57				180,474.59

SENATOR MAX BAUCUS,
Chairman, Committee on Finance, Oct. 30, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON FOREIGN RELATIONS FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Senator John Barrasso:									
United States	Dollar				8,113.59				8,113.59
Senator Robert Casey, Jr.:									
United Arab Emirates	Dollar		402.71						402.71
Afghanistan	Dollar		60.00						60.00
Pakistan	Dollar		100.00						100.00
United States	Dollar				13,029.54				13,029.54
Senator Bob Corker:									
Israel	Shekel		615.00						615.00
United States	Dollar				10,078.51				10,078.51
Senator Bob Corker:									
United Arab Emirates	Dirham		210.00						210.00
Afghanistan	Afghani		176.00						176.00
Pakistan	Rupee		230.00						230.00
United States	Dollar				9,685.71				9,685.71
Senator Kirsten Gillibrand:									
United States	Dollar				399.60				399.60
Senator Kirsten Gillibrand:									
Israel	Shekel		120.00						120.00
United States	Dollar				5,393.21				5,393.21
Senator Edward E. Kaufman:									
Afghanistan	Dollar		8.00						8.00
United States	Dollar				8,210.91				8,210.91
Senator Richard Lugar:									
United Kingdom	Pound		446.00						446.00
Turkey	Lira		197.00						197.00
United States	Dollar				8,369.54				8,369.54
Senator Jim Webb:									
Thailand	Baht		1,189.70						1,189.70
Laos	Kip		502.84						502.84
Burma	Kyat		277.00						277.00
Vietnam	Dong		1,440.00						1,440.00
United States	Dollar				11,633.00				11,633.00
Fulton Armstrong:									
Belgium	Euro		528.77						528.77
United States	Dollar				6,862.60				6,862.60
Daniel Benaim:									
Israel	Shekel		652.00						652.00
United States	Dollar				9,134.40				9,134.40

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON FOREIGN RELATIONS FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009—Continued

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Daniel Benaim:									
Egypt	Pound		343.00						343.00
Jordan	Dinar		607.00						607.00
United States	Dollar				7,298.51				7,298.51
Jonah Blank:									
India	Dollar		2,402.00						2,402.00
Thailand	Dollar		284.75						284.75
United States	Dollar				11,466.32				11,466.32
David Bonine:									
Thailand	Baht		639.00						639.00
Vietnam	Dong		940.00						940.00
United States	Dollar				9,739.70				9,739.70
Jay Branegan:									
Russia	Ruble		794.00						794.00
Ukraine	Hryvnia		242.00						242.00
United Kingdom	Pound		165.00						165.00
United States	Dollar				9,481.83				9,481.83
Elana Broitman:									
Dominican Republic	Peso		155.00						155.00
United States	Dollar				1,399.80				1,399.80
Elana Broitman:									
Israel	Shekel		429.31						429.31
United States	Dollar				5,518.60				5,518.60
Neil Brown:									
United Kingdom	Pound		446.00						446.00
Turkey	Lira		197.00						197.00
United States	Dollar				8,369.54				8,369.54
Jason Bruder:									
Moldova	Leu		509.00						509.00
Georgia	Lari		1,404.00						1,404.00
Russia	Ruble		2,285.19						2,285.19
United States	Dollar				9,664.00				9,664.00
Heidi Crebo-Rediker:									
Philippines	Peso		452.75						452.75
Singapore	Dollar		436.42						436.42
China	RMB		1,657.06						1,657.06
United States	Dollar				12,795.00				12,795.00
Steven Feldstein:									
Uganda	Shilling		1,333.00						1,333.00
Moldova	Leu		145.00						145.00
Georgia	Lari		1,016.00						1,016.00
United States	Dollar				13,600.54				13,600.54
Andy Fisher:									
United Kingdom	Pound		446.00						446.00
Turkey	Lira		197.00						197.00
United States	Dollar				8,369.54				8,369.54
Doug Frantz:									
Belgium	Euro		582.80						582.80
United States	Dollar				6,862.60				6,862.60
Patrick Garvey:									
Kuwait	Dollar		159.00						159.00
United States	Dollar				8,393.30				8,393.30
Dillon Guthrie:									
Moldova	Leu		551.00						551.00
Georgia	Lari		1,404.00						1,404.00
United States	Dollar				9,437.67				9,437.67
Frank Jannuzi:									
China	RMB		978.00						978.00
Republic of Korea	Won		1,200.00						1,200.00
United States	Dollar				7,771.41				7,771.41
Andrew Keller:									
Germany	Euro		520.00						520.00
United States	Dollar				7,606.01				7,606.01
Rori Kramer:									
Uganda	Shilling		218.00						218.00
United States	Dollar				10,227.56				10,227.56
Chad Kreikemeier:									
Russia	Ruble		1,589.90						1,589.90
United States	Dollar				7,453.80				7,453.80
Robin Lerner:									
Malaysia	Ringgit		345.46						345.46
Cambodia	Riel		168.00						168.00
Thailand	Baht		687.74						687.74
United States	Dollar				10,290.18				10,290.18
Mark Lopes:									
Colombia	Dollar		1,782.00						1,782.00
United States	Dollar				2,143.70				2,143.70
Nicholas Ma:									
Philippines	Peso		540.00						540.00
Singapore	Dollar		631.00						631.00
China	RMB		931.00						931.00
United States	Dollar				12,825.58				12,825.58
Marta McLellan Ross:									
Thailand	Baht		592.50						592.50
Laos	Kip		478.00						478.00
Burma	Kyat		277.00						277.00
United States	Dollar				12,290.00				12,290.00
Kenneth Myers, Jr.:									
United Kingdom	Pound		446.00						446.00
Turkey	Lira		197.00						197.00
United States	Dollar				8,369.54				8,369.54
Melanie Nakagawa:									
Germany	Euro		839.58						839.58
United States	Dollar				7,606.01				7,606.01
Ann Norris:									
Cambodia	Dollar		230.00						230.00
Thailand	Baht		660.00						660.00
United States	Dollar				4,393.20				4,393.20
Stacie Oliver:									
United Arab Emirates	Dirham		210.00						210.00
Afghanistan	Afghani		176.00						176.00
Pakistan	Rupee		345.00						345.00
United States	Dollar				4,089.10				4,089.10
Michael Phelan:									
Pakistan	Rupee		360.00						360.00

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON FOREIGN RELATIONS FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009—Continued

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Kenya	Shilling		838.83						838.83
United States	Dollar				10,965.00				10,965.00
Peter Quaranto:									
South Africa	Rand		890.00						890.00
Zimbabwe	Dollar		885.00						885.00
Angola	Dollar		1,166.00						1,166.00
United States	Dollar				9,787.19				9,787.19
Nilmini Rubin:									
Ghana	Cedi		830.14						830.14
United States	Dollar				4,726.60				4,726.60
Shannon Smith:									
Senegal	CFA		425.00						425.00
Chad	CFA		1,365.00						1,365.00
United States	Dollar				9,713.57				9,713.57
Halie Soifer:									
Afghanistan	Dollar		21.00						21.00
United States	Dollar				8,140.59				8,140.59
Atman Trivedi:									
Japan	Yen		1,807.88						1,807.88
United States	Dollar				12,827.50				12,827.50
Atman Trivedi:									
China	RMB		1,344.00						1,344.00
Republic of Korea	Won		1,200.00						1,200.00
Vietnam	Dong		1,396.00						1,396.00
United States	Dollar				11,261.59				11,261.59
Laura Winthrop:									
Uganda	Shilling		1,479.00						1,479.00
Chad	CFA		693.00						693.00
United States	Dollar				10,979.04				10,979.04
Todd Womack:									
Israel	Shekel		615.00						615.00
United States	Dollar				10,078.51				10,078.51
Debbie Yamada:									
Bosnia-Herzegovina	Marka		198.00						198.00
Lithuania	Lita		800.00						800.00
Charles Ziegler:									
United States	Dollar				8,113.59				8,113.59
Total			57,733.33		404,966.83				462,700.16

SENATOR JOHN F. KERRY,
Chairman, Committee on Foreign Relations, Oct. 22, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Amy Carroll:									
United States	Dollar				1,163.45				1,163.45
Germany	Euro		30.00						30.00
Norway	Kroner		975.00						975.00
Denmark	Kroner		30.00						30.00
Carol Woodcock:									
United States	Dollar				845.12				845.12
Norway	Kroner		1,150.00						1,150.00
Jennifer Hemingway:									
United States	Dollar				6,299.66				6,299.66
Tunisia	Dinar		75.68		21.00		46.00		142.68
Turkey	Lira		131.66		33.00		46.00		210.66
Israel	Shekel		201.94		88.37		32.00		322.31
Tajikistan	Somoni		25.50				20.00		45.50
Thomas Bishop:									
United States	Dollar				6,299.66				6,299.66
Tunisia	Dinar		57.30				35.00		92.30
Turkey	Lira		129.85		10.00		10.00		149.85
Israel	Shekel		255.35		30.00		121.00		406.35
Tajikistan	Somoni		20.00				5.00		25.00
Joel Spangenberg:									
United States	Dollar				6,299.66				6,299.66
Tunisia	Dinar		60.61				35.61		96.22
Turkey	Lira		142.74		6.69		8.94		158.37
Israel	Shekel		175.16				13.19		188.35
Tajikistan	Somoni		6.83				5.00		11.83
Jessica Nagasako:									
United States	Dollar				6,299.66				6,299.66
Tunisia	Dinar		56.82						56.82
Turkey	Lira		127.84		8.03				135.87
Israel	Shekel		178.73						178.73
Tajikistan	Somoni		6.83				4.56		11.39
Bradford Belzak:									
United States	Dollar				1,287.58				1,287.58
Austria	Euro		396.84						396.84
Tara Shaw:									
United States	Dollar				4,939.94				4,939.94
Slovakia	Euro		21.35						21.35
Austria	Euro		345.30		14.27		1.43		361.00
Germany	Euro		271.65		15.08		7.90		294.63
Poland	Zloty		109.08						109.08
France	Euro		41.31		54.09				95.40
Blas Nunez-Neto:									
United States	Dollar		0.00		4,939.94				4,939.94
Austria	Euro		402.00						402.00
Germany	Euro		408.00						408.00
Poland	Zloty		97.00						97.00
France	Euro		81.00						81.00

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009—Continued

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Total			6,011.37		38,655.20		391.63		45,058.20

SENATOR JOSEPH F. LIEBERMAN,
Chairman, Committee on Homeland Security and Governmental Affairs,
Oct. 16, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754, COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Senator Sherrod Brown:									
United Arab Emirates	Dirham		95.00						95.00
Afghanistan	Afghani		16.00						16.00
United States	Dollar				10,717.89				10,717.89
Mark Powden:									
United Arab Emirates	Dirham		91.61						91.61
Afghanistan	Afghani		16.00						16.00
United States	Dollar				10,424.89				10,424.89
Janice Kaguyutan:									
Malaysia	Ringgit		193.64		29.49		23.33		246.46
Cambodia	Dollar		214.66		25.00		23.33		262.99
Thailand	Baht		652.75						652.75
United States	Dollar				10,320.18				10,320.18
Total			1,279.66		31,517.45		46.66		32,843.77

SENATOR TOM HARKIN,
Chairman, Committee on Health, Education, Labor, and Pensions,
Oct. 22, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMITTEE ON INTELLIGENCE FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Andrew Kerr			3,326.00						3,326.00
	Dollar				12,511.66				12,511.66
Randall Bookout			1,609.00						1,609.00
	Dollar				9,767.87				9,767.87
Gordon Matlock			3,326.00						3,326.00
	Dollar				12,511.66				12,511.66
Bryan Smith			546.00						546.00
	Dollar				1,546.73				1,546.73
Michael Pevzner			2,245.50						2,245.50
	Dollar				11,192.37				11,192.37
John Maguire			2,362.40						2,362.40
	Dollar				10,252.35				10,252.35
Dafna Hochman			282.70						282.70
	Dollar				11,237.98				11,237.98
David Koger			1,744.00						1,744.00
	Dollar				7,375.39				7,375.39
Andrew Kerr			1,676.49						1,676.49
	Dollar				7,425.39				7,425.39
Richard Girven			1,644.00						1,644.00
	Dollar				7,425.39				7,425.39
Michael Bichwald			1,643.49						1,643.49
	Dollar				7,427.60				7,427.60
Randall Bookout			1,818.00						1,818.00
	Dollar				12,323.42				12,323.42
John Dickas			1,571.00						1,571.00
	Dollar				12,323.00				12,323.00
Paul Matulic			1,818.00						1,818.00
	Dollar				12,122.00				12,122.00
Jennifer Wagner			192.00						192.00
	Dollar				9,766.70				9,766.70
James Smythers			1,609.00						1,609.00
	Dollar				8,795.87				8,795.87
Senator Bill Nelson			2,129.00						2,129.00
	Dollar				8,505.91				8,505.91
Caroline Tess			2,552.00						2,552.00
	Dollar				10,139.41				10,139.41
Greta Lundeberg			2,664.30						2,664.30
	Dollar				10,875.31				10,875.31
Total			34,758.88		183,526.01				218,284.89

SENATOR DIANNE FEINSTEIN,
Chairman, Committee on Intelligence, Oct. 27, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), JOINT ECONOMIC COMMITTEE, FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Chair Carolyn B. Maloney:									
United States	Dollar				11,605.50				11,605.50
China	Renminbi		1,885.29						1,885.29
Gail Elaine Cohen:									
United States	Dollar				11,605.50				11,605.50
China	Renminbi		1,744.29						1,744.29
Barry Nolan:									
United States	Dollar				11,605.50				11,605.50
China	Renminbi		1,885.29						1,885.29
Total			5,514.87		34,816.50				40,331.37

REPRESENTATIVE CAROLYN B. MALONEY,
Chairman, Joint Economic Committee, Oct. 26, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), CONGRESSIONAL-EXECUTIVE COMMISSION ON CHINA FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Andrea Worden:									
China	Yuan		4,401.00				2,216.00		6,617.00
United States	Dollar				5,297.83				5,297.83
Lawrence Liu:									
China	Yuan		4,401.00				2,216.00		6,617.00
United States	Dollar				5,297.83				5,297.83
Douglas Grob:									
China	Yuan		4,401.00				2,216.00		6,617.00
United States	Dollar				5,297.83				5,297.83
Total			13,203.00		15,893.49		6,648.00		35,744.49

SENATOR BYRON L. DORGAN,
Chairman, Congressional-Executive Commission on China, Oct. 23, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), COMMISSION ON SECURITY AND COOPERATION IN EUROPE FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Erika Schlager:									
Slovakia	Euro		424.50						424.50
Austria	Euro		996.21						996.21
United States	Dollar				6,166.81				6,166.81
Janice Helwig:									
Kyrgyzstan	Som		1,476.50						1,476.50
United States	Dollar				7,216.52				7,216.52
Orest Deychakiwsky:									
Kyrgyzstan	Som		1,476.50						1,476.50
United States	Dollar				7,216.52				7,216.52
Shelly Han:									
Ghana	Cedi		505.00						505.00
Liberia	Dollar		500.00						500.00
United States	Dollar				7,593.20				7,593.20
Alex Johnson:									
Austria	Euro		1,122.00						1,122.00
United States	Dollar				7,239.80				7,239.80
Winsome Packer:									
Austria	Euro		32,416.02						32,416.02
United States	Dollar				6,106.60				6,106.60
Total			38,916.73		41,539.45				80,456.18

SENATOR BENJAMIN L. CARDIN,
Chairman, Commission on Security and Cooperation in Europe,
Oct. 21, 2009.

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95–384—22 U.S.C. 1754(b), REPUBLICAN LEADER FOR TRAVEL FROM AUG. 9 TO AUG. 16, 2009

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Tom Hawkins:									
United States	Dollar				8,106.00				8,106.00
Saudi Arabia	Saudi Riyal		1,293.00						1,293.00
Yemen	Dollar		167.00						167.00
Total			1,460.00		8,106.00				9,566.00

SENATOR MITCH McCONNELL,
Republican Leader, Sept. 18, 2009.

NATIONAL MILITARY FAMILY MONTH

Mr. CASEY. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 336, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A resolution (S. Res. 336) expressing the sense of the Senate regarding designation of the month of November 2009 as ''National Military Family Month.''

There being no objection, the Senate proceeded to consider the resolution.

Mr. CASEY. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements related to the resolution be printed in the RECORD.

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

The resolution (S. Res. 336) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 336

Whereas military families, through their sacrifices and their dedication to the United States and its values, represent the bedrock upon which the United States was founded and upon which the country continues to rely in these perilous and challenging times: Now, therefore, be it

Resolved, That—

(1) it is the sense of the Senate that the month of November 2009 should be designated as ''National Military Family Month''; and

(2) the Senate encourages the people of the United States to observe ''National Military Family Month'' with appropriate ceremonies and activities.

JOINT REFERRAL—EXECUTIVE CALENDAR

Mr. CASEY. Mr. President, as in executive session, I ask unanimous consent that the nomination of Suresh Kumar, to be Assistant Secretary of Commerce and Director General of the United States and Foreign Commercial Service, received in the Senate on October 29, 2009, and referred to the Banking Committee on November 2, now be jointly referred to the Commerce Committee.

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

DISCHARGE AND REFERRAL—S. 1506

Mr. CASEY. Mr. President, I ask unanimous consent that S. 1506 be discharged from the Committee on Commerce, Science, and Transportation and be referred to the Committee on Banking, Housing, and Urban Affairs.

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

ORDERS FOR THURSDAY, NOVEMBER 5, 2009

Mr. CASEY. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m., Thursday, November 5; that following the prayer and the pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate proceed to a period for the transaction of morning business for 2 hours, with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the final half; that following morning business, the Senate execute the order with respect to H.R. 2847, the Commerce, Justice, Science appropriations bill, as provided for under the previous order.

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

PROGRAM

Mr. CASEY. Mr. President, following morning business, there will be 40 minutes for debate prior to a cloture vote on the committee-reported substitute amendment to H.R. 2847. Therefore, Senators should expect the first vote of the day to begin around 12:15 p.m.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. CASEY. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 7:32 p.m., adjourned until Thursday, November 5, 2009, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

THE JUDICIARY

ALBERT DIAZ, OF NORTH CAROLINA, TO BE UNITED STATES CIRCUIT JUDGE FOR THE FOURTH CIRCUIT, VICE WILLIAM W. WILKINS, JR., RETIRED.

JAMES A. WYNN, JR., OF NORTH CAROLINA, TO BE UNITED STATES CIRCUIT JUDGE FOR THE FOURTH CIRCUIT, VICE JAMES DICKSON PHILLIPS, JR., RETIRED .

DEPARTMENT OF HOMELAND SECURITY

GRAYLING GRANT WILLIAMS, OF MARYLAND, TO BE DIRECTOR OF THE OFFICE OF COUNTERNARCOTICS ENFORCEMENT, DEPARTMENT OF HOMELAND SECURITY, VICE UTTAM DHILLON, RESIGNED.

DEPARTMENT OF JUSTICE

JOHN GIBBONS, OF MASSACHUSETTS, TO BE UNITED STATES MARSHAL FOR THE DISTRICT OF MASSACHUSETTS FOR THE TERM OF FOUR YEARS, VICE ANTHONY DICHIO.

ROBERT WILLIAM HEUN, OF ALASKA, TO BE UNITED STATES MARSHAL FOR THE DISTRICT OF ALASKA FOR THE TERM OF FOUR YEARS, VICE RANDY MERLIN JOHNSON.

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. RICHARD P. FORMICA

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. MICHAEL L. OATES

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be major general

BRIG. GEN. CHARLES J. BARR

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

REAR ADM. MICHAEL A. LEFEVER

IN THE ARMY

THE FOLLOWING NAMED INDIVIDUAL FOR REGULAR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY NURSE CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be major

EDWIN S. FULLER

THE FOLLOWING NAMED INDIVIDUAL FOR REGULAR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY MEDICAL SERVICE CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be lieutenant colonel

ROBERT J. SCHULTZ

THE FOLLOWING NAMED OFFICERS FOR REGULAR APPOINTMENT IN THE GRADES INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 531:

To be lieutenant colonel

CLEMENT D. KETCHUM

To be major

JOHN LOPEZ

THE FOLLOWING NAMED INDIVIDUALS FOR REGULAR APPOINTMENT TO THE GRADES INDICATED IN THE UNITED STATES ARMY DENTAL CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be lieutenant colonel

CAREY L. MITCHELL
JOHN J. OTTEN

To be major

CHU N. LEE
MELISSA F. TUCKER

THE FOLLOWING NAMED INDIVIDUALS FOR REGULAR APPOINTMENT TO THE GRADES INDICATED IN THE UNITED STATES ARMY MEDICAL CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be colonel

CRAIG R. BOTTONI

To be lieutenant colonel

VITTORIO G. GUERRIERO
ROBERT L. HASH
KATHY B. PORTER

To be major

CHUNHUAI CHAO
PATRICK J. FULLERTON
ANDREW GAGE
MATTHEW B. HARRISON
JAMES B. LINDBERG
AKASH S. TAGGARSE

CONFIRMATION

Executive nomination confirmed by the Senate, November 4, 2009:

DEPARTMENT OF HOMELAND SECURITY

TARA JEANNE O'TOOLE, OF MARYLAND, TO BE UNDER SECRETARY FOR SCIENCE AND TECHNOLOGY, DEPARTMENT OF HOMELAND SECURITY.

THE ABOVE NOMINATION WAS APPROVED SUBJECT TO THE NOMINEE'S COMMITMENT TO RESPOND TO REQUESTS TO APPEAR AND TESTIFY BEFORE ANY DULY CONSTITUTED COMMITTEE OF THE SENATE.