

whether it is health insurance, whether it is workers compensation—you inject competition. And by injecting that competition, you make the marketplace work a lot better. That is what we are striving for here today.

Senator MERKLEY.

Mr. MERKLEY. There are folks who have said: Well, now, hold on. Isn't this a government takeover of health care? Since that has been said so many times on this floor by those who oppose health care reform, I think we should address it directly. Introducing a competitor does not have the government taking over health care. It is an option citizens can choose—if they are not satisfied with the current performance—competing on a level playing field. This is exactly what you need when you have markets that have lost their competition.

It is important to note this phrase “government takeover” came out of a study that was contracted for by my colleagues across the aisle to say: How can we defeat health care? They polled folks in America and said: What are the scariest terms we can use—even though we do not know what the plan is; even though we do not know whether the plan is going to invest in prevention; we do not know if the plan is going to invest in disease management; we do not know if the plan is going to have healthy choice incentives that will help improve the quality of life of Americans and decrease health care costs; we do not know if we will have insurance reforms that will get rid of dumping, the practice of throwing people off their health care plan once they get sick; we do not know whether there will be reforms that say there will be guaranteed issue, you cannot be denied the opportunity to have health care because of preexisting conditions. We do not know any of that, but whatever it is, we are going to be against it. So let's do a study now. And they contracted to do the studies. Let's find out how to scare Americans. The result was: Let's call it a government takeover.

I have to tell you, this is too important an issue to the citizens of our Nation. Health care touches every individual, touches every small business trying to succeed. It touches every large business trying to compete around the world, with much more efficient—much more efficient—health care systems in other countries. It is too important than to do studies to try to find words to scare Americans.

How about we try to solve problems in this Chamber? I am going to tell you, I think this bill put forward last night by Majority Leader REID is about solving a problem absolutely critical to our economy, critical to our small businesses, critical to the quality of life of our families.

Mr. UDALL of New Mexico. I say to Senator MERKLEY, you are exactly right. Senator REID has put a merged proposal on the floor, and do you know what the response is we have seen? I

like your comments on this. The response we have seen I find amazing, I find absolutely amazing, because here is what we are facing.

The American people want health care reform, so we have announced we are going to put a bill on the floor to reform health care. We have been working on it for months. It is out of two committees. We have brought it together. So what do we have to do in the Senate to move forward? We file a motion to proceed. OK. That is just to proceed. You are not even on the bill.

Do you know what is going to happen? The Republicans are going to step forward, their leadership is going to step forward, and they are going to say: No, no, we are not going to agree to that. We are not going to agree to even proceed to the bill.

So we are going to have to file cloture. When we file a cloture motion today, it is going to take 2 days before that cloture motion ripens. Then we are going to have a cloture vote. Then 30 more hours are going to expire. They are going to require us to use all that time. Even though we may be in a quorum call and not doing any debate, they are going to require that. Then, believe it or not, they are going to require us—these wonderful clerks who work up here—they are going to require them to stand up for 50 hours and read that bill on the floor—50 hours. The normal thing we do to get to something is we waive the reading. But they are going to require it.

What does the Senator think of that approach? I cannot understand that.

Mr. MERKLEY. Many Americans are familiar with the tradition of a filibuster, and they envision it where Senators stand up and speak and speak on an issue of principle. That was used very rarely in the past. In fact, now all that is required is for one Senator to object to unanimous consent, and then you need to have a 60-vote test.

This 60-vote test is most often used at the end of a debate to say: Do we go to a final vote? Are we going to wrap up debate and go to a final vote? But in this case, as the Senator has described it, it is going to be used even to hold a debate on health care in this Chamber.

All my life—I first came to this Chamber when I was an intern for Senator Hatfield in 1976—all my life, I have heard the Senate described as “the world's greatest deliberative body.” Well, that is a pretty cool thing. But are you telling me that folks are going to try to block this Chamber from even debating health care?

Mr. UDALL of New Mexico. That is exactly what I am saying. We have worked hard. The majority has worked hard. We put together a bill. We have had hearings—Democrats and Republicans—in those committees. When we file a motion to proceed, we are not even on the bill, we cannot amend the bill. When we file that motion to proceed, they are going to require we take 2 full days, and then another 30 hours, and then demand we read the bill on the Senate floor.

I see Senator ALEXANDER in the Chamber. I know there are good friends of ours on the other side who do not want to see that kind of thing proceed. But a couple of Senators can muck up the whole works here and slow this thing down.

I think the American people want us to move forward with health care. I think they want us to get something done that provides health care for people, that provides choices, that keeps people's doctors, that puts competition in the market—all of those kinds of things.

Senator MERKLEY.

Mr. MERKLEY. I join the Senator in saying to all my colleagues, do not fear debate on health care. We are here, and it is our job to come and debate. It is our job to come and talk about how important it is to have insurance reforms so people are not barred because of pre-existing conditions, people are not dumped after a decade of being provided insurance because they get sick.

It is so important we have this debate, and I look forward to having it, and hope all colleagues will join in saying: Yes, no matter which side of this issue you are on, it is time to debate, as our citizens have sent us here to do.

Mr. UDALL of New Mexico. I say to Senator MERKLEY, thank you. Thank you for joining me in this colloquy today.

I thank the Acting President pro tempore and yield back any time at this point.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I wonder if you could let me know when I have consumed 9 minutes.

The ACTING PRESIDENT pro tempore. The Senator will be so notified.

Mr. ALEXANDER. Thank you, Mr. President.

HEALTH CARE REFORM

Mr. ALEXANDER. Mr. President, I was listening to my friends on the Democratic side. I wish they could have been in the Senate 4 or 5 years ago. Actually that would have reduced our numbers, so as much as I like them, I would not have wished that. If they had been here, they might have been some help in arguing to the Democrats who blocked Miguel Estrada from even having an up-or-down vote, who blocked Judge Pryor of Alabama from having an up-or-down vote. The Democrats at that time seemed to argue a completely different point of view.

What we want on the Republican side is very simple.

You see this bill I am leaning against? This is the new bill. This is the Harry Reid—the distinguished majority leader's health bill. We want to make sure the American people have a chance to read it and they have a chance to know exactly what it costs and they have a chance to know exactly how it affects them. That is not

an unreasonable request, we don't think. That is the way the Senate works. That is our job.

When it came to the Defense authorization bill, we spent a couple of weeks doing that. When it came to No Child Left Behind, the Education bill, we spent 7 weeks going through it, and neither of those bills was 2,074 pages long. The Homeland Security bill took 7 weeks. The Energy bill in 2002 took 8 weeks. A farm bill last year took 4 weeks. So we have a little reading to do, a little work to do. We have done some preliminary reading, but what we want to make sure of is that the American people read the bill, know what it costs, and know how it affects them because health care is a very personal matter.

I have done some reading since the bill came out last night. I was also a little bit amused to hear our friends complaining about how we are slowing things down. Well, this bill has been hidden in the majority leader's office for 6 weeks. He wouldn't let any of us read it. I don't know who he has been in there with writing it, but I guess it takes a long time to write a 2,074-page bill. But he didn't bring it out until last night, and now we have it printed out. Now he wants to vote on Saturday.

Well, that is all right with us if he wants to vote on Saturday or Sunday or Monday or Thanksgiving Day. We are going to be here because these are the most important set of votes we are ever likely to take in this body, at least during the time I am here.

Let me give a preliminary report to the American people in terms of the Thanksgiving spirit about this bill. It came out with a lot of fanfare. It has been hidden in the majority leader's office for 6 weeks, but here is my early verdict in terms of the Thanksgiving season. This is the same turkey you saw in August, and it is not going to taste any better in November. It is not much different than what worried you in August. In fact, it has gotten a little bit worse.

If I may, let me give just a few thoughts about the bill. Why would I say it is the same turkey you saw in August, and you didn't like it in August? Well, it is still going to have higher premiums for you to pay. It is still going to have higher taxes for you to pay. There are still going to be big Medicare cuts for seniors to absorb in their program. And while it is a little too early to tell, there is very likely to be more Federal debt. It is still a big bill—more than 2,000 pages—and if you wait until it is fully implemented, it is still somewhere between \$2 trillion and \$3 trillion over a 10-year period of time.

The Republican Budget Committee staff has looked it over carefully since last night and says it is about \$2.5 trillion in spending over 10 years. It still starts taxing you and cutting your benefits immediately if you are on Medicare, but the benefits that come to you for the most part don't start until 2014.

Let me be a little specific about it. It still leaves 24 million Americans unin-

sured, although it reduces the number of uninsured Americans by 31 million according to the Congressional Budget Office. It still doesn't take care of the physicians reimbursement. One of the most difficult issues we have is what we should do about the amount of money we allow doctors to make when they see patients who are in the government programs. In the Medicare Program, doctors only make about 83 percent of what they would be paid if they were seeing the 177 million of us who have private insurance. We regulate that. Doctors who see Medicaid patients, about 60 million patients in the low-income government program, only get paid about 63 percent, which is set by the state, of what they would get paid if they saw somebody who has a private policy. In fact, 50 percent of doctors will not see new patients in the biggest government program we have—Medicaid. So as you can imagine, a lot of doctors can't see the people in the government program.

This new bill takes care of the doctors reimbursement for only 1 year. It leaves out about \$250 billion over the 10-year period of time, so add that in when you are figuring out whether this adds to the debt.

Does it have higher premiums? Yes, it does. The Congressional Budget Office says the new government plan in this bill would have premiums that are higher than private plans. Your common sense would also tell you that, because if we have \$800 billion in new taxes somebody is going to have to pay those taxes. If they are on medical devices or insurance policies, do you think the insurance company is just going to pay those taxes? No, they are not. They are going to pass those on to you in the form of premiums. So higher taxes mean higher premiums.

There is also \$28 billion in new taxes from employers who have to pay a fine when they don't provide employer-based insurance. Under this bill, the chances are very good—in fact, the Congressional Budget Office says maybe 5 million Americans will lose their insurance. How could they lose their insurance under a bill such as this? The reason would be that the employer will read this big, complicated thing and say: I don't want anything to do with that. I will pay the fine. I will write a check to the government. Then I will write a letter to all of my employees and say: Congratulations, there is a new government plan, and you are in it.

That is going to happen to millions of Americans who have private insurance today through their employers. The employer is going to simply say it is cheaper for them to pay the fine. It is easier for them to pay the fine than deal with this 2,074-page bill.

According to the Congressional Budget Office, 5 million Americans—and others think many millions more—will lose their employer-based insurance, and they will end up in the government plan. I just said in the government

plan, the largest one we have, Medicaid for low-income Americans, 50 percent of doctors will not see those patients—new patients—because of the low reimbursement rates. The bill still relies on the States to pay for some of Medicaid. That is not new either. That concerns me greatly as a former Governor. Our current Democratic Governor said the bills he had seen so far would add over \$1 billion to State taxes or spending over the next 5 years which, in my way of thinking, would require a new State income tax that would seriously damage higher education or both.

In other words, we are saying give us a pat on the back. Thank you very much for expanding Medicaid, and I am going to send some of the bill to the States and let the States either raise college tuition or raise taxes or cut spending or put in new taxes to pay for it.

There is also a new Medicare tax. The money that is raised from that, the Medicare payroll tax, is not spent on grandpa, not spent on Medicare; it is spent on a new program. So we are going to cut Medicare and tax Medicare and not spend it on Medicare, which is going broke in 2015, according to its trustees. We have a new government program. Those are new. But, basically, it is still the same turkey you didn't like in August, and it is not going to taste any better at Thanksgiving dinner on Thursday.

We need to start over. We need to go in the right direction. We need to cut costs. Republicans have offered a number of ways to do that: small business health plans, reducing junk lawsuits against doctors, competition across State lines. All of these steps would cut costs. We don't need a 2,074-page bill. We need to take it step by step in the right direction to cut health care costs, and when we take those five or six steps, we can take five or six more.

I thank the President and yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Nebraska is recognized.

Mr. JOHANNIS. Mr. President, I wish to compliment the Senator on his very excellent presentation on a bill we just got in the middle of the night last night. I am a little bit tempted to ask the Senator if I could have a copy of that bill on my desk, but the less we have to handle it, the less we risk bodily injury, so that is all right. Just keep it right there at your desk.

I wish to zero in on one issue today. It is a very important issue to Nebraskans. It is a very important issue to Americans. That is the issue of abortion. An overwhelming majority of Americans suggest—take the position, I should say—that we should not use Federal funds for abortions. Just yesterday, I was looking at an article and it said six in ten Americans favor a ban on using Federal funds for abortions. I have found over and over again that Nebraskans feel the same way.

A constituent in Gretna, NE, said to me, and I am quoting:

Please know that I do support some health care reform; however, I cannot in good conscience support any legislation that contains any abortion mandates.

Someone from Bellevue, NE, said, and I am quoting again:

I am writing to urge you to ensure that language is included in any health care reform proposal or bill to explicitly exclude abortion . . . The use of my tax dollars forces me to support a procedure that is against my conscience.

So as we move forward, we need to focus on what people are saying to us. That is why in this bill we need the exact language in the House bill.

The Stupak amendment is the essence of a continuation of current law. Don't be fooled by those who suggest this is something new and different. The Hyde law prohibits Federal funding of abortion through Federal programs such as Medicaid. It prohibits Federal funding for private health insurance policies that cover abortion. An example is the current Federal Employees Health Benefits Program. The 250 participating health plans do not cover elective abortions. Federal employees pay a share of the cost. The Federal Government pays the balance—or the taxpayers. Federal employees cannot opt for elective abortion coverage because taxpayer dollars are subsidizing the cost of the employee plans.

As many have said during this debate, if it is good enough for Federal employees, well, it should be good enough for the citizens.

The Stupak-Ellsworth-Pitts amendment says: New government subsidies could not be used to purchase an insurance plan that covers abortion. The proposed government insurance plan also could not cover abortion. However, the stark and alarming differences that exist in the Senate bill are immediately obvious.

The Senate bill says: People who receive a new government subsidy could—could—enroll in an insurance plan that covers abortion. It requires—requires—at least one plan on the insurance exchange to offer abortion services.

Supporters say: Don't worry. Public funds would be segregated, so they wouldn't be used for abortion. But this provides no solace whatsoever. It is impossible to segregate funds. How will the government ensure citizens who receive a subsidy to buy a health insurance plan do not use those Federal dollars to pay for health insurance premiums?

Put another way, citizens get charged a premium that includes abortion coverage. The taxpayers pay a percent of the premium. Who can determine what dollar went here or what dollar went there? Well, as many have pointed out already, it is a shell game—nothing more, nothing less.

The Senate bill makes a sharp detour from current law. The very clear line established by the Hyde amendment is obliterated. The Federal Employees

Health Benefits Plan does not allow this shell game and neither should this new regime.

National Right to Life is not fooled by this game. They call this provision “completely unacceptable.” It was remarkable how quickly they read this language and saw through it. National Right to Life goes on to say that it “closely mirrors the original House language that was rejected by 64 Democrats.” I am going to quote:

It tries to conceal that unpopular reality with layers of contrived definitions and hollow bookkeeping requirements.

I stand here today to say to National Right to Life, thank you for standing up for life. I hope more will do the same. You are absolutely correct in saying that it would “require coverage of any and all abortions throughout the public option program. This would be Federal Government funding of abortion, no matter how hard they try to disguise it.” They weren't fooled.

My best view of this is that other pro-life leaders will courageously stand up today and tell Americans they should not be fooled either. We have to draw a line. This isn't a partisan issue.

Last week, a Democratic colleague said:

What is clear is that for this bill to be successful, there can be no taxpayer funding for abortion.

Yet the Stupak-Ellsworth-Pitts protections are stripped from this bill. Since it is not in the underlying bill, I want to be very candid, I don't see it in the final bill. I don't believe there are enough pro-life Senators to break a filibuster to make this a part of the final bill. That is why this motion to proceed we will be voting on in hours has become the key vote on abortion. It is the key pro-life vote.

Some say cloture on a motion to proceed is just a procedural effort. It begins debate, and then you can do amendments and potentially even vote the bill down. The facts suggest otherwise. Listen to this, from the Congressional Research Service: Between the 106th and 110th Congress, there were 41 cases in which the U.S. Senate approved a motion to proceed and eventually then voted on final passage; 40 of those 41 bills received final approval. In other words, all but one passed into law. Well, that tells us all we need to know. This motion to proceed on this life issue is critical.

Some of my colleagues would argue that if we don't like the bill, we must not block the opportunity to amend it; therefore, they would say we should vote for the motion to proceed. I don't think any pro-life Senator could take that position, and here is why: If we proceed to the bill, any changes will require 60 votes. I sincerely wish there were 60 pro-life votes in the Senate, but by my count I don't get there; therefore, we won't be able to change this. If there is a Senator willing to suggest otherwise, I respectfully invite him or her to come to the floor and share the list of 60 Senators who are willing to

vote for a provision that ensures the Stupak amendment will be there. I don't think that is going to happen.

So it comes down to this: If you don't believe tax dollars should fund abortion, vote against the motion to proceed. It is our last chance to protect life in this debate.

Congressman STUPAK and about 40 of his Democratic colleagues stood strong on their pro-life convictions, and they literally changed the outcome in the House. They stared the Speaker in the eye and said, about this procedural vote: Look, if it is not pro-life, we are not there. And the Speaker had no choice but to put the Stupak amendment up for a vote. Over 40 courageous Congressmen stuck to their convictions, and they made a difference.

Today in the Senate, we don't need 40 Democrats to stand up for what is right; we need just 1. If just one pro-life Democrat would say: I will not vote to move this bill until it is fixed, until it is truly pro-life, that would happen.

Those who say they are pro-life but refuse to take that stand, I worry they are not standing up for life.

I have a record of voting pro-life. I know how I am going to vote on this, because it is the right thing to do. I ask for a pro-life Senator to come down here and stand up on this bill. Pro-life Americans are waiting, and they are not fooled.

I yield the floor.

THE PRESIDING OFFICER (MR. BENNET). The Senator from Wyoming is recognized.

MR. BARRASSO. Mr. President, here you have it, what we have been waiting for for weeks and weeks, what has been put together behind closed doors. People all across the country have seen the doors behind which people, in secret, have been writing this bill. It is 2,074 pages. Some people call it remarkable; I call it a monstrosity.

The leader of the majority, Senator REID, has said that of all the bills we have seen, it will be the best. Mr. President, it is the best of the worst. It just looks like more of the same. All of the things I have been talking about—it still does those sorts of things. It still raises taxes on Americans, higher payroll taxes—and this is the Associated Press talking, not just me. Companies will pay a fee. That is from the Associated Press as well. It adds an array of tax increases, a rise in payroll taxes. That is from the Washington Post. It relies primarily on a new tax. That comes from the Washington Post as well. Then the New York Times says: New taxes and new fees. It is more of the same. It is the best of the worst.

What about Medicare cuts? Oh, they are in here, too, you better believe it. It is relying on cuts in future Medicare spending to cover costs. That is from the Associated Press. It is financed through billions of dollars in Medicare cuts. That is from the Washington Post. There will be reductions in Medicare. It is all in here—taking away the

health care of the seniors of this country, who have relied on Medicare and have been promised Medicare, to start a brandnew program which is in these 2,074 pages. It is just wrong.

Then look at the budget gimmicks. The costs of this legislation—and the CBO came up with some number, but it is not what the real cost is. This thing is going to cost \$2.5 trillion over a 10-year period. They try to get the number down. How do they do it? They start collecting taxes on day one, but until they actually implement the program—the things that are supposed to help Americans, they have delayed those things through 2014. Here we are in 2009, and the people who are watching at home and saying: This is going to help me next week, forget it, wait another 5 years. That is the way they maneuver and manipulate the numbers.

Here we have it—a bill that still raises taxes, still cuts Medicare, uses lots of budget gimmicks, and will cost the American people trillions and trillions of dollars.

Mr. President, obviously health care is one of the most important issues Congress is going to take up this year and maybe in our careers in the Senate. This may be the most important issue and bill we are ever asked to vote upon.

I travel home to Wyoming every weekend. I talk to people. I was there for 5 days over Veterans Day.

I say to them: What do you need? What do you think? What are your thoughts on this?

They say: Deliver to Washington a clear and simple message: Fix what is wrong with the health care system. Whatever you do, don't make things worse for me.

I have town meetings and ask people: Do you think it is going to cost more or less if this is passed? And I have had telephone townhall meetings with folks around Wyoming, and there is a way you can poll and ask people their ideas. People believe it is going to cost them more. I ask: Is your care going to be better or worse? People believe it is going to be worse, that they are going to pay more and get less.

That is not the kind of value the people of Wyoming or anywhere in America want. It is not the kind of work they expect out of Congress. They want us to fix what is wrong with the health care system. As Senator ALEXANDER said earlier, we need a step-by-step approach in the right direction, dealing with the things we can do to improve the system. Whatever you do, they say, don't make matters worse for me. That is what people care about. That is what they care about in the telephone townhall meetings and the meetings we have in person.

They say: What does this mean for me and my family? What will it mean to our health care? What happens if I get sick? That is what people care about. None of them want to read this bill, and probably none of them will

read the bill. It is on the Internet, after weeks behind closed doors. I hope the people in Wyoming and around America read it so that they know about the travesties in the bill and the impact it will have on them personally. It is the wrong prescription for America. And it is not just me saying that.

Yesterday, there was an article in the Wall Street Journal, and the dean of Harvard Medical School—it is in Boston, which is where they have this whole Massachusetts health care plan. He said that it is not working in Massachusetts and that this is not going to work for America. He gave the health care bill we are looking at in this Congress a failing grade. It doesn't do a good job in dealing with costs, access, or quality. It misses the boat on all of them.

The people who believe this is going to be helpful collectively are delusional, absolutely wrong. They have no idea how this will be for the health of our Nation. Yet this is what we are looking at. As Senator REID says, what we have seen, of all the bills he has seen, it is the best. It may be, but it is the best of the worst. It looks like more of the same.

Some people in Wyoming in townhall meetings say: Don't take away my freedom to choose the plan I want. Well, this bill sort of does that. If they have something they like, this has a lot of numbers and mandatory sets in there—the sorts of things that will take away freedoms of the people to choose specifically what they want because of all of the mandates this has to cover, and it has to cover this, that, and the next thing. A lot of people don't want that.

People also say: Don't cut my Medicare. I hear that all around Wyoming and around the country. There are 11 million people on Medicare Advantage. That Medicare Advantage Program is actually the only Medicare Program that does a good job of working on preventive care and coordinating care, and that is going to be slashed under this program. So we are going to take away prevention and the things that have to do with coordinated care. Just take a look at this monstrosity of over 2,000 pages.

People say: Don't cut my Medicare or raise my taxes. We are looking at 10.2 percent unemployment right now. This is not the time to raise taxes. It is just not the time. We need to focus on getting jobs moving in the economy and helping people hire new people. With that 10.2 percent unemployment, the last thing you want to do is raise taxes, but that is what this bill will do. That is not just me saying that; it is also the AP, the Washington Post, and the New York Times. All along the way, it is higher payroll taxes, companies paying fees, raising payroll taxes, primarily new taxes and fees—one after another—to pay for something the American people do not want.

The people say: Don't make me pay more for my family's health care. But

that is what is going to happen across the board. Premiums are going to increase, the premiums for people who have insurance—the premiums people pay who have insurance. For the 85 percent of Americans who have insurance, those costs will go up. This plan was designed, theoretically, when it was announced a year ago, to get costs down, to get premium costs down. This raises the premiums for the American people.

We are living in a time and in an economy when people say they can't afford this sort of a bill. The American people don't want it.

I travel around the State and visit with people. I visited with a young lady from Cody, WY, who has health insurance through her job, and she likes it. She takes care of her family. She found out that because of increasing premiums—which will get worse if this bill passes—the raises people think they are going to get will not be coming to them. In some places, they have had their pay cut a little bit so they can continue with the health care they have. They like the care, but they don't like the cost of their care. Again, this doesn't get the costs down for American families. Premiums will go up.

This is what we have been seeing all across the country. Whether it is independent people, whether it is people who work for government, whether it is people who sell insurance or those who buy insurance or people who need insurance, across the board, people say these atrocious health care proposals will make matters worse for the families, for the men and women of this country. They are going to be paid for not just by them but also by the young people, as the debt continues to accumulate in our Nation and goes on to impact the young people of this Nation.

The people of Wyoming want practical, commonsense health care reform—the kinds of reforms that will drive down the cost of medical care, that will improve access to providers, that will create more choices. They don't want things that will increase the costs or things that will limit access or things that will take away their choices.

Obviously, the majority leader and the Democrats in Congress have a very different plan in mind. Their legislation is going to force upon Americans higher health insurance costs through higher premiums, higher taxes, Medicare cuts, and more government control over health care decisions. That is not reform.

There are only two physicians in the Senate. The two of us bring a unique perspective to the health care debate. I practice medicine, taking care of families from all across the great State of Wyoming. I have dedicated my life's work to helping patients live longer, live healthier, and stay well. I can say, without reservation, in this Nation, we do offer some of the finest medical care

in the world. I am not blind to the fact that our health care system has failings. I have seen them firsthand. We can fix a broken system in a way that actually works to get costs down, to get more people covered, to give people more choices, not in this plan, not in this atrocious plan which raises taxes, cuts Medicare, and takes away choices from the American people.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

CAREGIVERS AND VETERANS OMNIBUS HEALTH SERVICES ACT OF 2009

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of S. 1963, which the clerk will report.

The assistant bill clerk read as follows:

A bill (S. 1963) to amend title 38, United States Code to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes.

The PRESIDING OFFICER. The Senator from Oklahoma.

AMENDMENT NO. 2785

Mr. COBURN. Mr. President, I call up amendment No. 2785.

The PRESIDING OFFICER. The clerk will report.

The assistant bill clerk read as follows:

The Senator from Oklahoma [Mr. COBURN] proposes an amendment numbered 2785.

Mr. COBURN. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To transfer funding for United Nations contributions to offset costs of providing assistance to family caregivers of disabled veterans)

On page 177, after line 10, add the following:

SEC. 1003. REQUIREMENT TO TRANSFER FUNDING FOR UNITED NATIONS CONTRIBUTIONS TO OFFSET COSTS OF PROVIDING ASSISTANCE TO FAMILY CAREGIVERS OF DISABLED VETERANS.

The Secretary of State shall transfer to the Secretary of Veterans Affairs, out of amounts appropriated or otherwise made available in a fiscal year for "Contributions to International Organizations" and "Contributions for International Peacekeeping Activities", such sums as the Secretaries jointly determine are necessary to carry out the provisions of this Act and the amendments made by this Act.

SEC. 1004. MODIFICATION OF ELIGIBILITY FOR FAMILY CAREGIVER ASSISTANCE.

(a) LIMITATION.—Section 1717A(b), as added by section 102 of this Act, is amended—

(1) in paragraph (1), by striking "and" at the end;

(2) in paragraph (2)(C), by striking the period at the end and inserting "; and"; and

(3) by adding at the end the following new paragraph:

"(3) who, in the absence of personal care services, would require hospitalization, nursing home care, or other residential care."

(b) EXPANSION.—Such section 1717A(b) is further amended, in paragraph (1), by striking "on or after September 11, 2001".

Mr. COBURN. Inquiry, Mr. President. It is my understanding I am going to have 2 hours during this period of time under unanimous consent.

The PRESIDING OFFICER. The Senator is correct.

Mr. COBURN. I reserve the remainder of my time and yield to the chairman and ranking member.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. AKAKA. Mr. President, I ask unanimous consent that I be permitted to use my time on the bill and my time on the amendment as necessary.

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

Mr. AKAKA. Mr. President, as chairman of the Senate Committee on Veterans' Affairs, I had the honor of speaking at the World War II Memorial this past Veterans Day. As I stood there remembering my own comrades and their families, I thought of what the brave men and women in the service give up every day so we can enjoy the freedoms that come with American citizenship.

It is in that spirit that I urge this body to pass S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2009 without further delay.

The Nation's young veterans coming home from Iraq and Afghanistan have faced a new and terrifying kind of warfare, characterized by improvised explosive devices, sniper fire, and counterinsurgencies. Military medicine, fortunately, is saving more of these young servicemembers' lives than ever before.

In World War II, 30 percent of Americans injured in combat died. In Vietnam, 24 percent died. In the wars in Iraq and Afghanistan, about 10 percent of those injured have died.

As more of the catastrophically disabled are surviving to return home, more will require a lifetime of care. With our decision on S. 1963, we decide whether that care will be in their homes with the help of their family members or in institutions. If we want that care to be in the home, we need to help the families shoulder the burden of providing it.

During the prior administration, the President's Commission on Care for America's Returning Wounded Warriors—known as the Dole-Shalala Commission—found that 21 percent of Active Duty, 15 percent of Reserves, and 24 percent of retired or separated servicemembers who served in the Iraq or Afghanistan conflicts said friends or family members gave up a job to be with them or to act as their caregiver. By giving up a job, caregivers often give up health insurance, when they need it the most.

Studies also show family caregivers experience an increased likelihood of

stress, depression, and mortality, compared to their noncaregiving peers.

Without a job, without health insurance, and in very stressful situations, family caregivers have worked to fulfill the Nation's obligation to care for its wounded warriors.

S. 1963 would give these caregivers health care, counseling, support, and a living stipend. The bill would provide caregivers with a stipend equal to what a home health agency would pay an employee to provide similar services. It would give the caregivers health care and make mental health services available to them. The bill also provides for respite care so caregivers can return to care for these veterans with renewed vigor and energy. It lets these young veterans return to their families and not to a nursing home.

While the caregiver program in this legislation will be limited at first to the veterans of the Iraq and Afghanistan wars, other provisions of the bill improve health care for all veterans.

There are provisions which make health care quality a priority, strengthen the credentialing and privileging requirements of VA health care providers, and require the VA to better oversee the quality of care provided in individual VA hospitals and clinics.

The bill will also improve care for homeless veterans, women veterans, veterans who live in rural areas, and veterans who suffer from mental illness.

About 131,000 veterans are homeless. S. 1963 would help these veterans obtain housing, pension benefits, and other supportive services. It would provide financial assistance to organizations that help homeless veterans.

Seventeen percent of servicemembers are now women. This legislation contains a number of provisions which are designed to improve the care and services provided to women veterans.

It would provide for the training of mental health professionals in the treatment of military sexual trauma and provide care for the newborn children of servicewomen. It would give women veterans a quality of care they have earned through their service to this country.

The bill also provides new assistance to veterans who live in rural areas. According to the VA, of the 8 million veterans enrolled in VA health care, about 3 million live in rural areas. This legislation would bring more services into rural communities through telemedicine and increased recruitment and retention incentives for health care providers. It also would increase the VA's ability to use volunteers at vet centers and create centers of excellence for rural health.

Finally, S. 1963 addresses the signature injuries of this war—PTSD and traumatic brain injury. According to a recent RAND report, one-third of veterans returning from Iraq and Afghanistan will develop post-traumatic stress disorder. Countless others will suffer from traumatic brain injury and face