MORNING BUSINESS

Mrs. MURRAY. Madam 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.

Mrs. MURRAY. 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. GRASSLEY. Madam President, I ask unanimous consent the order for the quorum call be rescinded.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. Madam President, we have been waiting for many weeks while the Democratic leadership worked behind closed doors to write a new health care reform bill. Rather than trying to build consensus for a bill that could get broad-based support, they kept it out of sight, and at long last the new health care reform plan is finally public. They have come forward to at last reveal the legislative language for a health care reform bill that the Democrats intend to bring to the floor.

We know where they started. We know the changes they made along the way. Those in this Chamber will recall that we worked for months in the Senate Finance Committee on health reform. Senator BAUCUS and I worked very carefully in committee to try to develop a bipartisan reform plan.

Health care, as everybody knows, is one-sixth of the economy. If that economic fact is obscure to people, $1 out of every $6 spent by United States is spent on health care.

We are, of course, to spend upward of $33 trillion on health care in this country over the next decade—$33 trillion. Already our health care system is on an unsustainable path. Our current health care entitlement programs, at least the two, Medicare and Medicaid, are both on very unsound financial footing. Not only are both programs in jeopardy financially, but the magnitude of the problem is a real threat to the Federal budget.

Starting in 2008, the Medicare Program began spending more out of the hospital insurance trust fund than it is taking in. That deficit spending at the trust fund is the beginning of the end of Medicare unless Congress steps in and does something to maintain that trust fund. The Medicare trustees have been warning us for years that the hospital insurance fund—the trust fund, that is—is going to go broke. They now predict that year of going broke is 2017. Not only are both programs in jeopardy financially, but the magnitude of the problem is a real threat to the Federal budget.

As a result, the Democratic leaders are going to make the situation far worse, and I say "carefully" because I am not saying our leaders are going to deliberately—to health care are not done carefully—and I say "carefully" because I am not saying our leaders are going to deliberately make the situation far worse, not better. Anyone listening would have no doubt of the ability of Congress to make it worse.

These dire economic implications are not the only thing at stake with health care reform. Besides the significant economic implications of health care reform, this bill will affect every one in another very important way. It affects everyone's health by changing how we get health care in this country. It touches the lives of every family, every senior, every child, every student. In plain language, it affects everybody: the 306 million people who live here. If reforms to health care are not done carefully—and I say "carefully" because I am not saying our leaders are going to deliberately make the situation far worse, not better. Anyone listening would have no doubt of the ability of Congress to make it worse.

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It makes changes to health care that will be nearly impossible to undo. The reforms these bills contemplate will make long lasting changes to our health care system. These are changes that will have to live with for decades to come. Health reform presents this Chamber with a bill that has significant economic implications at a time when all eyes are focused on the economy, so focused on the economy that it almost reminds me of how the economy, so focused on the economy that it almost reminds me of how the year of going broke is 2017. The economy, so focused on the economy that it almost reminds me of how the year of going broke is 2017. The bigger and far more liberal support we have hoped for earlier in the year. The bigger and far more liberal support we have hoped for earlier in the year. Starting in 2008, the Medicare Program began spending more out of the hospital insurance trust fund than it is taking in. That deficit spending at the trust fund is the beginning of the end of Medicare unless Congress steps in and does something to maintain that trust fund. The Medicare trustees have been warning us for years that the hospital insurance fund—the trust fund, that is—is going to go broke. They now predict that year of going broke is 2017. Not only are both programs in jeopardy financially, but the magnitude of the problem is a real threat to the Federal budget.

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against Speaker PELOSI's plan, and you the other body, 39 Democrats voted their side to support that agenda? In It is so far to the left that they are form agenda so far to the extreme left. is not because of Republicans that it took the Republicans that it took so long to slowing this down. It is not because of us. But it is not Republicans who are before us or will eventually have before the HELP Committee, what we have done, to put together the two bills to blame Republicans for slowing down. It is an agenda so extreme, they are having difficulty finding votes among Democratic Members. They have 60-vote control of this body. They have an overwhelming majority in the House. Yet they are trying to blame Republicans for slowing down the process.

Surely they don’t expect 100 Senators to get this done faster than it took a leader behind closed doors to get the bill done, to put together the two bills between the Finance Committee and the HELP Committee, what we have before us or will eventually have before us. But it is not Republicans who are slowing this down. It is not because of Republicans that it took so long to merge these two Senate bills. It is not because of Republicans that it took the House so long after July to finally vote on the bill.

The reason for the difficulties is that their leftwing is driving the health reform agenda so far to the extreme left. It is so far to the left that they are having trouble getting everyone on their side to support that agenda? In the Democratic Party and against Speaker PELOSI’s plan, and you can be sure that we would have seen a bill in the Senate much sooner than now if all Democrats were lined up behind this effort.

But this is where we are. Now let’s look at what has been produced, what changes have been made to produce the merged bill. I will highlight a few of the changes I find most disturbing. As I highlight these issues, it will be clear that this bill is already sliding rapidly downward, hopelessly to more and more government control of health care. It still has the biggest expansion of Medicaid since the program was created in 1965. It still imposes an unprecedented and intrusive Federal mandate for coverage backed by the enforcement authority of the Internal Revenue Service. It still increases the size of the government by $2.5 trillion when fully implemented. It is gotten even more extreme since the Finance Committee started. It still gives the Secretary of Health and Human Services the power to set prices and define benefits for private health plans. That is a lot of government power in Washington over our money and our health, and it is causing health care premiums for millions to go up.

As I said when this process started, the bill released by the Finance Committee was an incomplete but comprehensive, good-faith attempt to reach bipartisan agreement. But ever since that moment, the bill has moved further and further away from that approach on several key issues. Now we can see clearly that the bill continues to take shape into an extreme agenda driven by the far left. This far left partisan change is precisely what my party feared would occur at later stages in the legislative process.

Today we see these fears were legitimate and justified. Nevertheless, I still hold out hope that at some point the doorways for bipartisanship will again open. I hope at some point the White House and leadership will want to consider our mistakes they made when they excluded our collaborative work that took 3 months during the summer. I hope at some point they will want to let that bipartisan work begin again. Then they need to back that effort and give it the time needed to get it right rather than getting it done right now. It is clear that today is not the day that is going to happen. I yield the floor.

The PRESIDING OFFICER (Mrs. MCCASKILL). The Senator from Colorado.

Mr. BENNET. Madam President, I am pleased to be here today with my colleagues from New Hampshire to talk about fiscal accountability in the context of the health care reform discussion we have been having.

Back in Colorado, people are not talking about far-left or far-right or Democratic or Republican. That is not what concerns them. They are concerned about how to do more with less. They have seen double-digit increases in the cost of their health insurance, year-in and year-out, at a time, by the way, when their incomes actually declined.

Even before we were in the worst recession—since which we are in today—during the last recovery, the Bush recovery, it was the first recovery in the history of the United States when median family income actually declined. It was, in effect, for a working family a recession. And I would be happy to recover not just from the greatest recession since the Great Depression but from a 10-year period when they actually fell behind in terms of their income. What was happening at the same time their income was going down? The cost of health insurance was going up, by 97 percent in my State. By the way, higher education was going up by 50 percent during this same period. When we were going to working families before this recession and now in the depths of this recession is that they are expected to do more with less. We are threatened by politics in Washington that it is already special interests to get in the way of our passing meaningful health care reform for working families and small businesses.

Well, today we are closer than ever to meaningful health care reform that lowers costs, reduces the Nation’s long-term deficits, and improves access to affordable health care and to our families. With the release of the Patient Protection and Affordable Care Act, we have taken a major step forward. This bill will help put our Nation back on a track to fiscal responsibility. More is much more to do to get us where we need to be. I am the father of three little girls who are 10, 8, and 5, and I am desperate about the amount of debt we have loaded up on for our Federal Government, about the long-term deficits and debt.

While reforming health care is not sufficient to fix that problem, it is a very important step forward. Our Nation’s annual deficits are enormous and our debt is staggering. Health care reform, as I said, must help solve that problem, not make it worse.

I, for one, have said from the very beginning of this debate that I would not support a health care reform bill that added a dollar to our deficit. I am very happy to see that the leader has produced does not do that.

We must pass effective reform that will rein in skyrocketing costs in both the public and private sectors and help to solve the fiscal problems that threaten our economy and our kids’ futures. Without reform, if we just hold on to the status quo, if we listen to the siren call of special interests, out-of-control health care costs will place an even higher burden on government expenditures and create structural deficits.

Without reform, we would be driving our Nation to the brink of insolvency. Our Nation’s annual deficits and debt are enormous and our debt is staggering. Health care reform, as I said, must help solve that problem, not make it worse.

Rising health care costs—especially Medicare costs—are the largest driver of our deficits. Our Nation’s health care spending today is 17 percent of our gross domestic product. It is slated to grow to over 20 percent in the blink of an eye. Health care will soon account for one-fifth of our economy.

Without reform, it is projected that every other industrialized country in the world was not devoting less than half of that as a percentage of their GDP to
health care. It is like having two small businesses, one across the street from the other, and one is spending a fifth of their revenue on their light bill and the one across the street is spending less than half that. You do not need an MBA to know which of those small businesses is going to be able to remain in their business plan and grow. If we expect to be able to compete in the global economy, we need to devote a smaller percentage of our GDP to health care.

Since 1970, every year for almost 40 years—year-in and year-out—Medicare spending per person has risen by over 8 percent a year and private insurance spending per person has risen by over 9 percent a year. We cannot expect reformation to begin at the private or employer-based level. We must drive these costs down at the Federal level by reorienting our Medicare incentive structure.

The Congressional Budget Office Director, Doug Elmendorf, has said that the “rising costs for health care represent the single greatest challenge to balancing the federal budget.” If you are embracing the status quo, you are embracing skyrocketing deficits.

The White House Budget Director, Peter Orszag, agrees, saying: “The single most important thing—

“The single most important thing”—we can do to put the nation on a sounder long-term fiscal footing is to reduce the rate of growth of health care costs. Period.

Meanwhile, the cost of health insurance is eating into family budgets faster and faster. About 20 years ago, the cost of an average family health care policy was $4,700 in Colorado, representing 12 percent of the average family’s income. Today, an average family’s health care policy costs roughly $12,000, amounting to 20 percent of the family’s income, going, by 2016, if we do nothing, to 40 percent of their income.

Middle-class wages are not even close to keeping up with these rising insurance costs. In fact, median family income in this country fell by $300 as health care costs increased by 80 percent just while the last administration was in office.

Looking outside the confines of the budget context, health care reform will contribute significantly to economic growth. Health care reform will rein in skyrocketing health care costs and achieve close to $2 trillion of savings through the entire health care system—savings that will result in real economic gains to families and businesses. The Council of Economic Advisers estimates that slowing health care costs will increase cross domestic product by 2 percent in 2020 and by 8 percent in 2030.

After 8 years of irresponsible deficit spending, this legislation will be budget neutral and will put us on course to reduce the deficit over the long term. It is no wonder that people doubt this is actually happening because it has been so long since this body was actually able to do something that was deficit neutral. In this case, we are actually going to improve our deficit situation.

The Congressional Budget Office report confirms that the Senate bill is fiscally responsible and will reduce the deficit. The CBO’s report states that the bill cuts the deficit by $130 billion over 10 years; cuts the budget deficit by $650 billion in the second decade; extends coverage to over 94 percent of Americans, including a 31 million-person uninsured; costs $49 billion; and achieves almost $1 trillion in cost savings.

Just this week, a bipartisan group of more than 20 leading economists released a letter urging passage of meaningful health reform. The economists said our provisions to improve delivery system reform and slow the growth of health care costs “will reduce long-term deficits, improve the quality of care, and put the nation on a firm fiscal footing.”

The challenges facing our health care system are not new. They are old. But if we fail to act, they will surely get worse, meaning higher premiums, skyrocketing costs, and deeper instability for those Americans who have coverage.

Today, thanks to a lot of hard work from a lot of people, we are closer than ever to enacting solutions to these problems and getting a finished bill to President Obama’s desk as soon as possible.

Now is the time for us to set aside the childish politics that put us here. Now is the time to ignore the siren song of special interests. Now is the time to work together and pass health care reform. Period.

My office has responded to thousands of letters and phone calls about health care since we began this debate. I have traveled all across my home State of New Hampshire, talked to small business owners, talked to families who are desperate for help and to health care providers who are frustrated with our current system. Time and time again, what we have heard is that our health care system is not working. Costs are too high. Access is too limited. The status quo is not sustainable.

Now is the time to act. To put it very simply, our health care system is too expensive for families, for workers, for business owners, and for our Nation’s economy. I think Senator BENNET laid out very clearly why, if we are going to be fiscally responsible, we have to address health care reform now. It is critical for the Senate to act.

I thank Majority Leader Reid and Senators BAUCUS, DODD, and HARKIN, who have led the effort to bring forward the Affordable Care Act. This is a very good starting point, and contrary to what we have heard, it incorporates many of the changes that have been offered by our Republican colleagues over these past months we have been working on health care.

This bill will help ensure Americans have greater access to quality affordable health care, and it will help begin the transformation within the health care system that is necessary if we are going to contain costs to accomplish the fiscal improvements Senator BENNET talked about.

I think particularly important is the fact that the Patient Protection and Affordable Care Act is fully paid for, so it will not increase the deficit one dollar. In fact, by eliminating waste, fraud, and inefficiencies, by doing a more cost-effective job of providing health care, the bill is projected to reduce the deficit by almost $130 billion over the next 10 years. That is what I want to talk about this afternoon—some of those ways in which we can provide health care more cost-effectively and also improve health outcomes for people.

Research shows us that spending on health care does not necessarily translate into better health care. I am proud of the Dartmouth Institute for Health Policy, which is in my home State of New Hampshire, because it has been leading the way on some of this important research. What Dartmouth’s research shows us is that when patients are engaged in their treatment decisions, they will choose the less invasive and less costly procedures 40 percent of the time. So almost half of the time, we know patients, when they are involved, are going to choose the less costly procedures—likely they are going to be happier about those treatment decisions. We know, based on this research, that the health care system can do better in so many cases for less and that we can recoup savings in our system.

One example of that, which I have worked hard on, along with Senator COLLINS from Maine, is something we call the Medicare Transitional Care Act. Experts estimate that we can save $5,000 per Medicare beneficiary if we can reduce costs of readmissions. That is what our work shows. Medicare costs can be reduced and we can offer better support and coordination of care to Medicare patients if we keep seniors who are discharged from the hospital unnecessarily returning. We know the elderly, who are on Medicare, are going to get readmitted within 90 days because we do not do a
good job of providing for that transition. If we add a benefit through Medicare that helps with that transition, we have a commonsense solution that will improve the quality of health care for our seniors and save taxpayers money. I am very pleased that this provision is included in the health care reform bill that is before us now or that we hope will be before us soon.

We can also contain health care costs by improving access to lower cost generic drugs. Again, that is something that the health care reform bill that we are going to be considering. It gives people access to those lower cost generic drugs in a way that saves, generally, anywhere from 25 to 35 percent for generic drugs. It also sets up a process to give people access to lower cost biologic drugs—something we do not yet have, the ability to set up a process to give people access to generic biologics. So that is going to be able to save people money.

The point is that we hope to be able to work on will help Americans access lower cost medications. It will save taxpayers money. This is our opportunity to improve the quality of care available to Americans and to control costs at the same time. It is critical we achieve this for the citizens of New Hampshire and for all Americans. The Patient Protection and Affordable Care Act is a very important step forward. I hope all my colleagues will, as we debate this bill, look at the important changes we are making and decide this is our opportunity to get real, meaningful health care reform done.

Thank you, and I yield the floor. The PRESIDING OFFICER. The Senator from Missouri is recognized.

SEPTEMBER 11 TERRORISTS’ TRIALS

Mr. BOND. Madame President, faith has written many painful chapters in America’s history. Each is sharply engraved in our memories. Many involve military conflict: the British burning of Washington, the Civil War, Pearl Harbor, Iwo Jima, Pork Chop Hill.

Others were singular acts of aggression, such as the bombing of the Oklahoma City Federal Building, the assassinations of Martin Luther King and Presidents Lincoln, McKinley, and Kennedy.

September 11, 2001, is the latest painful chapter in American history. One that forever will be burned into our memories as a day of horror unlike any we have experienced before. The sheer magnitude and deliberate evil of the attacks that day defy comprehension.

Who among us will soon forget the wrenching images of passenger planes used as missiles aimed at the World Trade Center Towers and the Pentagon or the people diving out of 70-story windows to avoid being burned again, and the heroic inaction of those passengers aboard Flight 93 as it headed toward the Nation’s Capital? Who among us will forget the pictures and the hopeful messages that sprang up around the area where the World Trade Center once proudly stood as relatives searched in vain for loved ones?

Three thousand men and women perished that day at the hands of terrorists who cared nothing for the innocent lives they stole. As the towers fell, their comrades and sympathizers, including Khalid Shaikh Mohammed, didatically cheered the devastation.

It is therefore of 9/11 that make last week’s decision by the Obama Justice Department to give the mastermind of these attacks and his associates all the rights and benefits of a civilian trial in New York City unexplainable and compel me to rise to voice my strong objection to that decision.

It is an insult to the memories of those who were brutally murdered on September 11 that the perpetrator of these cowardly acts will sit in a courtroom blocks away from Ground Zero and reap the full benefits and protections of the U.S. Constitution. Even worse than the insult to the victims and their families is the dangerous precipe the Obama Justice Department has now crossed with this foolhardy decision. Earlier this year, the Homeland Security Secretary signaled an alarming change of perspective about the nature of the enemy we face. No longer would we call the acts of terrorism what they are: acts of war. Instead, according to Secretary Napolitano, the accepted terminology for an attack such as 9/11 would now be a “man-caused disaster.” Apparently, 9/11 was no different than a forest fire started by an arsonist.

This initial change in terminology was troubling enough, but trying Khalid Shaikh Mohammed and his 9/11 associates in civilian Federal court sends a loud and clear signal that this administration is now comfortable re-casting certain acts of terrorism as simply what the Attorney General calls a red herring—just as the Attorney General refused to say whether bin Laden if he were captured. The Attorney General has asserted he believes there is a greater chance of success against these 9/11 co-conspirators in civilian court. This belief—does not justify the enhanced risks to our security and the dangerous precedent for the treatment of future terrorists this trial will bring.

That this case will establish a very bad precedent was made clear by the Attorney General in his testimony before the Senate Judiciary Committee, when he summarily dismissed concerns that the decision to bring 9/11 co-conspirators into the Federal justice system would undermine civilian community interrogation of Osama bin Laden if captured. The Attorney General refused to say whether bin Laden would be given Miranda warnings upon capture and claimed “the case against him is so overwhelming” that there would be no need to rely on any statements he might make after capture. Mr. Holder called the concerns about not being able to interrogate bin Laden a “red herring.” Well, unfortunately, the Attorney General’s testimony shows a complete lack of understanding that the purpose of intelligence interrogations is to stop planned attacks and to take down terrorist networks, not to elicit confessions for use in a criminal trial.

It is beyond troubling that the Attorney General, as the head of the Department of Justice, the Justice Department’s FBI National Security Division—the very people charged with pre-empting terrorist attacks before they occur—whose disrupted in New York, Illinois, and North Carolina, seem to have no interest in obtaining valuable intelligence from bin Laden. As the leader of al-Qaida, bin Laden clearly has considerable knowledge of its network, its members, its methods, and its potential plots to kill more Americans. So what the Attorney General calls a red herring, I call a red flag.

Some have hailed the administration’s decision as an intelligence victory. I call it an intelligence victory for our judicial system for the world, but the Attorney General has confirmed that in the event KSM or one of his associates is acquitted, he will still be