The bill clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, December 10, 2009.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable MARK L. PRYOR, a Senator from the State of Arkansas, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. PRYOR 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 marks, the Senate will resume consideration of H.R. 3590, the health care reform legislation. The time until 1 p.m. today will be equally divided and controlled and will be for debate only, with the time until 11 a.m. controlled between the two leaders or their designees and the remaining time controlled in 30-minute alternating blocks. The majority will control the first block and Republicans will control the next. Senators will be permitted to speak for up to 10 minutes each.

I expect the House of Representatives to send a conference report to the Senate this afternoon. When it arrives, we will consider it. If cloture needs to be invoked, the Senate will have to be in session this weekend for a Saturday vote and a Sunday vote in order to complete action on these bills. This bill includes the bills we have tried to complete. We have been held up by the minority on these bills, but we have made progress. The first will be the Transportation appropriations bill, Commerce-Justice-Science, Military Construction, Labor-HHS, financial services, and State-Foreign Operations. That would leave the only remaining bill to be the Defense appropriations bill, which we will do sometime before the end of the year. We hope we can get word from the Republicans today what they want to do. Whatever they want to do, it is in their hands.

Everyone should understand that procedurally, no one can stop us from moving to the appropriations bills. It is bipartisan. We have worked closely with Republicans on this matter. We automatically go off the health care bill when we get on this. We are waiting for the score to come back from the Congressional Budget Office. There isn't a lot we can do until we get that done, which would be next week. So no time is lost on health care. We have to complete our work for the year anyway. So we have to do this bill.

Whenever we hear from the Republicans, Senators will know what their schedules can be. We could complete our work today and come back and work something out so that we can have a Monday vote. But whatever the Republicans want, we will be happy to cooperate with them—I shouldn't say whatever they want.

RESERVATION OF LEADER TIME

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

SERVICEMEMBERS HOME OWNERSHIP TAX ACT OF 2009

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 3590, which the clerk will report.

The bill clerk read as follows:

A bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

Pending:

Reid amendment No. 2786, in the nature of a substitute.

Dorgan amendment No. 2793 (to amendment No. 2786), to provide for the importation of prescription drugs.

Crapo motion to commit the bill to the Committee on Finance with instructions.

The ACTING PRESIDENT pro tempore. Under the previous order, the time until 11 a.m. shall be equally divided and controlled by the two leaders or their designees.

The Senator from Montana.

Mr. BAUCUS. Mr. President, for the benefit of all Senators, let me lay out today's program. It has been 3 weeks since the majority leader moved to proceed to the health care reform bill. This is the 11th day of debate. The Senate has considered 18 amendments or motions. It has conducted 14 rollcall votes. Today, the Senate will continue debating the amendment by the Senator from North Dakota on prescription drug reimportation, we will continue debating the motion by the Senator from Idaho on taxes, and we will continue debate on the bill. Under the previous order, the time until 1 p.m. today will be for debate only, with the time equally divided and controlled between the two leaders or their designees. Beginning at 11 o'clock, Republicans will control the first half hour, and the majority will control the second half hour. We will continue discussions to try to find a way forward.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

Mr. ENZI. Mr. President, I appreciate the statistics the Senator from Montana cited about how long we have been debating this and how many amendments we have done. That is how few amendments we have done, actually. The majority is now filibustering their own bill. I have no idea why that is happening. We have been calling for votes on both of these amendments that have been proposed so far and haven't been able to get the votes. I don't understand how they can talk about how many amendments are being done.

I also have to voice some other frustration. I don't know how many times I have heard the exact same speech by the Senator from Illinois, Mr. DURBIN, on this floor talking about the amount of hours that have been spent together working on these bills in the HELP Committee and the Gang of 6 in the Finance Committee. It isn't about how many hours we spend together. It isn't about how many hours we spend on the floor. It is whether we are accepting ideas. I understand the other party won the last election, but somehow they will have to get over this attitude that they won the election, they get to write the bill, they don't have to take any ideas from anybody else.

In the HELP Committee, I keep pointing out that most of the things we turned in were kind of punctuation corrections and spelling corrections. Any ideas we actually had that appeared to be accepted to be in the bill were ripped out of the bill before it was actually formally printed, without talking to us. What kind of bipartisan deal is that?

Another thing with the HELP Committee, we have only had 10 days of debate on this. We did more than that in the HELP Committee when we were marking up the bill.

But we are having, in the words of Yogi Berra, déjà vu all over again. When we were having that markup, the majority withheld a significant part of the bill, a big part of the bill. It was the government-run option part of the bill. They wouldn't give us the wording on that. I think they were still writing it. Maybe that is what is happening right now too. But we couldn't get the text we were going to write amendments on so that we could deal with the bill. I think America noticed that in August. People said: How come everybody isn't reading the bill? You can't read what you don't have.

The point I am making is, right now the newspapers are full of information—well, speculation; it has to be speculation—about what this new Medicare expansion does. I haven't run into anybody who has seen the text of that. I have asked some of the media, and they didn't see the text. They got a briefing. We haven't even had a briefing. The majority side has had a briefing, but our folks who have talked to those folks said: Wow, that was pretty general. How could you make up your mind on whether you are going to support it based on the little bit of information you received? That is not the way to run any kind of an organization, especially if you want bipartisan votes.

You can't write the bill in secret, which is what was done with this bill. There wasn't a Republican involved in the behind-the-door stuff Leader REID did to put together the bill we have now. That is not bipartisan. There

hasn't been a single person from the Republican side briefed on this new proposal that is going to save the world.

Actually, I noticed that the American Medical Association suddenly left the bill and said: This will be the worst thing that could happen to us. The hospital associations, which have been strong supporters of the bill, have also said this won't work, particularly the Mayo Clinic, which we have been holding up as one of the prime examples of the way to do health care, saying: If this Medicare expansion happens, it will cost us millions. We won't be able to provide the kind of care we have been providing.

What is the deal around here? When are we going to actually get to see something? When is the majority actually going to share with us this marvelous idea they have had? What kind of a way to run a business is that?

Are we going to recess for the weekend? I don't want to recess for the weekend. I am conscious of the 11 days we have been debating, and we have only covered 14 amendments. We have a lot of important amendments that either will be a part of the bill or will help the people in this country to understand what is being thrust on them. There has never been a bill of such importance as this one from the standpoint of how many people it affects. We are talking about reforming health care in America. That is everybody. That is every single individual, every single provider. Every single business will be affected by this bill.

We talk about 2,074 pages, which seems like a lot. It would be for a normal bill that you could debate in a limited period, which is what we are being asked to do. But 2,074 pages isn't nearly enough to cover health care for America.

So why is it only 2,074 pages? There are hundreds of references in there to how the Secretary of Health and Human Services is going to solve all the problems. The things we aren't able to put into detail in there we just assign to her, and she will magically be able to solve the problems for American health care. After all, it is her Department. But that is not going to happen. You can't give that many assignments to any agency, any department, any group of people and expect them, in a reasonable amount of time, to come up with solutions, solutions that ought to be decided on by this body, the elected officials—not appointed officials but elected officials. That is not going to happen with this bill.

The only way that could happen is if we took significant parts of it and put it up one piece at a time and solved it. That is what seniors are asking for. They are asking for us to take the Medicare part and give them some assurance that when we are through, it will work. We are not even getting to see a significant part of it. We have been pointing out how taking $464 billion out of Medicare will break it, will ruin it. You just can't steal $464 billion out of Medicare and have it come out good. The majority recognizes that. That is why they put in the special commission that is going to come to us each and every year and suggest the kinds of cuts we ought to make to keep that solvent.

The biggest thing we ought to do is take these cuts that are provided and make them actually apply only to Medicare. But how are you going to fund the expansion of Medicare now down to age 55? How do you do that? I guess you charge a premium to those people. That is kind of the rumor that is out there. How big of a premium? How big of a premium are you going to thrust on those people? I suspect it is going to be the older and the sicker people in that 55- to 64-age category who are going to want to shift over to Medicare.

If it is a higher premium so the system stays solvent—having nothing to do, of course, with age, because we cannot do that under the bill, or sickness, because we cannot do that under the bill—and those are good ideas—but those better be up in that range of the high-risk pools that the States already have.

People come to me and say: You have to do something about health care because we cannot afford that high-risk pool; it is too expensive. Well, how much more are we going to expect the young people to pitch in in their paycheck? That is where the Medicare money comes from right now. They deduct a portion of the paycheck from every single working American, and that goes into Medicare, and gets paid out right away to Medicare recipients, none of whom or hardly any of whom are the ones paying into the system. They are hoping that system is going to be there when they get older.

What I am asking for is for the majority to show us the paper and give us a reasonable time to look at it and give America a reasonable time to look at it. I do not think it is unreasonable for that to be on the Internet. That is a significant part of the bill. That would be a significant bill all by itself. It was held from our view when the HELP Committee did it. Incidentally, that HELP Committee bill—that was put together in 2 weeks without our help and put on us—parts of it were withheld, as this has been withheld, until the last minute and then thrust in.

That is what created this enormous outrage across America of: Did you read the bill? How can you read the bill if you have not seen anything in it, if it has not been given to you? I do not think it is intended to be given to us until we have to shuffle this thing through at the end.

The anticipation was to get this done by Christmastime, and the majority side keeps talking about getting this done by Christmastime. Will we have time to read it before Christmastime? Will we have a chance to do any amendments on it before Christmastime? I am willing to stay around and work through the weekend and keep doing amendments, but I would like to see this marvelous idea that is going to solve the whole problem. If it was that marvelous and that good of an idea, I think it would be shared already.

Mr. President, I yield the floor and reserve the remainder of our time.

The ACTING PRESIDENT pro tempore. The Senator from Montana.

Mr. BAUCUS. Mr. President, I suggest the absence of a quorum and I ask unanimous consent that the time be equally charged against both sides.

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

The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BAUCUS. 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. BAUCUS. Mr. President, commenting on the budget process in the 1980s, former CBO Director Rudy Penner said:

> The process is not the problem; the problem is the problem.

The chairman and ranking member of the Budget Committee have proposed another new budget process. No one has shown greater zeal in taking on the budget deficit than the chairman and ranking Republican Member of the Budget Committee. I commend their good intentions. They work hard. But we should reject this process. Instead, we should solve the problem.

In their press release yesterday, Senators CONRAD and GREGG said that ''Everything needs to be on the table, including spending and revenues.'' That is a quote: ''Everything needs to be on the table, including spending and revenues.'' But why stop there?

If Congress is going to outsource its core fiscal responsibilities, why stop with those responsibilities? Why not cede to this Commission all of the legislation in the next Congress? Why don't we outsource the entire year's work and then adjourn for the year?

Come to think of it, if we do cede all of our powers to this Commission, what is to stop them from inserting any and all business for the next Congress into the Commission's one, nonamendable, omnibus vehicle? No restrictions. They could put anything they want into it.

There is the rub. For if the Commission were merely a farce, then we could be satisfied with ridiculing it. But this Commission and its new fast-track process are truly dangerous. If we were to cede all of our responsibilities to this Commission, and we were to tie our hands so we could not amend its recommendations, then we would risk setting in motion some truly terrible policy.

Under the proposed fast-track procedures, we would not be able to amend the proposal. What if we did not like

the Commission's recommendations? We would not be able to replace the Commission's recommendations with our own.

It is clear from their press release that Senators CONRAD and GREGG have painted a big red target on Social Security and Medicare. That is what this Commission is all about. It is a big roll of the dice for Social Security and Medicare.

Advocates of the task force say the regular order is not working. They say we need a new process to address our long-term fiscal challenges. But they are wrong. The regular order is working. We are enacting health care reform. And serious people know that controlling the costs of health care is the central path to addressing our long-term budget challenges.

The lion's share of the reason why deficits are projected to grow so much in the long run is the enormous increase in the costs of health care. We are doing something about it. We are doing it the right way. We held open hearings. We legislated in committee. We are voting on amendments. We are legislating. We are doing what our people back home sent us here to do.

The Congressional Budget Office says that health care reform will cut the deficit $130 billion in the first 10 years and $650 billion in the second 10 years. That is nearly $800 billion in CBO-certified deficit reduction in health care alone. And next year we will legislate fundamental tax reform.

But some appear to want to throw in the towel. Some want to punt our responsibilities away. I can see that a commission may be attractive to some. After all, it is an easy way out. It takes away our accountability for what we do. Senators can blame it all on the Commission. Senators could say: The Commission made me do it.

But this is no time to abdicate responsibility. This new Commission and this Congress are less than a year old. We should not shirk our responsibility. Rather, we should do the job our constituents sent us here to do.

Luckily, we already have a process to address the budget. It is called the congressional budget process. Here is a novel idea: Why don't we use the budget process to address the budget deficit? If the chairman and ranking Republican Member of the Budget Committee are in such broad agreement on their goals, why don't they skip the Commission and go straight to their recommendation? That is exactly why Congress created the budget resolution and the reconciliation bill in the first place.

We do not need a new commission to do our work. We do not need a new process to solve the problem. To solve the problem, we just need to solve the problem.

I urge my colleagues to reject this Commission idea. Let's get back to solving the problem. Let's get back to enacting real health care reform.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

Mr. ENZI. Mr. President, I am fascinated by the speech we heard. There has been a bipartisan proposal. The chairman of the Budget Committee and the ranking member of the Budget Committee have proposed a commission, and that bipartisan deal is being chastised here. So we are on the bill, where 64 percent of the amendments that have been filed so far were filed by the Democrats, and I keep wondering why they are filibustering their own bill.

Then when something bipartisan does come up, they are opposed to that too. I know they think the only good ideas come from the other side of the aisle, and I do get frustrated with that.

Mr. BAUCUS. Mr. President, will the Senator yield on that one point? Just on that one point, will my good friend from Wyoming yield, on our time?

Mr. ENZI. Certainly.

Mr. BAUCUS. The question is this: Doesn't the Senator agree—it is kind of a hard question to ask—that this Senator spent an inordinate amount of time in the last year trying to get a bipartisan solution to health care reform; that is, in our committee, in the Finance Committee, having an open process, fully consulting on both sides of the aisle? Then we had that other group called the Group of 6, of which the Senator is a part. I think we had 130—I have forgotten how many days and meetings we had, how many hours we met.

But isn't it true that at least this Senator tried as hard as he could to get a bipartisan solution?

Mr. ENZI. I cannot fault the Senator from Montana for his efforts to get a bipartisan solution. As I have said many times, I am sorry he had to be cut off by phony time deadlines that kept us from reaching that kind of a solution, and then winding up with things that are in this bill we are talking about that were not a part of our discussions—again, the things that were proposed by people on this side of the aisle that are not in that bill.

There were some possibilities for solutions. But we wound up with that same situation of: We won the election, we get to write the bill, and it has to be done quickly. So I am disappointed in the whole process.

Mr. GREGG. Will the Senator yield for a question on that point?

Mr. ENZI. I will.

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire.

Mr. GREGG. I certainly respect that the Senator from Montana worked very hard to have a bipartisan initiative here, but this bill we are dealing with has no bipartisanship to it at all. Was this not written in camera behind closed doors for 8 weeks by the majority leader? Was there a Republican in that room at any time? And we have now been on it for what, 8 days or something, while they wrote it for 8 weeks. And furthermore, is there not rumored to be floating around this Congress somewhere, in some room, again—that we have not been invited to—a major rewrite of this bill called the managers' amendment, which supposedly is going to expand coverage to people under Medicare to 55 years of age, with Medicare already being bankrupt, and already cannot afford the people they have on Medicare? It is going to expand it. We have not seen it. Yet this is going to change this bill fundamentally and change health care fundamentally.

Is that bipartisan? I ask the Senator from Wyoming if that is the case? Was this bill written in a bipartisan manner? Were any Republicans in the room? Did it go through a committee process? Was it amended? Did it not take 8 weeks to write it, and it has now been on the floor for 8 days, and all of our amendments are being pushed to the side? And are we not hearing about a massive—a massive—rewrite of this bill that is going to appear deus ex machina from the majority leader's office and fundamentally change the way health care is delivered in this country? Is that going to be bipartisan?

Mr. ENZI. The Senator is absolutely right. We have not even seen this new piece. Nobody wants to show us the new piece. They keep talking about it. They have leaked it to the newspapers, but they will not show it to us, and then they keep talking about how this bill is going to solve the deficits for this country; that there is $157 billion or something saved in the first 10 years. That is only—only—if you use the phoney accounting they are using. It is only if you don't do the doc fix. It is only if you don't solve the myriad of other things we have brought out.

We have a bill they keep talking about as being the solution. America has figured it out, but the Democrats haven't figured it out.

I see the leader is on the Senate floor. I yield the floor.

RECOGNITION OF THE MINORITY LEADER

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

Mr. MCCONNELL. Mr. President, I apologize to my colleagues for interrupting their conversation. Hopefully, it can continue upon completion of my remarks, and I may well wish to join in.

HEALTH CARE REFORM

Mr. MCCONNELL. Mr. President, the American people have seen what Democrats in Congress plan to do with seniors' health care. They have looked on in disbelief as almost every Democrat in the Senate voted again and again and again to slash Medicare. Now they are watching in disbelief as Democrats float the idea of herding millions more—millions more—into this nearly bankrupt program as part of a backroom deal to force their plan for health care on the American people by Christmas.

Every day it seems we hear new revelations about secret conference room deliberations where Democrats are

frantically working to get their 60 votes by Christmas. And every day we hear about some new idea they have come up with for creating a government plan by another name. This week's version would have the Office of Personnel Management running the program, an idea that was shot down almost as soon as it was announced by the former OPM Director who said it couldn't be done.

This is what he said: ''I flat out think that OPM doesn't have the capacity to do this type of role.''

This is precisely the kind of approach Americans are tired of in Washington, and this is precisely the kind of health care plan Americans did not want.

Seniors thought they could expect lower costs. What they are getting instead is an assault on their Medicare. Small business owners thought they could expect lower costs. What they are getting instead are higher taxes, stiff fines, and costly mandates. Working Americans thought they would get more efficiency, less fraud, cheaper rates. What they are getting instead are new bureaucracies and higher costs.

Business leaders from across the country enthusiastically support the idea of health care reform. They know better than anyone that costs are out of control and that something needs to be done. But they have read the bill Democrats in Congress have come up with and they are telling us this isn't it. This isn't it, they are saying. Not only won't this bill solve the problem, they say, it makes the existing problems actually worse.

The Vice President of the U.S. Chamber of Commerce was here yesterday. He said there is a desperate need for reform—reform that bends the cost curve down. He said, unfortunately, this bill fails the test. He says this bill will only lead businesses to lower wages, decrease working hours, reduce hiring, and cut jobs. He said it adds to the deficit; it adds to the debt. It includes massive new spending programs and entitlements and incredibly, as I have noted, it also borrows from existing entitlement programs. It borrows from existing entitlement programs that are already in trouble.

Businesses look at this bill and they see $½ trillion in new taxes, as many as 10 million employees at risk of losing coverage, and crushing new mandates. This is not reform. This bill doesn't solve our problems, it spreads them. That is why seniors don't like this bill. That is why job creators don't like this bill. That is why public opinion has dramatically shifted against this bill.

Americans want reform, but this is not the one they asked for. This bill is fundamentally flawed and it can't be fixed. There is no way to fix this bill.

Americans want us to stop, they want us to start over, and they want us to get it right. Democrats should stop talking at the American people and start listening to them.

Now, Republicans are prepared to provide a platform for the debate as long as it takes—as long as it takes. The majority leader said we would be working every weekend. We take him at his word. We expect to be here this weekend, and we look forward to it. Republicans are convinced there is nothing more important we could do than to stop this bill and start over with the kind of step-by-step reforms Americans really want.

We have amendments. We want votes. We have been waiting since Tuesday to have more votes. We are eager to continue the debate.

Here is what my good friend, the majority leader, said when we started the debate on November 30:

> Debating and voting late at night. It definitely means the next weekends—plural—we'll be working. I have events I'll have to postpone, some I'll have to cancel. There is not an issue more important than finishing this legislation. I know people have things they want to do back in their States, and rightfully so. I know people have fundraisers because they're running for reelection. I know there are other important things people have to do, but nothing could be more important than this, and we notified everybody prior to the break that we would be working weekends.

We took the majority leader at his word when we started this debate on November 30 that we would be working weekends. Actually, it is a week later—this past Monday of this week—he said, ''It appears we certainly will be here this weekend again.''

My Members understood we would be here on the weekends. We don't think there is anything more important we can do, and we are a little bit upset—maybe more than a little bit—that we were not able to vote on an amendment yesterday. We have been prepared to vote for several days. There are amendments that have been offered that we can't seem to get a vote on. The American people are expecting us to vote on this bill, and we are here and prepared to do it. We would like to get started voting on amendments today.

Mr. GREGG. Mr. Leader, if I might ask a question through the Chair.

The PRESIDING OFFICER (Mr. BENNET). The Senator from New Hampshire.

Mr. GREGG. On that last point, it does seem there is a slowdown occurring on amendments. As I understand it, we have four or five very substantive amendments dealing with taxes, dealing with employer mandates, that we are ready to go to, and we are ready to vote on; is that not correct?

Mr. McCONNELL. I say to my friend from New Hampshire, that is absolutely the case. We waited around all day to get a vote on the amendment by the Senator from Idaho, Mr. CRAPO. We were told there would be a side-by-side, and it mysteriously has not yet appeared. But we are here ready to work. We share the view of the majority leader that this is an extremely important issue, and we want to vote.

Mr. GREGG. I hope at some point today maybe we should propound a unanimous consent setting those four items up for votes on Saturday and Sunday.

Mr. McCONNELL. Well, I think that is a good idea. Of course, we would prefer to vote today. We are going to be voting Saturday and Sunday too. I think the sooner the better. The American people are actually expecting us—they thought we were here voting and debating amendments on this bill, and we are going to continue to press forward and try to get that done.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

The Senator from Connecticut is recognized.

Mr. DODD. Mr. President, could I inquire of the Chair before the Senator from North Dakota speaks how much time remains.

The PRESIDING OFFICER. The majority has 14 minutes, and the Republicans have just under 8.

Mr. GREGG. Mr. President, I would ask, is the Senator from North Dakota recognized under an order of a colloquy at this point?

The PRESIDING OFFICER. The Chair simply recognized the Senator from North Dakota.

Mr. CONRAD. Mr. President, was there a time reserved for a colloquy between myself and the Senator from New Hampshire?

The PRESIDING OFFICER. No.

Mr. CONRAD. Mr. President, the reason we are here on the floor is our understanding was we had time reserved at 10:30 for a colloquy between the Senator from New Hampshire and myself.

Mr. GREGG. Mr. President, I ask unanimous consent that we have 20 minutes equally divided between myself and the Senator from North Dakota at this time. I see the Senator from Connecticut obviously wishes to speak also.

Mr. DODD. Mr. President, I was not a party to the request, but I am certainly prepared to yield 10 minutes of our time to our colleagues for a colloquy and whatever time the Republican side may want to yield to Senator GREGG from their time remaining for that purpose as well. Is that satisfactory?

Mr. GREGG. Do we have time remaining on our side?

Mr. DODD. Mr. President, I ask unanimous consent that 10 minutes of our time be allocated to Senator CONRAD for the purpose of a colloquy or whatever other purpose he may have.

Mr. CONRAD. Do the Republicans have 10 minutes remaining for Senator GREGG?

Mr. ENZI. Mr. President, it is my understanding the leader spoke under leader time.

The PRESIDING OFFICER. That is correct.

Mr. ENZI. So we should have an adequate 10 minutes to allocate to the Senator.

The PRESIDING OFFICER. Without objection, it is so ordered. The Senators may engage in a 20-minute colloquy.

Mr. CONRAD. I thank the Chair. I thank our colleagues. I especially thank our colleague, the Senator from Wyoming, and our colleague from Connecticut. Thank you for your courtesy. We appreciate it very much.

Mr. President, this is a headline from Newsweek, December 7. In fact, it was the cover story: ''How Great Powers Fall. Steep Debt, Slow Growth, High Spending Kill Empires—and America Could Be Next.''

If you go to the story—by the way, interestingly enough, this was on December 7, Pearl Harbor day. If you go into the story that is in the magazine, it says:

> This is how empires decline. It begins with a debt explosion. It ends with an inexorable reduction in the resources available for the Army, Navy, and the Air Force. If the United States doesn't come up soon with a credible plan to restore the Federal budget to balance over the next 5 to 10 years, the danger is very real that a debt crisis could lead to a major weakening of American power.

All we have to do is look at the facts. This shows the debt of the United States from 2001 projecting to 2019. Obviously, the first half of this chart is not a projection. It has already happened. We are approaching a debt that is 100 percent of the gross domestic product of the United States, the highest the debt has been since after World War II and the only time in our Nation's history it has been that high. The projection is by 2019 the debt will be high. The projection is by 2019 the debt will be 114 percent of the gross domestic product of the United States.

More alarming, the long-term outlook of the Congressional Budget Office says we will have a debt that will reach 400 percent of the gross domestic product of the United States by 2050 on the current trend line. No one believes that is a sustainable circumstance. We have had testimony from the head of the General Accounting Office, the Congressional Budget Office, the Secretary of the Treasury, and the Chairman of the Federal Reserve all saying this is a completely unsustainable circumstance.

The Congressional Budget Office said this in June of 2009:

> The difficulty of the choices notwithstanding, CBO's long-term budget projections make clear that doing nothing is not an option.

Doing nothing is not an option.

The National Journal, in an article entitled ''The Debt Problem is Worse Than You Think'' said this in a story just weeks ago:

> Simply put, even alarmists may be underestimating the size of the debt problem, how quickly it will become unbearable, and how poorly prepared our political system is to deal with it.

I hope people are listening. I hope they are paying attention. I hope our colleagues are.

Yesterday a group of us introduced legislation to confront this debt threat head on. There are now 31 cosponsors of that legislation: 19 Republicans, 12 Democrats. This legislation offers the following: to address the unsustainable long-term fiscal imbalance; that a task force should be created with everything on the table. It would consist of 18 Members: 8 Republicans from the Congress, 8 Democrats from the Congress, and 2 representatives of the administration.

All task force members must be currently serving in Congress or the administration so they are accountable to the public. If 14 of the 18 Members could agree on a report, that report would come to Congress for a vote.

There would be no filibustering, a straight up-or-down vote on the recommendations. The report would be submitted after the 2010 election to insulate it from politics. And, the vote would be designed to occur before the end of the 111th Congress. It would receive fast-track consideration in the Senate and the House. There would be no amendments. It would be a straight up-or-down vote. A supermajority of the House and the Senate would have to vote for it, and the President would retain his ability to veto.

This is legislation that is designed to get to the floors of the House and the Senate, legislation to deal with our long-term debt threat, to face up to it. All of us know that with a problem, the sooner you deal with it, the less draconian the solutions need to be. For those who say this poses a threat to Social Security and Medicare, the opposite is true. A failure to act is what threatens Social Security and Medicare.

The trustees of Medicare have told us Medicare will go broke in 8 years. They have also told us Medicare is cash negative today. That means more money is going out than is coming in. The same is true of Social Security today. It is cash negative.

Now is the time. We are the ones who have an opportunity to help our country face up to a critical threat to the economic security of America. Some suggest the bill before us on health care is an example that the regular order will deal with this problem. Again, I believe the reverse is true.

I believe the health care bill before us does modestly deal with the deficit and debt—modestly. But it doesn't come close to dealing with the debt bomb I have outlined. In fact, the reality is, we are on a course that is absolutely unsustainable. It is our responsibility to face up to it.

In our past, we have chosen special processes, commissions, a summit, or some other special process to deal with fiscal challenges because we have learned, in our history, that going through the regular process and regular order is simply not going to succeed.

I have been here 23 years. I am on the Finance Committee. I am chairman of the Budget Committee. I have been on those committees for many years. If there is one thing that is absolutely clear to me, it is the regular order cannot and will not face up to a crisis of this dimension. It is going to take a special process, a special commitment of the Members and representatives of the administration to develop a plan that gets us back on track. It is going to take a special process to bring that plan to this floor for a vote up or down. That holds, I believe, the best prospects for success.

I believe this is a defining moment for this Chamber, for this Congress, for this administration. It is imperative that we find a way to deal with this debt threat. It poses one of the most dramatic challenges to American economic strength that we have confronted in the history of this country. It is time to stand and be counted.

Thirty-one of us have sent forward a proposal—a bipartisan proposal—that would assure a vote on a plan to bring America back from the brink. Let's give it a chance.

I thank the chair, and I especially thank the ranking member, Senator GREGG, for his energy, his commitment, and his devotion to facing up to, I believe, one of the greatest challenges confronting America.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire is recognized.

Mr. GREGG. Mr. President, I am privileged to join the Senator from South Dakota, the chairman of the Budget Committee, on this initiative. We have worked on it for a while, and we have come to a position of having a piece of legislation that accomplishes the goal as outlined by the Senator from North Dakota. That is good news.

The outpouring of support in the Senate—over 31 cosponsors in just a brief period of time—is a sign that there is a willingness to move in a bipartisan way. That is good news.

Right now, for this country, after the possibility of a terrorist getting a weapon of mass destruction and using it against us in the United States, the single biggest threat we have as a nation is the fact that we are on course toward fiscal insolvency. You cannot get around it. If we continue on the present course, this Nation goes bankrupt. We are already seeing the early signs of it. The early signs are devastating enough. We are seeing some of the nations who lend to us—and remember we are a debtor nation now of massive proportions—saying: Hold on, you folks are not being responsible, especially about your outyear debt.

Two days ago, we saw one of the rating agencies, Moody's, say England and the United States now are going to be put into a special category relative to the rest of the industrialized world because their fiscal situation is in such risk, and they are not managing their fiscal house correctly.

We know, as the Senator from North Dakota has outlined so correctly, that within 10 years—maybe sooner—we are

going to get to a point where our debt has gotten so large we simply cannot pay it or, if we have to pay it, we are going to have to do some extraordinary things to do that, such as inflating the currency or raising taxes to a level where we reduce productivity and the opportunity for jobs. It is akin to a dog chasing its tail when you get your debt to a certain level. When you have spent so much more than you have taken in and you have promised so much more than you can afford to pay and your debt gets to such a level, as a nation, you only have two choices: You inflate the currency and destroy the quality of people's lives, destroying the value of their savings, and you put in an inflation economy, which is one of the worst things that can ever happen to a country or you have to radically increase your tax burden to levels that are simply going to choke off the capacity of the Nation to create prosperity because people will not be able to be productive. You will start to lose tax revenues as a result of that.

This is not a theoretical case. This is no longer something that is over the horizon. This problem is directly in front of us. We are hearing it from the people who lend us money, from the rating agencies, and we know it from intuitive common sense. Most Americans know this is an extraordinary problem.

We talked about this for a long time and we worked on it for a long time. Yes, regular order should take care of this, but we know it will not because we have seen what happens. When you put an idea on the table to deal with major entitlement programs that affect so many people, in such a personal way, immediately, those ideas are attacked and savaged, misrepresented, exploited, exaggerated, and hyperbolized by the interest groups that populate this city and other parts of the country for the purpose of making their political agenda move forward or their money-raising formula move forward.

When substantive, good ideas have been put on the table to try to correct this fiscal imbalance by dealing with questions of Social Security and Medicare or tax policy, we get clobbered on the policy side. We came to the conclusion from the right and the left that it is equally outrageous and equally destructive of constructive public policy. We came to the conclusion that the only way you can do this is to create a process that drives the policy, rather than put the policy on the table first, saying here is the policy and everybody jumps on it and kicks it and screams at it and so it never even gets to the starting line. We decided let's get to a process that leads to policy and leads to an absolute vote.

The theory is, basically, threefold: One, the process has to be absolutely fair and bipartisan. Nobody can feel they are being gamed. The American people will not allow major policy to occur in these areas unless they are comfortable the policy is bipartisan and fair. So this process we have set up is a bipartisan affair. There will be 18 people. We decided to go with people who actually have a responsibility for making decisions and understand the issues intimately; 16 from the Congress, as was mentioned—8 Republicans and 8 Democrats—and the 2 from the administration, with a supermajority to meet, to report, and there will be co-chairmen from each party. That gives us the bipartisan nature.

The second part that is critical to the exercise is that it be real and that it not end up being a game. We have seen so many commissions end up being just commissions. They put their report out and it ends up on a shelf somewhere.

Something has to happen. What happens is, when this Commission reports with a supermajority and comes to Congress, by supermajority it must be voted up or down. So there is an absolute right to a vote, and the vote occurs on the policies proposed. That is critical. It is much along the lines of what we did for base closures, for many of the same reasons. You couldn't close bases politically, so we did it by fast-track approval.

Third, there will be no amendments. Why? Amendments allow Members to hide in the corners. It is that simple: Somebody throws an amendment up—even if it is well intentioned—and people vote for the amendment and then say it didn't pass or I will not vote for the final product. You have to have a policy put forward, and it will either attract a bipartisan supermajority and be a fair policy or it is not. If it doesn't attract a bipartisan supermajority, clearly, it wasn't well thought out.

That is the process we have come to. The amount of sponsors we have reflects the fact that it is viable and that it is bipartisan. We have 12 Democratic sponsors already and 19 Republicans. What else around here has that with serious legislation? This is it.

I congratulate the Senator from North Dakota for his efforts. I am hopeful we can get a vote on it. Then, I hope it can pass, and I am hopeful we can get White House support and House support to do this.

We are running out of time. If we don't accomplish this fairly soon, the outcome is very simple: We will pass on to our children less opportunity, a lower standard of living, and a weaker Nation than we received from our parents. No generation in American history has done that. But that is what we are going to do if we don't take action. That is exactly what is going to happen. How can one generation do that to another? In American history, that has never happened. This is an opportunity to avoid having that occur or at least help avoid it. I hope it will move forward.

I reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from North Dakota is recognized.

Mr. CONRAD. Mr. President, how much time remains of the 20 minutes?

The PRESIDING OFFICER. Two minutes 40 seconds.

Mr. CONRAD. How much on my side?

The PRESIDING OFFICER. The time is equally shared.

Mr. CONRAD. Let me sum up by saying this: I have been here 23 years. We saw the debt double in the previous 8 years. We know the debt is scheduled to more than double over the next 8 years if we fail to act. That will be a debt, as I indicated earlier, of well over 100 percent of the gross domestic product of the United States.

The Congressional Budget Office tells us, on the current trend line, we are headed for a debt that will be 400 percent of the gross domestic product of the United States. That is absolutely beyond the pale. We know, from every serious expert who advises the Congress of the United States, we can't go there. We can't possibly be on a course to have a debt that is 400 percent of the gross domestic product of the country.

The question is, What do we do about it? There are some who say: Well, you stick with the status quo approach. It hasn't worked so far. Why is there any reason to believe it will work now? I would say the health care legislation before us is a perfect example. The President had a health care summit; he had a fiscal responsibility summit. At those summits, it was asserted—and I think it was well intended—that health care reform would deal with a major part of the debt projection facing us. Well, here we are. My belief is, this bill does modestly reduce the deficit in the short- and long-term. But it in no way deals with the trajectory that is headed for a debt of this country of 400 percent of the GDP, because when you are in this circumstance, the regular legislative process cannot face up to short-term pain in exchange for long-term gain. It will not do it. This is our opportunity. We must act.

I thank the Chair.

The PRESIDING OFFICER. The Senator's time has expired.

Under the previous order, the time until 1 o'clock will be controlled in 30-minute alternating blocks, with the majority controlling the first block and the Republicans controlling the second 30 minutes.

The Senator from Connecticut.

Mr. DODD. Mr. President, before my colleagues from North Dakota and New Hampshire leave, let me commend them for their efforts in this regard. There may be debates about the details of this legislation.

One of the first amendments I ever offered, sitting back in the far corner, as a freshman Member of this body was a pay-as-you-go budget in the Reagan administration. Then I was a cosponsor of Gramm-Rudman-Hollings back in 1985—that was 24 years ago—which was an effort to try to put some restraints on the exploding process at the time.

While I am not prepared necessarily to sign on this morning, I would be remiss if I did not thank them for their efforts. And either something like this

or a variation of it is needed so there is some process in place to allow us to deal with these issues.

Before they wandered off and we were back on the health care debate, I wanted to thank them for their efforts.

Let me once again address issues that need to be clarified. We have disagreements about the health care bill.

I want the record to reflect the efforts that have been made for over a year now to involve our colleagues across the spectrum, beginning with my predecessor, Senator Kennedy, who would be otherwise standing at this very podium but for his illness and his death. My office and his staff worked closely together and I want to share the details of those meetings that occurred beginning about a year ago to formulate the very bill we are grappling with today. I was not a participant in those early meetings. Senator Kennedy was, with his staff and Members of the minority staff right after the elections. I began to work in his place starting around the first of the year or shortly thereafter.

There were numerous meetings between Members from across the spectrum from the Budget Committee, the Finance Committee, the HELP Committee, countless meetings of staff in all three of these committees. Many of them occurred in Chairman BAUCUS's office, the chairman of the Finance Committee.

Battling over the substance of the bill is a very legitimate process. There are 100 of us representing various constituencies and various ideas. There is nothing inherently wrong about that. In fact, it is a healthy process to go through. But I cannot stand here and accept the notion that people have been excluded from the process. That is not the case at all.

There are times when the majority, who has the responsibility to pose ideas, will meet together to formulate an idea or a series of ideas to bring forward. To say this is a historical, unprecedented occurrence defies what anyone who has known 5 minutes of the history of this institution knows. I recall only a few years ago when the minority leader and others were excluded from conference meetings between the House and the Senate. If Tom Daschle showed up, the word was, the conference committee would be canceled. Imagine, the minority leader, a conferee, dealing with the House and Senate, would show up and the meeting would be canceled. With all due respect, it is that old line of Claude Rains in the famous movie ''Casablanca,'' walking into Rick's Café, looking around with Humphrey Bogart there and saying: ''Is there gambling going on here? Shocking.'' Is politics going on in the Senate? Yes, it is. And it has back to 1789, to the founding of the Republic. Politics has happened in this institution where people try to formulate ideas to bring together on behalf of our constituents across the country.

It needs pointing out, as I will, and I will lay out and provide shortly every single amendment offered by the other side—hardly technical, so everybody can read them—the provisions in this bill that were specifically offered by Members of the minority that were accepted either in our committee or in other places and are reflected in the substance of this bill.

Is it their bill? No. Obviously, they have not voted for it. But a lot of the substance in it is theirs, and to suggest otherwise is not true. The notion that people have been excluded from this process is just not the case at all. In fact, going back, if you will, since January of 2007 the HELP Committee has held 30 bipartisan hearings on health care reform, with 15 alone in 2009. Taken together, the HELP and Finance Committees held more than 100 bipartisan meetings. Beginning in December 2008, the bipartisan leadership of the HELP Committee, the Finance Committee, and the Budget Committee met 10 times to discuss health care reform legislation. Staff met even more frequently. Ideas discussed in those meetings are reflected in this bill. In 2008, the HELP Committee held 15 bipartisan health reform staff roundtables, which included Republican and Democratic staff from the HELP, Finance, and Budget Committees. Over 80 stakeholders from the pharmaceutical industry, the insurance industry, those who advocated single-payer approaches—80 stakeholder meetings were held in the health care debate from across the political spectrum. Democrats, Republicans, patients, providers, employers, unions, insurers, and drug device manufacturers contributed recommendations to this bill. They were not all accepted. The idea that we would take everyone's idea that comes to the table is ludicrous on its face. But certainly the opportunity to affect the outcome of this bill was very much an open process.

In addition, committee staff held regular meetings with smaller representative groups. Since April of 2009, these meetings have included staff from Senator ENZI's office, Senator GREGG's office, and Senator HATCH's office. These meetings included groups from across the political spectrum who met for 2-hour sessions twice a week to provide detailed and thoughtful contributions to this bill.

In addition to these stakeholders, hundreds of groups attended larger stakeholder meetings on March 13 and May 15 where further recommendations on reform were heard.

On June 10 and 11, prior to beginning of the markup of the HELP Committee bill, Members had detailed, bipartisan discussions of the draft legislation, including extensive options contributed by our Republican colleagues. Options provided by Republican Members were reflected in the legislation approved by the committee.

On June 22, HELP Committee Senators also met with the nonpartisan Congressional Budget Office Director Doug Elmendorf and other CBO staff.

The markup in the HELP Committee lasted almost a month—a record for that committee, by the way. The committee held 56 hours of executive consideration of the legislation, stretching across 23 different sessions over 13 days. Taken together with the Finance Committee, more than 20 days were devoted to the amendment process alone. During the HELP Committee markup—I have mentioned this over and over again—we considered 287 amendments, almost 300 amendments, and 161 of those 287 were accepted Republican amendments.

I ask unanimous consent to have printed in the RECORD all of those amendments that were accepted and the description of those amendments.

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

HELP and SFC Republican Amendments in the PPACA

HELP/ SFC	AHCA/AHFA Title	AHCA/AHFA Amendment	Page in PPACA	Line on Page	Amendment Purpose
HELP	I	Burr 202	200	7	To apply the same laws to private plans and the community health insurance option.
HELP	I	Burr 217	184	9	To provide for the application of certain State laws to the public plan
HELP	I	Burr 235	31	3	To strike provisions that prevent a full accounting of costs.
HELP	I	Burr 242	142	6	To limit the use of Gateway surcharges
HELP	III	Burr 5	1166	15	To require all services to be age appropriate under the school-based health clinic program
HELP	III	Burr 6	1143	23	To require the Preventive Services Task Force to consider clinical preventive best practice recommendations
HELP	I	Coburn 225	367	7	To provide that no insurer shall be required to participate in any Federal health insurance program.
HELP	I	Coburn 226	156	6	To require Members of Congress and congressional staff to enroll in a Federal health insurance program.
HELP	I	Coburn 228	195	7	To require the use of available technologies to reduce and help prevent waste, fraud, and abuse.
HELP	I	Coburn 229	364	21	To ensure taxpayers are not forced to fund assisted suicide.
HELP	I	Coburn 231	143	1	To provide for a full accounting of costs.
HELP	I	Coburn 237	364	21	To ensure health care providers are not forced to participate in assisted suicide or discriminated against because they choose not to participate in assisted suicide.
HELP	III	Coburn 25	1151	17	To for Federal messaging on health promotion and disease prevention
HELP	I	Coburn 280	366	10	To Preserve and Protect Patient's Rights.
HELP	VI	Coburn 293			To ensure that scientific data used by the Federal Government is publicly available for the general betterment of scientific research.
HELP	I	Coburn 307	150	6	To allow for independent insurance agents
HELP	VI	Coburn 312	1864	4	To clarify the definition of interchangeability.
HELP	I	Coburn 315	196	20	Ensure taxpayer dollars do not fund waste, fraud, or other abuse in the Community Health Insurance Plan.
HELP	I - CLASS	Coburn 4	1973	2	Merged bill also includes a Coburn 4, an amendment to ensure that no federal money will be used to fund CLASS
HELP	II	Enzi 11	1660	24	To provide special safeguards for comparative effectiveness research on rare diseases.

HELP and SFC Republican Amendments in the PPACA

HELP	II	Enzi 12	1670	22	To require that experience regarding the actual practice of medicine be among the "diverse and broad range of perspectives" represented on the comparative effectiveness research Advisory Council.
HELP	II	Enzi 15	1659 (conceptual)	25 (conceptual)	To allow expert advisory panels comprising doctors and other clinical experts with relevant specialized experience to advise the government how to conduct comparative effectiveness research studies.
HELP	I - CLASS	Enzi 16	1958	15	To increase the period in which premium payments are required for purposes of eligibility for CLASS benefits.
HELP	I - CLASS	Enzi 17	1931	8	To increase the number of benefit plan as alternatives for consideration for designation by the Secretary.
HELP	I - CLASS	Enzi 18	1933	22	To require health care practitioner certification of functional limitation for the benefit trigger.
HELP	I - CLASS	Enzi 20	1936	17	To strike the Secretarial response to the public comment on the designation of benefit plan.
HELP	I - CLASS	Enzi 21	1937	13	To require the Secretary to consider the Inspector General's annual report on waste, fraud, and abuse related to the program in setting the premium amount.
HELP	I	Enzi 210	186	9	To prohibit the community health insurance option from limiting access to end of life care.
HELP	I - CLASS	Enzi 22	1937	13	To require the Secretary to consider the Inspector General's annual report on waste, fraud, and abuse related to the program in setting the premium amount.
HELP	I	Enzi 241	185	22	To ensure that an individual enrolled in the community health insurance option has access to all services.
HELP	I	Enzi 250	30	8	To require the GAO to conduct a study and report on the quality and cost of health care.
HELP	I - CLASS	Enzi 26	1945	7	To require coordination with the Secretary of the Treasury with respect to payroll deductions.
HELP	I - CLASS	Enzi 27	640	15	To provide for the development of regulations concerning the process for eligibility determinations.
HELP	I	Enzi 272	105	18	To prevent denial of care based on patient age, disability, medical dependency or quality of life
HELP	I	Enzi 274	143	19	To protect pro-patient plans and prevent rationing

HELP and SFC Republican Amendments in the PPACA

HELP	I	Enzi 278	105	18	To prohibit rationing on the basis of patient age, disability, medical dependency or quality of life
HELP	I - CLASS	Enzi 28	1950-51	22	To clarify that advocacy services and advise and assistance counseling services are included as administrative expenses.
HELP	I	Enzi 285	105	9	To prohibit the Secretary of Health and Human Services from limiting access to end of life care
HELP	VI	Enzi 295	1859	12	To set forth the Sense of the Senate that a biosimilars pathway balancing innovation and consumer interests should be established.
HELP	I	Enzi 296	29; 163; 1509	9; 22; 14	To make technical amendments.
HELP	VI	Enzi 297	1859	24	To amend the Public Health Service Act to establish a pathway for the licensure of biosimilar biological products, to promote innovation in the life sciences.
HELP	I - CLASS	Enzi 31	1969	11	To clarify provisions relating to reports on amounts in the Independence Fund.
HELP	I - CLASS	Enzi 32	n/a		To require an option with respect to burdens on the disability determinations of the Social Security Administration.
HELP	I - CLASS	Enzi 33	1967	18	To clarify provisions relating to the soundness of the Independence Fund.
HELP	I - CLASS	Enzi 35	966	7	To provide for an Inspector General's report.
HELP	I - CLASS	Enzi 36	1946	19	To require coordination with the Secretary of the Treasury.
HELP	I - CLASS	Enzi 37	277;810	4;3,8	To require coordination with the Commissioner of Social Security.
HELP	III	Enzi 44	1248	11	To ensure that data is collected on underserved rural populations.
HELP	III	Enzi 45	1248	20	To require that data collection requirements are not effective without a direct appropriation for that purpose.
HELP	III	Enzi 50	1254	24	To ensure that the Secretary conducts workplace wellness evaluations in publicly funded programs before evaluating privately funded programs.
HELP	III	Enzi 51	1255	9	To ensure that information under the workplace wellness provisions are not used to establish Federal requirements.
HELP	III	Enzi 62	1139	1	To modify provisions relating to the national prevention, health promotion, and public health strategy.
HELP	III	Enzi 69	1146	5	To provide that all members of the Preventive Services Task Force are independent.
HELP	III	Enzi 81	1166	19	To strike the definition of community under the school-based health clinic program.

HELP and SFC Republican Amendments in the PPACA

HELP	III	Enzi 82	1159	3	To strike the authority for optional services under the school-based health clinic program.
HELP	III	Enzi 85	1167	16	To clarify that certain oral health activities are subect to appropriations.
HELP	III	Enzi 89	1209	13	To prohibit the use of funds to create video games or other similar tools that lead to higher rates of obesity under the community transformation grant programs.
HELP	III	Enzi 92	1207	21	To clarify provisions relating to community measures under the community transformation grant program.
HELP	II	Enzi 96	1658	10	To require comparative effectiveness research to assess whether treatments benefitting the "average" patient might nevertheless benefit many individuals
HELP	I	Gregg 213	198	13	To require new Federal health entitlement programs to be fiscally solvent.
HELP	I	Gregg 224	Conceptually	Conceptually	To protect taxpayer funds.
HELP	I - CLASS	Gregg 6	1931	18	To protect the long-term fiscal health of the United States
HELP	I - CLASS	Gregg 7	1972	13	To ensure honest budgeting by requiring CLASS Act payments, reciepits, and deficits are reflected in the Budget.
HELP	II	Gregg 9	1111	4	To modify provisions relating to distribution of information to the public.
HELP	III	Hatch 10	1257	14	To promote research and treatment of pain care
HELP	III	Hatch 14	1172	23	To define tooth-level surveillance for purposes of oral healthcare surveillance activities
HELP	III	Hatch 17	1237	9	To utilize community health centers to test several approaches to improve wellness and promote the adoption of healthy lifestyles among several at-risk populations
HELP	III	Hatch 19	1265	11	To ensure that better methodologies are developed to measure prevention and wellness programs
HELP	VI	Hatch 209	1924	15	To authorize a GAO study on the 340B program once the Affordable Health Choices Act is implemented.
HELP	IV	Hatch 22	1355	1	To make technical corrections and improve the bill
HELP	I	Hatch 223	151	19	To modify provisions relating to navigators
HELP	IV	Hatch 23	1302	6	To make technical corrections to improve the bill

HELP and SFC Republican Amendments in the PPACA

HELP	IV	Hatch 24	1295	10	To ensure that the language in the Affordable Health Choices Act is consistent with professional terminology
HELP	III	Hatch 25	1225	21	To ensure that there is no decrease in children's access to immunizations
HELP	II	Hatch 27	1069	3	To ensure that community health teams include doctors of chiropractic
HELP	II	Hatch 9	1133	7	To ensure that the Patient Navigator Outreach and Chronic Disease Prevention Act of 2005 (PL 109-18) has minimum core proficiency standards for patient navigators
HELP	III	McCain 2	1265	22	To determine whether existing Federal Government sponsored health and wellness initiatives are effective in achieving their stated goals
HELP	I	McCain 205	Conceptually in Section 1252	Conceptually in Section 1252	To establish certain policies for small group health plans.
HELP	III	Murkowski 13	1159	8	Strike lines 4-5 on page 368 and replace with "residents of an area designated medically underserved areas or health professional shortage areas"
HELP	III	Murkowski 14	1163	10	Strike lines 9-12 on page 372 and replace language
HELP	III	Murkowski 20	1224	15	Add language to page 397, line 16 "(I) and immunization information systems to allow all states to have electronic databases for immunization records"
HELP	I	Murkowski 202	80	23	To allow insurers to adjust premium rates for tobacco use.
HELP	IV	Murkowski 23	1274	7	Add definition to page 429
HELP	IV	Murkowski 26	1280	1	Add language to page 433, line 8: "and frontier"
HELP	IV	Murkowski 28	1311	5	Add language to page 463 "(c)(1)(A)…"
HELP	II	Murkowski 3	719	9	Add language to page 243, line 10 "Federal Indian Health Service programs and tribally-operated health programs."
HELP	IV	Murkowski 32	1421	14	Add language to page 558, line 16: "and community health workers."
HELP	III	Murkowski 34	1168	5	Add language to page 376, line 22 after the word "disabilities"; and American Indian, Alaskan Native, and Native Hawaiian
HELP	III	Murkowski 35	1168	5	Add language to page 376, line 22 after the word "disabilities"; and American Indian, Alaskan Native, and Native Hawaiian
HELP	II	Murkowski 38	1091	21	Add language to page 281, line 21 after the word "and"; "expenses associated with physician services."

HELP and SFC Republican Amendments in the PPACA

HELP	II	Murkowski 4	1063	23	Add language to page 255, line 15 "and Federal Indian Health Service programs and tribally-operated health programs."
HELP	IV	Murkowski 40	1357	2	Add language after line 7 on page 510
HELP	IV	Murkowski 44	1316	22	Strike lines 12-13 of page 470; "rate of 2 percent less than the.."
HELP	IV	Murkowski 47	1318	18	Line 12 replace "cost-of-living" with "cost of attendance"
HELP	IV	Murkowski 48	1322	22	"(1)" and place it at (2)(c)
HELP	II	Murkowski 5	1068	11	Add language to page 259, line 22 "or Tribe or tribal organization as defined under the Indian Self-Determination and Education Assistance Act."
HELP	IV	Murkowski 51	1325	13	Add Section (4) "must not have received loan forgiveness through public service loan forgiveness under the Higher Education Act."
HELP	IV	Murkowski 53	1327	16	Strike "other reasonable education expenses"
HELP	II	Murkowski 6	1069	5	Add language to page 260, line 12 "and physicians' assistants"
HELP	II	Murkowski 60	1063	17	Add "Indian health organization" before "quality improvement organization"
HELP	II	Murkowski 61	1082	15	Add "and an Indian tribe or parnership of 1 or more Indian tribes."
HELP	III	Murkowski 65	1246	1	Revise language on line 1
HELP	IV	Murkowski 67	1291	17	Line 8 after "State and local health departments," add "the Indian tribes,"
HELP	III	Murkowski 7	1136	21	Add language to page 348, line 24 "and an Indian tribe and tribal organization"
HELP	III	Murkowski 70	1235	5	Add language to line 10 on page 406 and t line 11 on page 407
HELP	IV	Murkowski 71	1356	8	On page 509, line 20 add "dental health aides"
HELP	IV	Murkowski 72	1356	21	Add language to line 6
HELP	IV	Murkowski 73	1358	18	Add language to page 501, line 10
HELP	III	Murkowski 74	1168	5	Add language to page 376, line 22
HELP	III	Murkowski 75	1169	8	Add language to page 377, line 23
HELP	III	Murkowski 76	1171	1	Add language to page 379, line 13
HELP	I	Roberts 210	105	18	To protect patients by preventing the rationing of health care
HELP	I	Roberts 211	105	18	To protect patients by preventing the rationing of health care
SFC	II	Baucus Amdt. To Hatch C10	604	3	To establish Side-by-side provision to restore $50 million in federal funding to Personal Responsibility Education for Adulthood Training

HELP and SFC Republican Amendments in the PPACA

SFC	III	Baucus Amdt. To Hatch D7	733	11	To grant the Secretary and Chief Actuary of CMS the authority to terminate implementation of Medicare reforms if proven to reduce benefits
SFC	IX	Bunning F4 (as modified)	2033	18	To require a study of how the provisions in the bill will affect the cost of medical care provided to veterans
SFC	I	Cornyn C14	172	12	To strike the political appointment process for the Co-op Advisory Board
SFC	I	Cornyn C15	171	1	Restriction of Federal fund use by the CO-Ops for propoganda
SFC	I	Cornyn C16	171	4	Restriction of Federal fund use by the CO-Ops for marketing
SFC	I	Cornyn C17	176	1	To require that the CO-Ops must meet state solvency standards
SFC	I	Cornyn C18	176	13	To specify that before CO-Ops can operate, the state must have implemented all the insurance reforms required by AHFA
SFC	I	Cornyn C20	176	1	To clarify that CO-Ops must comply with the same state laws as private health insurers
SFC	I	Cornyn C5	157	8	Clarification that existing minimum creditable coverage is exempt from penalty
SFC	III	Ensign D6	739	18	Requires Medicare savings to stay in Medicare
SFC	I	Ensign/Carper C8	87	14	Healthy Behaviors Amendment- To allow a premium discount rate of 30% of the cost of employee-only coverage (with the opportunity to increase to 50%
SFC	I	Enzi C3 (as modified)	356	23	To require a study of how the provisions in the bill will affect employer wages
SFC	I	Grassley C2	177	7	Prohibiting Group Purchasing Councils from Setting Payment Rates
SFC	VI	Grassley D4	1670	7	Would eliminate requirement that Cabinet secretaries and other high ranking officials be appointed to board of PCOR
SFC	I	Grassley/ Bunning C3	156	4	To Require Members of Congress/Congressional Staff to Purchase Healthcare through the Exchange
SFC	III	Grassley/ Hatch D2	797	19	To assure Medicare physician payment equity (Modification: Change "1/2" to "3/4" the difference between the relative costs of employee wages and rents and the national average for the year 2010)
SFC	II	Grassley/ Snowe C11 (incorporates Snowe C5)	407	1	To allow states to scale back coverage to 133%FPL by striking maintenance of effort provision

HELP and SFC Republican Amendments in the PPACA

SFC	II	Hatch C10	618	13	Restores $50 million in federal funding to Abstinence Only-Until-Marriage programs
SFC	I	Hatch C12	364	21	To prohibit Federal funds from being used to pay for assisted suicide and offer conscience protections to providers
SFC	I	Hatch C9	176	1	To Ensure a level-playing field for fair competition
SFC	III	Hatch D7	903	16	Medicare Advantage Benefit Protection
SFC	I	Schumer C6 (and Snowe F4)	326	18	Lower the responsibility penalty and index up to $750 in 2016
SFC	IX	Schumer F1 (Snowe F3, Roberts F3, Enzi F1)	1999	1	To establish a $2500 limit on salary reductions by an employee for a taxable year for purposes of coverage under a health FSA under a cafeteria plan
SFC	I	Schumer/ Snowe C3	332	9	To change the affordability level to no greater than 7% of a beneficiary's income level (modification: changed to 8% in the merged bill)
SFC	I	Snowe C10	159	9	To allow small businesses that grow beyond the upper employee limit in the SHOP exchange to continue to purchase in the SHOP exchange
SFC	I	Snowe C6 (Modified)	109	16	To require small employers to provide a plan with a deductible that does not exceed $2000 for individuals and $4000 for families, unless offering contributions which offset any icnrease in deductible above these limits
SFC	I	Snowe C9	149	24	To allow Small Business Development Centers to receive grants to assist in navigation of the system
SFC	II	Snowe D1	547	1	Establishment of a Medicaid Emergency Psychiatric Demonstration Project
SFC	I	Snowe F5	115	17	To allow individuals who would otherwise qualify for the exemption from the individual assessment (due to low income) in the Exchange could purchase the "young invincibles" policy
SFC	I	Snowe/ Lincoln C3 (Snowe C8)	130	11	Establishment of Small-business Health Options Program (SHOP) in the Exchange
SFC	I	Wyden C8 (Grassley C15 & C16)	212	12	A State may apply to the Secretary for the waiver of all or any requirements of the Exchange beginning 2017

Mr. DODD. Mr. President, specific pages in this bill and the language of these amendments or a synopsis of the language is included. These were not just technical amendments. Let me mention some that were included.

Our colleague from North Carolina, Mr. BURR, offered an amendment that subjects the public option to the same laws and requirements as private plans. This discussion that they were not involved in the public option—here are amendments offered by Republicans accepted in the committee dealing with the public option. Did we take all of them? Of course not. Of the 287 amendments, 161 of them, as you will now read, are reflected in these efforts.

Follow-on biologics: A bipartisan, Enzi-Hatch-Hagan—HAGAN, a Democrat, and HATCH and ENZI, Republicans—amendment establishes the pathway for biosimilar biological products. This Republican amendment is reflected in the bill on page 1859.

Long-term care: Senator GREGG ensured that the new voluntary program to approve long-term care options would remain solvent for 75 years—the CLASS Act—reflected on page 1931 of the bill.

Prevention—again, a bipartisan amendment offered by Senator GREGG and Senator HARKIN that expands and strengthens the incentives available for participation in workplace wellness programs, reflected in the bill on page 80.

The Murkowski of Alaska amendment will allow insurance companies to offer discounts for those who do not smoke. This is a Republican amendment reflected on page 80 of the bill.

Coverage: Several amendments were offered by Senators ENZI, COBURN, ROBERTS, and others to make certain that nothing in the legislation would allow for rationing of care and that no one would be denied care based on age, disability, medical dependency, or quality of life. That is reflected as well on page 105 of the bill.

My colleague from Wyoming, the ranking member of the committee, had 41 amendments that were included in the bill. For instance, in Title I, Enzi amendment No. 241 appears on page 185 of the marked-up bill. Line 22: to ensure that individuals enrolled in the community health service option have access to all services. Senator ENZI's amendment is included in the bill. He offered amendments on page 272 to prevent denial of care based on patient age, disability, medical dependency, quality of life, and antirationing proposals; follow-on biologics; amendments to protect and ensure that data and prevention programs include rural populations. Again, I will provide a list of the 41 amendments so my colleagues and others can read a synopsis of those amendments—hardly punctuation marks in the bill. We may not agree with every one. We accepted them. I thought they contributed to the bill, made a better bill. I did not decry them; I welcomed them.

So the suggestion that this somehow has been jammed down the throats of people, with secret meetings going on—I don't think people ought to engage in that. You can vote against the bill if you want, but don't suggest to me this process denied people a chance to be heard, to be involved, to be engaged. I went out of way my in the markup of that bill to stay for as many hours as people wanted to, for as long as they wanted to, to offer as many amendments as they wanted to. Staff worked all during the weekends of that process to go through these amendments. I remember on one occasion, after work over one weekend, I proposed accepting 40 amendments. I offered to accept all 40 of them, and my Republican friends objected to a request to accept their amendments in the committee.

So the notion we marked up titles of this bill without adequate notice of language is false. Titles of the bill had to be scored by CBO. The idea that we would markup our bill without notice of language or CBO scores again is false. The markup dates were postponed by me to allow more time to read language and to ensure that CBO scores were distributed to all Members as well.

As someone who has been around here a number of years, I know when there is a true willingness to have a bipartisan effort and I know when there is one that is not going to happen. Senator Kennedy understood that as well. I have had numerous bipartisan agreements with my colleagues on committees I have served on over the years. It is certainly far better when you can achieve that, I don't deny that at all, but I will not accept the notion that there has been a refusal to accept or willingness to listen to bipartisan ideas as part of this bill.

Again, there is a debate that I know is going on on the other side as to whether to have amendments or not have amendments, whether Rush Limbaugh is controlling the show, or the Republican leader. Those things happen. I understand that. But the fact is, we have a bill here, far from perfect—I will be the first to acknowledge it. It is not a bill I would have written on my own. But we serve in a body of 100 coequals who bring to our debate and discussion various backgrounds, experiences, and viewpoints. It is not an easy task.

Every Congress going back to the 1940s to one degree or another has tried to deal with this issue. Every administration, from Harry Truman through every Republican and Democratic administration since the 1940s, has, to one degree or another, grappled with this issue of health care. To a large extent, everyone has failed or has not tried because it has been so monumental an undertaking that it has been daunting. Certainly, we are seeing that as we grapple with it in our hour of watch. Those of us who are privileged to be here serving with an administration that has made this a priority have been challenged to do what no other Congress and no other administration has been able to achieve over the past 70 years. We are close to achieving a major beginning, and it is a beginning. Anyone who suggests otherwise does not understand the complexity or the largeness of this undertaking—a beginning, to begin to change and bring down costs, increase access, and affordability, as well as the quality of something that ought to be a basic right in the United States of America, and that is health care.

I am excited and optimistic about the possibility of achieving that. It is less than what I wished we could have done, but it is far more than has ever been achieved by others.

The product we have before us, while it is not one that has been endorsed on a bipartisan basis, reflects a lot of good contributions made by all Members. In fact, every single member of the HELP Committee—every single member—offered amendments that were adopted as part of our product—every single one. Substantive amendments were offered as well. I find it somewhat intriguing, that people claim to feel excluded from the public option idea. I had no idea they were interested in one. It is exciting to know they have some ideas on the public option. The reflection that occurred during our debate was they were totally opposed to any public option in this bill. So we adopted one as part of the HELP Committee process, under the leadership of SHERROD BROWN and SHELDON WHITEHOUSE and KAY HAGAN of North Carolina, who sat together and, working with others outside, came up with an option that we thought would appeal on a bipartisan basis. It did not, and we are very much involved in that debate as we speak.

Anyway, I wanted to respond to these earlier suggestions, and I will leave them as suggestions, that somehow this product and process has been totally written on a partisan basis. It is anything but that, and I want the RECORD to reflect that, hence the decision to include the specific amendments, the pages on which they exist in our product, and the substance of the ideas that were contributed by our Republican friends.

Mr. President, I saw my colleague from Montana a moment ago, who may be interested in addressing some of these ideas and thoughts as well that are coming before us. But while I wait for him to come to the floor, let me say that, again, I hear constantly this talk about Medicare and the cutting of Medicare. Let me reflect on how false those allegations are.

Again, what we are trying to do is to reduce the overpayments under the Medicare Advantage Program. That is what has happened here. These private plans—and that is what they are—operating under Medicare Advantage have two options: They can cut benefits or reduce their profits. We have to bring down these costs when you have an average of 14 percent overpayments occurring in the country that are being

borne by 80 percent of Medicare recipients.

We talk about the numbers. I have a number: 96,000 people in the State of Connecticut who utilize the Medicare Advantage plan. I am not opposed to that. I think it is a wonderful option for people. But the fact is 470,000 other people in my State, who are Medicare recipients, are paying $90 extra in order to subsidize the Medicare Advantage plan and they are getting none of the benefits for it. So there is a huge percentage—about 80 percent of the elderly in this country—who are writing a check every year to subsidize private health care plans. These plans are profiting at the expense of people who never get a benefit from it.

What Senator BAUCUS and others have suggested is let's reduce these overpayments. It is up to the plans to decide what they want to do with that. They can decide to cut the benefits or take less profit. These are for-profit plans that are doing this. Maybe they don't want to take less profit. That might be a part of the motivation. But traditional Medicare, the guaranteed benefits under that—a nonprofit operation—are not touched in this bill—not a single guaranteed benefit. For over a week now I have challenged any Member in this body to identify a single guaranteed benefit under Medicare that is affected by this bill. Not one. Eliminating the overpayments under Medicare Advantage are, clearly, because we don't think that 80 percent of the population who qualify for Medicare ought to bear the financial burden of financing a benefit they never get.

None of us are opposed to Medicare Advantage, but we are opposed to the idea that these for-profit companies can play the game by suggesting they don't want to take less profit, they don't want to reduce any benefit, so they want to leave it exactly as it is. You want to know why Medicare is in trouble? That is why. If you want to put it on a solid footing for an additional 5 years, then take the proposal we have in the bill to reduce these overpayments. In the absence of doing that, the very people who are worried about the solvency of Medicare are going to be correct, because Medicare will be in financial jeopardy far earlier if we have these amendments adopted that would jeopardize the traditional Medicare Program.

Clarity is needed on all of this. The fact something is called Medicare Advantage, as I have said repeatedly, doesn't make it Medicare and it is certainly not an advantage. It is only an advantage for those private companies that are benefitting in terms of the profits they make. In fact, studies done by independent analysts say, that these companies have seen a 75 percent growth in profits as a result of this program. They are doing very well financially as a result of this. But they shouldn't be doing necessarily that well at the expense of others who are paying an additional $90, on average per couple of retirees, elderly people, who are contributing that amount every year without receiving a single benefit under Medicare Advantage.

Our simple question is: Why should they be asked to pay that much more? Ninety dollars a year may not sound like that much to a Member of Congress, but if you are a retired elderly person, living on a fixed income, that $90 a year can make a huge difference. It may not be much to a Member of Congress, many of whom, of course, are very wealthy indeed, but it is if you are sitting out there across America writing a check each year for $90 to go into a program you never get a benefit from, which serves 20 percent of the senior population.

I don't blame the 20 percent at all. I understand how they feel. They wish to continue to get those benefits. And they can get them, provided the companies they are getting those benefits from are willing to take less in profits. That is what our bill is designed to do—to provide that choice. Obviously, we can't mandate that from them—although we were promised early on they would be able to reduce the cost of Medicare. That was the original proposal when Medicare Advantage was adopted many years ago—a number of years ago.

Again, it is anything but Medicare and it is anything but an advantage, except for the profit-making companies that have done very well off this program. Our bill here merely restrains the overpayments. I know that may bother these companies. They would like to make more, if they could, and I respect that, from their vantage point. But we should not, as the Senate, sanction and necessarily approve a proposal that allows them to make more money out of the pockets of people on fixed incomes to support a fraction of the population at the expense of the overwhelming majority. Where is the equity in that, when 80 percent of Medicare recipients are writing a check each year to private companies, in effect, to pay for benefits they never get?

I appreciate the support of organizations across the country—AARP and certainly the National Committee to Preserve Social Security and Medicare—and we thank them for their very strong letters. These major organizations, representing 43 million of our elderly in this country, have taken a very strong position against the assaults on this bill regarding the overpayments that are occurring, and we thank them for it. That may not be enough for some people to appreciate, but I believe if they look and listen to what is going on here, they will understand what is at stake. If you are part of the 80 percent of seniors out there who are writing those checks every year and getting none of the benefits, those who oppose our bill want to maintain and probably expand on it in the years ahead. So for you out there who are worried about the cost and solvency of Medicare, our bill is a major step in the direction of reducing those overpayments and providing the options that ought to exist to reduce profits or extend benefits.

Again, I think it is important to remind our colleagues that under this bill, there is $130 billion in budget reductions in the first 10 years. It is the largest single reduction. We listened to our colleagues from North Dakota and New Hampshire talk about deficit reduction. This bill provides $130 billion in deficit reduction in the first 10 years and $650 billion of deficit reduction in the second 10 years.

We are now told by the Congressional Budget Office there are the millions of people today who are paying insurance and watching the costs escalate almost on an hourly basis. Even with zero inflation, we are watching private companies raise the cost of premiums—going up dramatically. There are 32 million people in the individual insurance market, according to the Congressional Budget Office, and they would pay 14 to 20 percent less in premiums for an equivalent plan than under the status quo. That is a huge reduction, potentially, in the years ahead for 32 million of our fellow citizens in the individual market. If you are in the small-group market—there are 25 million people in that, according to the CBO's analysis—you are eligible for tax credits and would pay 8 to 11 percent less in premiums. If you work for a small business and don't qualify for a tax credit, you would see a reduction, potentially, of 2 to 3 percent in premiums. If you are in the large-group market—and there are 134 million of our fellow citizens who are in that market, according to the Congressional Budget Office—again, you could see a reduction.

So in any category, you have a choice here to make—and we do in the coming hours. Do you want to continue the present process? And when people say status quo, it is such a misnomer. The status quo might even be acceptable to people if you could freeze everything. But you can't freeze everything. The status quo allows for a dramatic increase in premiums—dramatic increase. If we don't take steps to deal with rising costs, as we do in this bill, you are looking at premiums going from $12,000 a year for a family of four in this country to $24,000 to $35,000 in the next 7 to 10 years.

If this gets defeated—and, obviously, our Republican friends want this bill defeated—the idea that we are going to jump back into this is a pipe dream. We will end up with dramatically increasing costs to millions of our fellow citizens, which this bill restrains because of the hard work done by the Finance Committee, particularly, that had to work on these issues. So for those who suggest the status quo is okay, it is anything but okay.

In terms of cost reduction overall, as well as premium reduction, which is so important—and I thank my colleague from Indiana, Senator BAYH, who was

the one who insisted CBO give us the analysis of what the impact of this bill would be on premiums—the fact is we see significant reductions of premium costs.

I see my colleague from Montana is now here, but I would give the example that in Connecticut, premiums in the year 2000 for a family of four were about $6,000. In the year 2009, that family of four in Connecticut is now paying around $12,000. So in 9 years, premiums have jumped from $6,000 to $12,000. And those numbers continue to escalate. So for those who say no to this bill, then—if you succeed in these efforts—prepare to answer the question why is it the premiums of those people you claim you are defending around here—if they have insurance—will escalate to the rates we have talked about. That is what is at stake—nothing less than that.

Whether it is so-called Medicare Advantage or cost reduction or premium reduction, this bill, with all of its imperfections, is a major, giant, positive step forward for our country. Again, I thank the members of the Finance Committee and Members of the HELP Committee, both staffs, and others who have worked to include many of the ideas that our friends on the other side wisely and thoughtfully made a part of these efforts.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I want to underline the huge bipartisan effort that this side undertook to put this bill together in many, many ways. I very much appreciate the comments of the Senator from Connecticut on that point.

Let's go back. A year ago, I held an all-day health care summit at the Library of Congress for members of the Finance Committee, Republicans and Democrats. They were all there. We spent a whole day. In addition, I talked to all the groups. I called them up and said: Look, we are all in this together—we Americans—consumer groups, labor, big business, small business, the pharmaceutical industry, hospitals, hospice, all these CEOs. I said: We are all working together to get health care reform passed for our country—for all Americans.

So we kept that process up to keep it—and I don't like that word ''bipartisan.'' It is more accurate to say that everybody was working together. If you don't like something, maybe you will like something else somewhere else.

The PRESIDING OFFICER (Mr. KIRK). The time of the majority has expired.

Mr. BAUCUS. Just as I was getting wound up, Mr. President. I will continue when the majority's half-hour comes around.

Mr. MCCAIN. Mr. President, I ask unanimous consent the Senator from Montana be given 2 additional minutes.

Mr. BAUCUS. I appreciate very much the 2 minutes from the Senator from Arizona. This could take a couple more than 2 minutes, but I very much appreciate the offer. I will just wait.

The PRESIDING OFFICER. The Senator from Arizona is recognized.

Mr. MCCAIN. I ask unanimous consent to enter into a colloquy with the Senators from Oklahoma, Tennessee, and Tennessee, both of them.

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

Mr. MCCAIN. Mr. President, we are here, obviously, as we are on a daily basis, to discuss the issue of health care reform. But we are in a rather unusual situation this morning because we don't know what we are discussing or debating. We find ourselves in an interesting situation.

After almost a year of consideration of health care reform, with a measure that has been—at least a couple of the outlines of it we know but, frankly, we have had no details except that Medicare is going to be extended, eligibility for Medicare is going to be extended to age 55.

I just would quote: There was a meeting yesterday amongst Senate Democrats. Many Senate Democrats emerged from yesterday's caucus meeting saying they had learned little about the public option agreement and there were many outstanding concerns.

Senator MARY LANDRIEU called the agreement ''a very good idea.'' Senator BLANCHE LINCOLN said, ''More information is needed.'' And Senator BEN NELSON said, ''I just want to know what the costs are.''

So do the rest of us. So do the rest of us. Here we have a proposal after nearly a year that is being assessed by the Congressional Budget Office, and here we are with no knowledge of what that bill is about, with the exception of some bare essentials that have been leaked.

What did this have to do with change? What does this have to do with bipartisanship? What does this have to do with anything?

Frankly, we have an editorial in the Washington Post this morning that calls it ''Medicare Sausage?''

I ask unanimous consent the editorial from the Washington Post be printed in the RECORD.

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

[From the Washington Post]

MEDICARE SAUSAGE?

THE EMERGING BUY-IN PROPOSAL COULD HAVE COSTLY UNINTENDED CONSEQUENCES

The only thing more unsettling than watching legislative sausage being made is watching it being made on the fly. The 11th-hour ''compromise'' on health-care reform and the public option supposedly includes an expansion of Medicare to let people ages 55 to 64 buy into the program. This is an idea dating to at least the Clinton administration, and Senate Finance Committee Chairman Max Baucus (D-Mont.) originally proposed allowing the buy-in as a temporary measure before the new insurance exchanges get underway. However, the last-minute introduction of this idea within the broader context of health reform raises numerous questions—not least of which is whether this proposal is a far more dramatic step toward a single-payer system than lawmakers on either side realize.

The details of how the buy-in would work are still sketchy and still being fleshed out, but the basic notion is that uninsured individuals 55 to 64 who would be eligible to participate in the newly created insurance exchanges could choose instead to purchase coverage through Medicare. In theory, this would not add to Medicare costs because the coverage would have to be paid for—either out of pocket or with the subsidies that would be provided to those at lower income levels to purchase insurance on the exchanges. The notion is that, because Medicare pays lower rates to health-care providers than do private insurers, the coverage would tend to cost less than a private plan. The complication is understanding what effect the buy-in option would have on the new insurance exchanges and, more important, on the larger health-care system.

Currently, Medicare benefits are less generous in significant ways than the plans to be offered on the exchanges. For instance, there is no cap on out-of-pocket expenses. So would near-seniors who buy in to Medicare get Medicare-level benefits? If so, who would tend to purchase that coverage? Sicker near-seniors might be better off purchasing private insurance on the an exchange. But the educated guessing—and that's a generous description—is that sicker near-seniors might tend to place more trust in a government-run program; they might assume, with good reason, that the government will be more accommodating in approving treatments, and they might flock to Medicare. That would raise premium costs and, correspondingly, the pressure to dip into federal funds for extra help.

In addition, the insurance exchanges proposal is being increasingly sliced and diced in ways that could narrow its effectiveness. Remember, the overall concept is to group together enough people to spread the risk and obtain better rates. But so-called ''young invincibles''—the under-30 crowd—would already be allowed to opt out of the regular exchange plans and purchase high-deductible catastrophic coverage. Those with income under 133 percent of the poverty level would be covered by Medicaid. The exchanges risk becoming less effective the more they are Balkanized this way.

Presumably, the expanded Medicare program would pay Medicare rates to providers, raising the question of the spillover effects on a health-care system already stressed by a dramatic expansion of Medicaid. Will providers cut costs—or will they shift them to private insurers, driving up premiums? Will they stop taking Medicare patients or go to Congress demanding higher rates? Once 55-year-olds are in, they are not likely to be kicked out, and the pressure will be on to expand the program to make more people eligible. The irony of this late-breaking Medicare proposal is that it could be a bigger step toward a single-payer system than the milquetoast public option plans rejected by Senate moderates as too disruptive of the private market.

Mr. MCCAIN. ''The emerging buy-in proposal could have costly unintended consequences.''

But we don't know what it is. But we know that never before in this entire year—I ask my colleagues—have we seen a proposal that would change eligibility for Medicare down to age 55, never before.

The majority leader came to the floor this morning and said if we accept

an omnibus, a multitrillion-dollar bill by unanimous consent—by the way, the Omnibus appropriations bill is six bills totaling $450 billion, 1,351 pages long, with 4,752 earmarks totaling $3.7 billion. And, by the way, spending on domestic programs is increased by 14 percent except for veterans, which is increased by only 5 percent.

The majority leader wants us to go out for the weekend, after keeping us in all last weekend. Here we have an unspecified proposal—none of us know the details or the cost—so I am supposed to go home to Arizona this weekend and say: My friends, we have been working on health care reform for a year. And guess what. I can tell you nothing.

We need to stay in, we need to know what the proposals are, we need to have votes on it, and we need to tell the American people what is going on behind closed doors.

Mr. MCCONNELL. Will the Senator from Arizona yield?

Mr. MCCAIN. Gladly.

Mr. MCCONNELL. I recall our good friend, the majority leader, telling us on November 30 that we would be here the next two weekends. Then I recall our friend, the majority leader, saying Monday of this week we would be here this weekend.

My assumption was we were here to deal with this important issue that the majority has been indicating to everyone is so important, that we must stay here and do it. We are prepared to be here.

Mr. MCCAIN. And vote.

Mr. MCCONNELL. And vote. In fact, we have been trying to vote for a couple of days now, and it has been difficult to vote.

Mr. MCCAIN. If we are not going to have a vote, maybe we ought to have a vote to table the pending amendments, at least to have the Senate on record.

Could I finally say, I know New Orleans is very nice this time of year, but perhaps we ought to stay here and get this job done?

Mr. ALEXANDER. I think it is important to reflect on the season we have here. A couple of nights ago, the Senator from Arizona gave an impressive speech in front of the Capitol for the lighting of the Christmas tree. This is the Christmas season coming up, 2 weeks from tomorrow, a very important season. The majority leader said it is very important for us to stay through Christmas if necessary to debate this bill. We said: All right, that is what we will do. We will stay to New Year's Day. We will stay to Valentine's Day because this is indeed a historic bill and we don't want to make a historic mistake because it affects our children, our grandchildren, 17 percent of the economy, all 300 million Americans.

None of us have ever seen our constituents more involved in an issue than in this issue. So we are here ready to go to work.

I am wondering, as I listen to the Senator from Arizona, not only do we not know what this bill is that we are supposed to enact by 2 weeks from today, our friends on the other side don't know what it is. They cannot tell each other what it is.

They came out of—they had sort of a rally yesterday. One of the Senators described it as sort of a ''go team, go'' rally, but they did not know what they were going to. All we have heard they are going to—and I imagine the Senator from Oklahoma, who is a physician, who has delivered many babies, seen many patients, still continues to do it, would have some comment on this—all we have heard is they may try to expand Medicare.

We heard yesterday from the executive director of the Mayo Clinic Health Policy Center, I ask unanimous consent to have his letter printed in the RECORD.

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

MEDICARE EXPANSION WON'T GET US THERE

PROPOSAL WOULD NOT INCREASE ACCESS TO HEALTH CARE SERVICES OR CONTROL COSTS

The current Medicare payment system is financially unsustainable. Any plan to expand Medicare, which is the government's largest public plan, beyond its current scope does not solve the nation's health care crisis, but compounds it. We need to fix Medicare by moving it to a system that pays for value—quality health outcomes that are affordable over time—and ensure its success, before bringing more people into a broken system.

Expanding this system to persons 55 to 64 years old would ultimately hurt patients by accelerating the financial ruin of hospitals and doctors across the country. A majority of Medicare providers currently suffer great financial loss under the program. Mayo Clinic alone lost $840 million last year under Medicare. As a result of these types of losses, a growing number of providers have begun to limit the number of Medicare patients in their practices. Despite these provider losses, Medicare has not curbed overall spending, especially after adjusting for benefits covered and the cost shift from Medicare to private insurance. This is clearly an unsustainable model, and one that would be disastrous for our nation's hospitals, doctors and eventually our patients if expanded to even more beneficiaries.

It's also clear that an expansion of the price-controlled Medicare payment system will not control overall Medicare spending or curb costs. The Commonwealth Fund has reported this result for Medicare overall by looking at two time periods—one four-year period where Medicare physician fees increased and one four-year period where Medicare physician fees decreased. Overall cost per beneficiary increased at the same rate during each time period. This scenario follows the typical pattern for price controls—reduced access, compromised quality and increasing costs anyway. We need to address these problems—not perpetuate them—through health reform legislation.

We believe insurance coverage can be achieved without creating or expanding a government-run, price-controlled, Medicare-like insurance model.

Mayo Clinic supports the proposed insurance exchange model based on the Office of Personnel Management's Federal Employees Health Benefit Plan (FEHBP). This system will improve access to insurance, make reforms to the current insurance system that eliminate pre-existing condition exclusions, and create an individual mandate where individuals can purchase private insurance in various ways: through employers; on the individual market; through co-operatives; or through an exchange model like the FEHBP.

We also believe that the government should help people pay for insurance premiums through sliding scale subsidies as needed.

JEFFREY O. KORSMO,
Executive Director,
Mayo Clinic Health Policy Center.

Mr. ALEXANDER. I will just read one sentence from it:

Expanding the current Medicaid system to persons 55 to 64 years old would ultimately hurt patients by accelerating the financial ruin of hospitals and doctors across this country.

I am very puzzled why ideas like this are being cooked up behind closed doors 2 weeks before Christmas, and we do not know what they are, they don't know what they are, and the suggestion is we not vote today and we go home this weekend.

Mr. MCCAIN. Not only are there questions—not only is there opposition from the Mayo Clinic but the American Hospital Association and the AMA. They have all come up steadfastly against this.

Could I ask my colleague from Oklahoma—and I quote from this editorial. Here we are supposedly going out for the weekend and the editorial from the Washington Post says:

Presumably, the expanded Medicare program would pay Medicare rates to providers raising the question of the spillover effects on a health-care system already stressed by a dramatic expansion of Medicaid. Will providers cut costs—or will they shift them to private insurers, driving up premiums? Will they stop taking Medicare patients or go to Congress demanding higher rates? Once 55-year-olds are in, they are not likely to be kicked out and the pressure will be on to expand the program to make more people eligible. The irony of this late-breaking Medicare proposal is that it could be a bigger step toward a single-payer system than the milquetoast public option plans rejected by Senate moderates as too disruptive of the private market.

Mr. COBURN. I will answer my colleague as somebody who has practiced medicine for 25 years: MedPAC, last year, said 29 percent of Medicare beneficiaries it surveyed were looking for a primary care doctor and had great difficulty in finding somebody to treat them.

That is now. In the State of Texas, 58 percent of the State's doctors took new Medicare patients, but only 38 percent of the State's primary care doctors took new Medicare patients.

I would make the case to you that if you delay care, that is denied care. It is exacerbated in our older population because an older person with a medical need is much more susceptible to the complications that can come from that initial problem. So if you delay the care, you are denying the care and you are actually increasing the cost.

There are 15 million people in this population. I have no idea if their plans include all of them. But if you add 15

million new people to Medicare, what you are going to have is 50 percent of them are not going to find a primary care physician to care for them because the rate of reimbursement does not cover the cost of care.

I think the editorial you quote is exactly right.

I would also note, if I may, that President Obama loves the Mayo Clinic, and rightly so. I had a brain tumor removed the summer before last by the Mayo Clinic. I am standing here on the Senate floor because of their expertise.

Mr. MCCAIN. There are many who believe the Senator from Oklahoma could not have a heart attack.

Mr. COBURN. I will ignore that comment.

The fact is, what Mayo says is we have to figure out how we create incentives in terms of how do we get people cared for at a lower cost. Medicare is not the way to do it.

As a matter of fact, I heard our colleagues talk. We have had eight votes since last Saturday. We are ready to vote. This is a 2,074-page bill. I have 15 amendments in the queue. I want to vote on them.

They don't want to vote because they don't want the American people to hear all the bad things about what is going to happen to their health care if this bill passes. If we do Medicare, what is going to happen is Medicare costs are going to skyrocket, but access is going to go down.

Mr. MCCAIN. Apparently, I would ask my colleague from Tennessee, we do not know what we would be voting on because there has been a whole rewrite of this health care reform here after a year. We do not even know what the provisions of that bill are except what has been leaked. Apparently, my colleagues on the other side of the aisle, with the exception of the majority leader, don't know what it is either.

Mr. COBURN. If the Senator will yield, there are some things we could vote on. President Obama outlined some very specific things that ought to be in this bill. We ought to vote to put them in the bill.

What he said he wanted and what this bill presents are two different things. We ought to vote on making sure everybody has access. We ought to vote on making sure we are under the same plan as everybody else we are going to put into any new expanded health care coverage. We ought to vote in making sure everybody is treated fairly in this country. We ought to vote on your prescription drug reimportation. We ought to vote. But what we are doing is we are getting a slowdown.

We heard we are obstructing the bill. We are not obstructing the bill. Any other bill that comes before this body that had 2,000 pages in it we would allot 8 weeks, 10 weeks to debate.

As our colleague from Maine knows, there is not a more complicated subject that will affect more people that this body has ever taken up. We are trying to squeeze that into 3½ weeks, and the last 2 weeks we don't know what is in the bill.

Time out.

Mr. CORKER. I would like to thank the Senator from Arizona for his great leadership on this issue. I agree with all here. I would like to continue to discuss this, ''colloquize,'' if you will, and vote. That is what we need to do all weekend is talk about this issue and vote.

There are numbers of amendments. But the thing that is interesting to me, I say to the Senator from Arizona—he has been one of the great champions in this country as it relates to how we live within our means. He has pointed out waste in government. He has pointed out overspending.

What has happened during this Christmas season is, for our friends on the other side of the aisle Medicare has become the gift that just keeps on giving.

I know the Senator talked about, during his campaign—and all of us have—that we need to get Medicare to a point where it is solvent, where seniors actually have the ability to use the benefits later on that now are in place. We have all talked about the need to make it solvent.

What does the base of this bill do? It takes $464 billion out of Medicare to create a whole new entitlement. It doesn't even deal with the doc fix, as we have said many times.

The reason, by the way, we do not know what this says is the leadership on the other side—this is another one of those yellow post-its. They are throwing it up on the wall just to see if it works. They are not telling us what the game plan is because they don't yet know whether it works. What they are hoping to do is to solve a major problem they have within their caucus, again, by taking from Medicare.

If you think about the fact that the Mayo Clinic, which is the model for all of us, would not even take new Medicare patients, and yet our friends on the other side of the aisle are trying to throw a whole new decade of seniors into the plan, what that means is less and less seniors are going to have access to care. That is what this means.

The other side of the aisle, I will have to say, based on history, I am surprised, but they continue, through their policies, to throw seniors under the bus.

I do not understand what has happened. This must be about a political victory and not about health care reform. What we would do is more firmly put in place, again, bad policy. The problem with Medicare today is physicians and providers are paid fees to do more work. So now what we would be doing, instead of health care reform, which is what Senator COBURN and all of us have talked about for some time, we are putting in place, in cement, something that works poorly, that the Mayo Clinic said is damaging to them and their patients, we would be putting it in place for even more people.

I thank the Senator for his leadership. I hope to be with him all weekend discussing amendments that are important and voting on those amendments. I can't imagine a better place for all of us to be.

Mr. MCCAIN. I thank the Senator. May I ask the Republican leader, again, to be very clear that it is his view and that of all Republican Members that we will stay in for as long as it takes to get this issue resolved and we are prepared to vote throughout the entire weekend. If the majority leader moves to the Omnibus appropriations bills, we will have a conference report, and we will certainly have discussion about a bill that has 4,752 earmarks totaling $3.7 billion. But we should not get off this, should we?

Mr. MCCONNELL. My friend is entirely correct. I can only quote the majority leader himself who said we were going to be here this weekend. We expect to be here this weekend. If he tries to leave, we will have a vote to adjourn, and I am confident every Republican will vote against adjourning. This either is or it isn't as important as the majority says it is. If it is that important, we need to be here. More importantly than being here, equally important to being here is to vote. We tried to get a vote all day yesterday on a motion by Senator CRAPO. What we heard from the other side is: We are working on a side-by-side. That is kind of parliamentary inside talk for delay. We are ready to vote. As several of our colleagues have suggested, we keep hearing about these new iterations of this bill. It reminds me of the end of a football game, trying to throw a ''Hail Mary'' pass, just somehow, some way find a way to pass this bill. I think it important to remember what happens to most Hail Marys. They fall to the ground incomplete. You get the impression they are far less interested in the substance of the bill than just passing something.

When the President came up here last Sunday, he said: Make history. Make history? The American people are not asking us to make history by passing this bill. They don't believe it is about the President. They believe it is about the substance. We are out here prepared to talk about the substance of this measure, offer amendments, and we fully intend to do it for as long as it takes. As the Senator has suggested, if the majority leader pivots to a conference report, which he is able to do under our process, we will spend all the time it takes to deal with the conference report.

Mr. MCCAIN. May I point out, again, as the Senator from Maine, Ms. SNOWE, pointed out—and it was highlighted in the Wall Street Journal—no major reform in the modern history of this Senate has been enacted without bipartisan support, a reason for us to go back to the drawing board.

I know the Senator from Texas has been heavily involved in the issue of

hospitalization and the American Hospital Association's reaction to what appears to be an expansion of Medicare.

Mrs. HUTCHISON. I thank the Senator from Arizona. I am pleased our leader is standing strong to say nothing should take precedence over our handling of this bill and making sure it is done right. That is what the Republicans are trying to do, to make sure this is done right. We talked about the Medicare expansion that is in the purported bill that we have not seen yet but that Democrats appear to be putting forward. We have also been spending the week talking about $½ trillion in cuts to Medicare. Now we are talking about possibly expanding Medicare at the same time we are cutting $½ trillion out of the care Medicare patients would get.

I have an amendment. It would stop the $135 billion in cuts in the underlying bill to hospitals, cutting hospital reimbursements for Medicare patients. That is my amendment. Now we are talking about possibly expanding Medicare. The American Hospital Association put out an alarm, an action alert. It says:

> Medicare pays hospitals 91 cents for every dollar of care provided. Medicaid pays just 88 cents for each dollar of care provided.

Medicaid, which may also be expanded, and the cuts in Medicare, which we are talking about possibly expanding, would go forward. Which means what? The hospital association knows what. ''What'' is rural hospitals that care for Medicare patients are going to go under. What kind of services can be provided if there is no hospital in the whole county that can provide care to these senior citizens? I ask the Senator from Arizona, who has been such a leader on this, we are going to cut $135 billion out of Medicare coverage for hospitals. We are going to now talk about expanding the coverage of more Medicare patients, which will mean we will cut more from the hospitals than is even envisioned in the underlying bill. Help me understand this, Senator. How would you suggest that passes the commonsense test?

Mr. MCCAIN. May I say, having stood fifth from the bottom of my class at the Naval Academy, I cannot explain it. But perhaps before I turn to the Senator from South Dakota, maybe we could get a response from Dr. COBURN to that question.

Mr. COBURN. They are going to cut care. We are going to have more complications and worse outcomes. That is what is going to happen. Rather than changing the payment formula, which is what we should do, by rewarding quality and rewarding outcome, rather than rewarding flipping a switch, that is what needs to happen. We are going to take the same antiquated system, we are going to cut $465 billion from it, and then we are going to add, as my colleague from Tennessee said, it is 34 million people, if they include everybody from 55 to 64 in the same program.

Mrs. HUTCHISON. Is the Senator saying that whether you were at the top of your class, such as the Senator from Oklahoma or the Senator from Tennessee or the Senator from South Dakota, or the bottom of your class, as the Senator from Arizona has admitted he held down the fort, regardless of where you are on the quotient of where you stood in your class, you know what the bottom line is.

Mr. COBURN. Care is going to be impacted. Here is a survey of 90,000 physicians. That is more than the active practicing physicians of the AMA. More than 8 in 10 physicians surveyed think payment reform is best to improve the system for all Americans. Only 5 percent of the physicians surveyed rated the current government health care program as effective, 5 percent.

Mr. MCCAIN. I yield to the Senator from South Dakota.

Mr. THUNE. I ask my colleague from Arizona if this is what happens when you end up with one-party rule, one party trying to go this on their own. This seems to be a model of dysfunction in how to come up with a solution to one of the major problems facing the American people, dysfunctional by Washington's twisted standards. They seem to be desperately throwing things at the wall, hoping something will stick. Surely, there has to be a better suggestion coming from the other side than to expand a program that is destined to be bankrupt in the year 2017. It is the equivalent of a ship that is sinking. It is similar to the Titanic. You will put more people on the deck of a sinking ship. Clearly, the overall objective, at least among some, and I think some have been very transparent about it—someone quoted earlier today the Congressman from New York in the other body who said this is the mother of all public options. He went on to say:

> Never mind the camel's nose. We have his head and neck in the tent on the way to a single-payer system.

Obviously, there are people here who want to see a single-payer system, who want to see government-run health care. We don't happen to believe that is the best solution for America's health care system, but the amazing thing about this proposal is, it takes a program that is destined to be bankrupt in a few short years, cuts $1 trillion out of it over 10 years, when fully implemented, and then adds millions of new people into that program. It is hard to come up with any rational explanation for what is going on here, other than that they are left with, in desperation, trying to throw something at the wall, hoping it will stick. Is this typically what happens around here when one party tries to go on its own on something that is this consequential to America? One-sixth of our economy is represented by health care.

Essentially, what they are saying is, we want to expand that part of the economy that isn't working today, that is headed for bankruptcy, that underreimburses doctors and hospitals, put more money into that failed system, exacerbate the cost-shift problem by forcing people in the private-payer market to pay higher premiums. It seems like this creates all sorts of problems that make matters even worse.

I appreciate my colleague's leadership on this issue of pointing out what inevitably is going to happen. When you have the Washington Post editorial this morning even acknowledging the terrible problems this creates for health care and the way this is being conducted, sausage being made here in Washington, DC. Even by Washington's twisted standards, this process has become so dysfunctional, I don't know how they can recover.

One thing they could do is decide to sit down with Republicans and actually figure out some things we could do that would drive health care costs down, rather than making them go up.

Mr. MCCAIN. I thank the Senator from South Dakota. I have to say I have never, in the years I have been here, seen a process such as this. It is incredibly bizarre that after a year, after hundreds of hours in the HELP Committee, after how many hundreds of hours in the Finance Committee, products are here on our desks. Yet there is a meeting yesterday of the Democrats. They come out, and they don't know what the proposal is either. Apparently, there is only one Senator who knows what the proposal is and that is the majority leader. Also, then it is OK to go home for the weekend. I honestly say to my colleague from South Dakota, I have never seen anything quite like this, especially when we are talking about one-sixth of the gross national product. Of course, already from what they know, the hospitals and doctors and others have come out in strong opposition to expansion of a program, as the Senator points out, that is going broke.

Mr. MCCONNELL. I say to my friend from Arizona, he made reference today to the senior Senator from Maine and her very insightful and thoughtful and correct speech a couple weeks ago about how an issue of this magnitude was historically dealt with here and how it was not being dealt with this way. She pointed out, major domestic legislation in modern U.S. history was, without exception, done on a largely bipartisan basis. That whole process, as the Senator from Maine pointed out, has been entirely missing, as we have moved along toward developing this 2,074-page monstrosity of a bill, designed to entirely restructure one-sixth of our economy on a totally partisan basis.

I don't think that is what the American people had in mind. They want us here, as we have all indicated, debating, discussing, and amending this proposal. That is what we would like to do for as long as it takes.

Mr. ALEXANDER. Mr. President, if the Republican leader will think back

when he first came to the Senate as a young aide in 1969, the year before I was a young aide in the Senate,

I can remember President Johnson, a Democrat, and Everett Dirksen, the Republican leader, dealing with the open housing legislation in 1968, a very controversial bill. How did they deal with it? The Democratic President had the bill literally written in the office of the Republican leader, with staff members and Senators trooping in and out. The country looked to Washington and said: Well, the Republican leader and the Democratic President both think it is important. They are trying to work it out. In the end, they voted for cloture. In the end, they got the bill.

Mr. MCCONNELL. My friend from Tennessee is entirely correct. Right before we got here—right before we got here—in 1964 and 1965, the Democrats had overwhelming majorities, as they do now, and the civil rights bill of 1964 and the voting rights bill of 1965 passed on an overwhelming bipartisan basis. The leader of the Republicans, Everett Dirksen, was every bit as much involved in that, if not more involved in it, than even the Democrats. Republicans supported it. On a percentage basis, a greater number——

The PRESIDING OFFICER (Mr. BURRIS). The minority time has expired.

Mr. MCCONNELL. Mr. President, I ask unanimous consent for 1 more minute.

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

Mr. MCCONNELL. An even greater percentage of Republicans ended up supporting the civil rights bills of 1964 and 1965 than Democrats. But it was a truly bipartisan landscape for our country—a landmark, important. It was widely accepted by the American people because of the broad bipartisan support it enjoyed. That is what has been lacking here from the beginning.

Mr. MCCAIN. Mr. President, I ask unanimous consent that a list of physician organizations that oppose this act, representing nearly one-half million physicians, be printed in the RECORD.

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

PHYSICIAN ORGANIZATIONS THAT OPPOSE SENATE'S PATIENT PROTECTION AND AFFORDABLE CARE ACT

To date over 40 state, county and national medical societies, representing nearly one-half million physicians, have stated their public opposition to the Senate healthcare overhaul bill, the Patient Protection and Affordable Care Act (H.R. 3590). It is time for Congress to slow down, take a step back, and change the direction of current reform efforts to ensure that it is done right!

NATIONAL MEDICAL ASSOCIATIONS

American Academy of Cosmetic Surgery, American Academy of Dermatology Association, American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Otolaryngology Head and Neck Surgery, American Association of Neurological Surgeons, American Association of Orthopaedic Surgeons, American College of Obstetricians and Gynecologists, American College of Osteopathic Surgeons, American College of Surgeons, American Osteopathic Academy of Orthopaedics, American Society for Metabolic & Bariatric Surgery, American Society of Anesthesiologists, American Society of Breast Surgeons, American Society of Cataract and Refractive Surgery, American Society of Colon and Rectal Surgeons, American Society of General Surgeons, American Society of Plastic Surgeons, American Urological Association, Association of American Physicians and Surgeons, Coalition of State Rheumatology Organizations, Congress of Neurological Surgeons, Heart Rhythm Society, National Association of Spine Specialists, Society for Vascular Surgeons, Society of American Gastrointestinal and Endoscopic Surgeons, Society for Cardiovascular Angiography and Interventions, Society of Gynecologic Oncologists.

STATE AND COUNTY MEDICAL ASSOCIATIONS

Medical Association of the State of Alabama, California Medical Association, Medical Society of Delaware, Medical Society of the District of Columbia, Florida Medical Association, Medical Association of Georgia, Kansas Medical Association, Louisiana State Medical Society, Missouri State Medical Association, Nebraska Medical Association, Medical Society of New Jersey, Ohio State Medical Association, South Carolina Medical Association, Texas Medical Association, Westchester (NY) County Medical Society.

DECEMBER 1, 2009.

Hon. HARRY REID,
Majority Leader, U.S. Senate,
Washington, DC.

DEAR LEADER REID: On behalf of the over 240,000 surgeons and anesthesiologists we represent and the millions of surgical patients we treat each year, the undersigned 19 organizations strongly support the need for national health care reform and share the Senate's commitment to make affordable quality health care more accessible to all Americans. As you know, we have been working diligently and in good faith with the Senate during the past year and have provided input at various stages in the process of drafting the Senate's health care reform bill. To this end, we have reviewed the Patient Protection and Affordable Care Act of 2009.

As you may recall, on November 4 our coalition sent you a letter outlining a number of serious concerns that needed to be addressed to ensure that any final health care reform package would be built on a solid foundation in the best interest of our patients. Since those concerns have not been adequately addressed, as detailed below, we must oppose the legislation as currently written.

We oppose:

Establishment and proposed implementation of an Independent Medicare Advisory Board whose recommendations could become law without congressional action;

Mandatory participation in a seriously flawed Physician Quality Reporting Initiative (PQRI) program with penalties for nonparticipation;

Budget-neutral bonus payments to primary care physicians and rural general surgeons;

Creation of a budget-neutral value-based payment modifier which CMS does not have the capability to implement and places the provision on an unrealistic and unachievable timeline;

Requirement that physicians pay an application fee to cover a background check for participation in Medicare despite already being obligated to meet considerable requirements of training, licensure, and board certification;

Relying solely on the limited recommendations of the United States Preventive Services Task Force (USPSTF) in determining a minimum coverage standard for preventive services and associated cost-sharing protections;

The so-called ''non-discrimination in health care'' provision that would create patient confusion over greatly differing levels of education, skills and training among health care professionals while inappropriately interjecting civil rights concepts into state scope of practice laws;

The absence of a permanent fix to Medicare's broken physician payment system and any meaningful proven medical liability reforms; and

The last-minute addition of the excise tax on elective cosmetic medical procedures. This tax discriminates against women and the middle class. Experience at the state level has demonstrated that it is a failed policy which will not result in the projected revenue. Furthermore, this provision is arbitrary, difficult to administer, unfairly puts the physician in the role of tax collector, and raises serious patient confidentiality issues.

This bill goes a long way towards realizing the goal of expanding health insurance coverage and takes important steps to improve quality and explore innovative systems for health care delivery. Despite serious concerns, there are several provisions in the Patient Protection and Affordable Care Act of 2009 that the surgical community supports, strongly believes are in the best interest of the surgical patients, and should be maintained in any final package. Specifically these include: health insurance market reforms, including the elimination of coverage denials based on preexisting medical conditions and guaranteed availability and renewability of health insurance coverage; strengthening patient access to emergency and trauma care by ensuring the survival of trauma centers, developing regionalized systems of care to optimize patient outcomes, and improving emergency care for children; well-designed clinical comparative effectiveness research, conducted through an independent institute and not used for determining medical necessity or making coverage and payment decisions or recommendations; and the exclusion of ultrasound from the increase in the utilization rate for calculating the payment for imaging services.

Further, while redistribution of unused residency positions to general surgery is a positive step in addressing the predicted shortage in the surgical workforce, we believe that the Senate should look more broadly at the issue of limits on residency positions for all specialties that work in the surgical setting that are also facing severe workforce problems.

Finally, we are pleased that you have accepted our suggestion and removed language which would reduce payments to physicians who are found to have the highest utilization of resources—without regard to the acuity of the patient's physical condition or the complexity of the care being provided. We thank you for making this important change.

While we must oppose the Patient Protection and Affordable Care Act as currently written, the surgical coalition is committed to the passage of meaningful and comprehensive health care reform that is in the best interest of our patients. We are committed to working with you to make critical changes that are vital to ensuring that this legislation is based on sound policy, and that it will have a long-term positive impact on patient access to safe and effective high-quality surgical care.

Sincerely,

American Academy of Facial Plastic and Reconstructive Surgery; American Academy of Otolaryngology-Head and

Neck Surgery; American Association of Neurological Surgeons; American Association of Orthopaedic Surgeons; American College of Obstetricians and Gynecologists; American College of Osteopathic Surgeons; American College of Surgeons; American Osteopathic Academy of Orthopedics; American Society of Anesthesiologists; American Society of Breast Surgeons.

American Society of Cataract and Refractive Surgery; American Society of Colon and Rectal Surgeons; American Society for Metabolic & Bariatric Surgery; American Society of Plastic Surgeons; American Urological Association; Congress of Neurological Surgeons; Society for Vascular Surgery; Society of American Gastrointestinal and Endoscopic Surgeons; Society of Gynecologic Oncologists.

DECEMBER 7, 2009.

Hon. HARRY REID,
Majority Leader, U.S. Senate,
Washington, DC.

DEAR SENATOR REID: The undersigned state and national specialty medical societies are writing you on behalf of more than 92,000 physicians in opposition to passage of the ''Patient Protection and Affordable Care Act'' (H.R. 3590) and to urge you to draft a more targeted bill that will reform the country's flawed system for financing healthcare, while preserving the best healthcare in the world. While continuance of the status quo is not acceptable, the shifting to the federal government of so much control over medical decisions is not justified. We are therefore united in our resolve to achieve health system reform that empowers patients and preserves the practice of medicine—without creating a huge government bureaucracy.

H.R. 3590 creates a number of problematic provisions, including:

The bill undermines the patient-physician relationship and empowers the federal government with even greater authority. Under the bill, (1) employers would be required to provide health insurance or face financial penalties; (2) health insurance packages with government prescribed benefits will be mandatory; (3) doctors would be forced to participate in the flawed Physician Quality Reporting Initiative (PQRI) or face penalties for nonparticipation; and (4) physicians would have to comply with extensive new reporting requirements related to quality improvement, case management, care coordination, chronic disease management, and use of health information technology.

The bill is unsustainable from a financial standpoint. It significantly expands Medicaid eligibility, shifting healthcare costs to physicians who are paid below the cost of delivering care and to the states that are already operating under severe budget constraints. It also postpones the start of subsidies for the uninsured long after the government levies new user fees and new taxes to cover expanded coverage and benefits. This ''back-loading'' of new spending makes the long-term costs appear deceptively low.

The government-run community health insurance option eventually will lead to a single-payer, government run healthcare system. Despite the state opt-out provision, the community health insurance option contains the same liabilities (i.e., government-run healthcare) as the public option that was passed by the House of Representatives. Such a system will ultimately limit patient choice and put the government between the doctor and the patient, interfering with patient care decisions.

Largely unchecked by Congress or the courts, the federal government would have unprecedented authority to change the Medicare program through the new Independent Medicare Advisory Board and the new Center for Medicare & Medicaid Innovation. Specifically, these entities could arbitrarily reduce payments to physicians for valuable, life-saving care for elderly patients, reducing treatment options in a dramatic way.

The bill is devoid of real medical liability reform measures that reduce costs in proven demonstrable ways. Instead, it contains a ''Sense of the Senate'' encouraging states to develop and test alternatives to the current civil litigation system as a way of addressing the medical liability problem. Given the fact that costs remain a significant concern, Congress should enact reasonable measures to reduce costs. The Congressional Budget Office (CBO) recently confirmed that enacting a comprehensive set of tort reforms will save the federal government $54 billion over 10 years. These savings could help offset increased health insurance premiums (which, according to the CBO, are expected to increase under the bill) or other costs of the bill.

The temporary one-year SGR ''patch'' to replace the 21.2 percent payment cut in 2010 with a 0.5 percent payment increase fails to address the serious underlying problems with the current Medicare physician payment system and compounds the accumulated SGR debt, causing payment cuts of nearly 25 percent in 2011. The CBO has confirmed that a significant reduction in physicians' Medicare payments will reduce beneficiaries' access to services.

The excise tax on elective cosmetic medical procedures in the bill will not produce the revenue projected. Experience at the state level has demonstrated that this is a failed policy. In addition, this provision is arbitrary, difficult to administer, unfairly puts the physician in the role of tax collector, and raises serious patient confidentiality issues. Physicians strongly oppose the use of provider taxes or fees of any kind to fund healthcare programs or to finance health system reform.

Our concerns about this legislation also extend to what is not in the bill. The right to privately contract is a touchstone of American freedom and liberty. Patients should have the right to choose their doctor and enter into agreements for the fees for those services without penalty. Current Medicare patients are denied that right. By guaranteeing all patients the right to privately contract with their physicians, without penalty, patients will have greater access to physicians and the government will have budget certainty. Nothing in the Patient Protection and Affordable Care Act addresses these fundamental tenets, which we believe are essential components of real health system reform.

Senator Reid, we are at a critical moment in history. America's physicians deliver the best medical care in the world, yet the systems that have been developed to finance the delivery of that care to patients have failed. With congressional action upon us, we are at a crossroads. One path accepts as ''necessary'' a substantial increase in federal government control over how medical care is delivered and financed. We believe the better path is one that allows patients and physicians to take a more direct role in their healthcare decisions. By encouraging patients to own their health insurance policies and by allowing them to freely exercise their right to privately contract with the physician of their choice, healthcare decisions will be made by patients and physicians and not by the government or other third party payers.

We urge you to slow down, take a step back, and change the direction of current reform efforts so we get it right for our patients and our profession. We have a prescription for reform that will work for all Americans, and we are happy to share these solutions with you to improve our nation's healthcare system.

Thank you for considering our views.

Sincerely,

Medical Association of the State of Alabama, Medical Society of Delaware, Medical Society of the District of Columbia, Florida Medical Association, Medical Association of Georgia, Kansas Medical Society, Louisiana State Medical Society, Missouri State Medical Association, Nebraska Medical Association, Medical Society of New Jersey, South Carolina Medical Association, American Academy of Cosmetic Surgery, American Academy of Facial Plastic and Reconstructive Surgery, American Association of Neurological Surgeons, American Society of Breast Surgeons, American Society of General Surgeons, Congress of Neurological Surgeons.

Past Presidents of the American Medical Association: Daniel H. Johnson, Jr., MD, AMA President 1996–1997; Donald J. Palmisano, MD, JD, FACS, AMA President 2003–2004; William G. Plested, III, MD, FACS, AMA President 2006–2007

Mr. McCAIN. Mr. President, I thank the Senator from Montana for his courtesy.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I must say, some of the debate on the other side of the aisle is a little surreal. They say they want to move ahead, and then they refuse to enter into any reasonable time agreement to consider a necessary appropriations measure. I find it very impressive—I am very impressed—how the minority can maintain both that they want to move more quickly and not move at all—surreal.

I wish to also explain, despite what the claims on the other side are, that we have attempted mightily to work together on both sides of the aisle to get health care reform passed. They claim it is all one-party rule. Nothing could be further from the truth. Let me explain why.

When we began this effort over a year ago, we had many hearings. In fact, last year I think I had 10 hearings in the Finance Committee on health care reform to educate ourselves because we knew health care reform was going to be a big issue in the year 2009. So, in 2008, we had many Finance Committee hearings on all different aspects of health care. How does our system work? How do parts fit together? How does this all work? We were there to educate ourselves. We did not have a political ax to grind. We were not trying to make points. We got the experts in and asked: How does it work? How do the different parts of our system work together?

Then we issued a white paper. It was in November of last year. It was basically a call to action, which is what we called it. It was about an 80-, 90-page paper. It was a statement of the health care options: delivery system reforms, various ways to get increased health

care coverage, various ways to help with insurance market reform—lots of different provisions.

I might say, casting all modesty to the wind, that white paper, that call to action, back in November of 2008, is probably the basis and springboard from which most of the ideas we have been debating, both in the House and in the Senate and on both sides of the aisle, come from. They basically come from there.

I might say, it has all been totally transparent. It is all on the Internet. It has all been open for everybody. Republicans and Democrats participated fully. First was the Library of Congress all-day session, both sides fully—that was over a year ago.

Since then, in 2009, this year, we have had a countless number—in the Finance Committee—of what we call roundtables, a countless number of walk-throughs, a countless number of hearings on all the various aspects of health care reform—bipartisan, fully open.

Also, I instituted something else here; that is, we got to the point where we finally got to the markup, and we put the marked up bill on the Internet, again, so everybody sees everything. We also made sure all amendments were on the Internet and fully debated by both sides—totally open, totally transparent. I prided myself on doing that.

In fact, one very well-known health journalist who works for a very major paper walked up to me and said: MAX, is this a new way of doing things? Maybe you started something, MAX, in being so transparent and working so much together. Do you think this is the model for the future? I said: I don't know. But it impressed him how much we tried to work together and did work together with people on both sides of the aisle.

I cannot think of a more comprehensive, more transparent, more bipartisan effort than this.

So what happened? Well, the HELP Committee had their version passed. So we in the Finance Committee worked on ours. To move the ball, I shifted it to another group—we called it the Gang of 6; three Republicans, three Democrats—to try to get a core provision together that we could take to the full committee.

We had a countless number of meetings. I have forgotten the number of days we met—I think in the nature of 30 or 40 meetings and close to 100 hours and with Republicans and Democrats to and fro. Guess what. It was very, very constructive. I wish the American public could have been an eye on the wall at those meetings and watched these meetings proceed. There were very good questions asked by Senators on both sides, Republicans and Democrats.

I highly compliment my friend from Wyoming, Senator ENZI. I highly compliment my friend from Maine, Senator SNOWE. I highly compliment everybody who was there. They asked very good questions—and Senator GRASSLEY, of course, he is the ranking member of the Finance Committee; and the same on the Democratic side—in an effort to try to find a good, solid health care reform bill.

Well, we kept working—bipartisan—working together for days, days, hours, hours. Then, unfortunately, we got to the point where—I am just calling it as I see it; one of my failings is I am too honest about things—and the Republicans started to walk away. They pulled away from the table. They had to leave.

I ask you, why? Why did that happen? The answer—to be totally fair and above board—is because their leadership asked them to. Their leadership asked them to become disengaged from the process. I know that to be a fact. Why did their leadership ask Republicans to leave and become disengaged from the process? To be totally candid, it is because they wanted to score political points by just attacking this bill. They were not here to help be constructive, to find some bipartisan solution. They were for a while. Then, when the rubber started to meet the road, when it came time to try to make some decisions, they left and began to attack.

I think a big, unfortunate circumstance in all this—we are going to pass health care reform. It is going to pass. It is going to do wonders for the American people. We are going to dramatically reform the health insurance market. People are going to have health insurance they do not now have. We are going to help put in place delivery system reforms. That is just a fancy term for saying changing the way we reimburse hospitals and doctors in a very positive way, so we are focusing more on quality and less on quantity and volume. This bill is going to pass. It is going to be a very good bill when it finally does pass and people understand it.

But the unfortunate part is this: It is unfortunate, in my judgment, that the other side pursued a strategy of just saying no, just saying no, and attack, attack, attack. That is basically what we have heard here in the last several weeks, instead of coming up with a comprehensive alternative, instead of coming up with a comprehensive alternative health care reform package. Then it would have been wonderful if we had an honest-to-goodness, solid debate on the pros and cons of each side, the merits of each side, a constructive dialog, pursuit, inquiry, focus on which portions of this should be put in the bill and which should not. But that did not happen. We did not have this constructive alternative provision presented to us. We had no provision presented to us—and by ''to us,'' I mean the American public—so we could debate here. But, rather, they just said no.

We have worked as hard as we could to be bipartisan. But to be honest and candid about it, the other side walked away. They walked away, and I think it is very unfortunate that happened.

Mr. President, I yield 5 minutes to the Senator from Massachusetts, Mr. KIRK.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KIRK. Mr. President, before I say anything else, I wish to, once again, commend the Senator from Montana for his leadership on this historic piece of legislation. It is going to have an impact on people more widely and broadly than our Social Security system, and this will be as important a domestic piece of legislation as that. Every American who looks forward to their golden years knows what Social Security means.

The Senator from Montana has quite correctly mentioned how this legislation will have an impact on people's lives. I have only been in the Senate a short period of time, but I cannot tell you the numbers of constituents who have communicated with me about their situation in the Commonwealth of Massachusetts; whereas, in 2006, Massachusetts enacted health care reform, many of the aspects of that legislation are contained in the bill we are debating.

For the record, today the Boston Globe published a story indicating that more than 96 percent of the State's adult taxpayers had health insurance in 2008. This is close to universal coverage, and I am sure, before too long, we will be able to say we hit the 100-percent mark.

This is providing affordable insurance to people who otherwise would never have had it. When the Senator from Montana talked about how this bill would impact people's lives, I am going to tell you a story that was told to me by a family who had a situation. I will call them Daniel and Brenda. Those are their names.

They had been living without health insurance for years. In fact, Brenda said she could barely remember when they had last gone to the doctor because they did not have health insurance. But she learned about our Health Care for All on the Helpline that is in existence in Massachusetts from a close friend. Soon after she contacted it, her husband was diagnosed with a serious heart condition. With the indispensable assistance of the Helpline, her family was able to enroll in coverage they could afford.

Brenda's husband Daniel had started to feel constant fatigue. He never imagined that someday he would need to have a strong supporting device inserted in his heart. Brenda said they truly appreciated all the assistance given to them through the Helpline. But there is more.

Brenda and Daniel recently welcomed a new addition to their family. Unfortunately, their son was born with respiratory problems and had to stay in the intensive care unit for 7 days immediately after his birth. Brenda told

us she had a hard time leaving the hospital without her newborn son in her arms. But she could also take comfort in being surrounded by top medical professionals who were dedicated to caring for her son. Here is what she wrote:

Health Care for All has been such a gift to our lives. First, my husband had no idea of the seriousness of his health issue. If it wasn't for our eligibility with the [State's new health care reform] programs, we would probably have found out about his heart disease too late. And right after came the unexpected surprise of having my son in neonatal care for a week. Both of these situations were hard to go through just emotionally. We just couldn't imagine how it could have been hard financially speaking. That's why, and for many other reasons, we are just so amazed to be Massachusetts residents and count on the tremendous support we have been receiving from the Helpline counselors.

This is just one example of countless families I have heard from in Massachusetts.

It clearly shows how important it is to pass national health care reform and enable all Americans to have the quality, affordable health care that Brenda, Daniel, and their son were able to have.

So I wanted to bring to the attention of our colleagues in the Senate a real life story of what health care reform can mean and what will be great relief for the financial and health security to American families when we enact this legislation.

I ask unanimous consent that the Boston Globe article I mentioned be printed in the CONGRESSIONAL RECORD.

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

[From the Boston Globe, Dec. 10, 2009]

FEWER TAXPAYERS ARE PENALIZED FOR NOT HAVING HEALTH COVERAGE

(By Elizabeth Cooney)

Fewer Massachusetts taxpayers were penalized for lacking required health insurance last year than were fined in 2007, the state said yesterday in a report reflecting the second year that residents had to report on their tax returns whether they were covered under the state's near-universal-coverage mandate.

More than 96 percent, or 3.8 million, of the state's 3.95 million adult taxpayers said they had health insurance for at least part of 2008, according to the state Department of Revenue, and 3.65 million had coverage for the entire year.

About 45,000 tax filers did not have health insurance, although they were classified as able to afford it under state guidelines. They paid a penalty of up to $76 for each month they went without coverage, depending on a sliding scale matched to their income. Another 8,000 successfully appealed their penalties, based on hardship, to the Commonwealth Health Insurance Connector Authority.

In 2007, when 95 percent of tax filers said they were insured, more people were fined: 60,000 people lost their personal exemption, about $219 for an individual, for not having health insurance that year.

''This report gives us yet another data point demonstrating the continued success of health reform with exceptionally high rates of insurance and a smooth system for the mandate in the Commonwealth,'' Lindsey Tucker, health reform policy manager at the advocacy group Health Care For All, said in an e-mailed statement.

''The report also reminds us of one of the major gaps in our reform: the thousands of residents unable to purchase insurance due to its lack of affordability,'' she said. ''We must continue to search for ways to keep quality coverage affordable for all our residents.''

The penalty, which is pegged to one half the cost of the lowest premium offered by the Commonwealth Connector, went up to a maximum of $89 a month for 2009, and the Revenue Department has proposed raising it to $93 in 2010.

People who are deemed unable to afford insurance are not penalized, and those who have a lapse of up to three months in their coverage are also not subject to the penalty.

The high percentage of tax filers reporting they have insurance fits with other state reports saying that 97 percent of all residents have coverage, Navjeet K. Bal, commissioner of the Department of Revenue, said in an interview.

''From 2007 to 2008, we did not see a real drop in health insurance,'' she said. ''Even with the economic turmoil that started in [fall] 2008, people still had health insurance. A year from now, we'll see.''

Mr. KIRK. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized.

Mr. CASEY. Mr. President, I rise this afternoon to speak on two subjects as part of our health care debate. The first is what happens to our children. We have had an opportunity over the last couple of weeks, and will continue to have a full debate about so many aspects of this legislation. When it comes to the question of what happens to our children—and I speak of in this case poor children and special needs children—I have said from the beginning of this debate and even before the debate began many months ago that the standard ought to be four words: No child worse off. It is a very simple standard. I think it is a standard we can meet and I believe it is a standard we should meet for the most vulnerable children in America—those who happen to be poor or suffer from or are burdened by special needs, both the impact on that child, that individual life, as well as the impact on his or her family.

The good news is that over the last couple of years, we have gotten it right with regard to children's health insurance, a program I am proud to say had a good bit of its foundation and its origins in Pennsylvania. It became a national effort in 1997 when President Clinton signed the legislation. We have had, frankly, a lot of bipartisan support for this program over many years, although we had less bipartisan support when it was reauthorized this past year when President Obama signed it into law.

Here is what it means. The Children's Health Insurance Program, known by the acronym CHIP, has provided millions of children with health insurance coverage they would never have absent that program. We don't know the exact number as we speak today, but we are at a point now where we have in the range of 7 million or more children covered. Over the next couple of years, we will have 14 million American children covered. That is an enormous achievement, but more important than any kind of legislative achievement, it will mean that 14 million children or their families won't have to worry about whether they get quality health care.

In the first year of a child's life, the experts tell us they should get to the doctor at least six times for a so-called well child visit. A Children's Health Insurance Program in America ensures these children receive many benefits, including dental, immunization, and preventive care. But the fact I always point to is that for six times in the first year of a child's life, he or she will get to see a doctor because they are in the CHIP program, and that has an enormous impact for that one life, for that one family, but I would argue—and I think the evidence is irrefutable—it will have a positive impact on all of our lives, because of the impact of millions of children getting that kind of help in the early years of their life.

We know this program works. The Children's Health Insurance Program works. That is an understatement. It works well.

What we are worried about, though—what I am worried about—is that there have been people in Washington who have advocated putting the Children's Health Insurance Program in the new insurance exchange. The exchange is going to be a very positive development for our health care system and for adults, but I would argue strongly and vigorously that it is not good for kids. So we are going to be debating that maybe in a couple of years, but we want to make sure as we debate that question that we have as much evidence to show that and put forth the reasons why the Children's Health Insurance Program should not—should not—be part of the exchange.

In terms of why we say that, the research on this question is indisputable. The director of CBO, the Congressional Budget Office, Doug Elmendorf—and we know a lot about CBO. They make determinations about this bill and about costs. CBO has said that children will have better benefits and more cost savings in CHIP than they will in the exchange.

Yesterday, an organization many people here know as First Focus released a white paper which compared Children's Health Insurance coverage versus coverage those children would get in the exchange. Here are some of the results of that research paper.

No. 1, the question of children's coverage from 2009 through 2013:

If health reform were to repeal CHIP in 2013, States would not invest in improving coverage for those children when those very efforts will be dismantled just a few years later.

It stands to reason. Why would a State go forward to strengthen a program they know is going to change as

a matter of Federal policy a couple of years later?

The increased coverage of 4 million children that is expected from passing Children's Health Insurance legislation earlier this year would be largely lost.

That whole effort that took years—years—and two Presidential vetoes, before President Obama became President, to get to continue the CHIP program and expand.

No. 2, First Focus, another one of their conclusions:

Children in most State Children's Health Insurance Plans receive coverage for all approved vaccinations, dental care and well-baby and well-child visits. This level of benefits stand in contrast to private plans, like those in the exchanges.

What is good for an adult may not be good for a child. Children are not small adults as so many advocates have said over and over. But the level of benefits that children get in CHIP stands in contrast to the provisions in private plans such as those in the exchange which often impose limits that are particularly harmful to low-income children and children with special needs.

That is conclusion No. 2 by First Focus.

Conclusion No. 3 is the following:

An actuarial study—

A recent study—

finds that children moved from CHIP to the exchange plans would dramatically increase out-of-pocket costs for those kids. Out-of-pocket costs for a child living in a family earning 225 percent of the Federal poverty level would increase by 1,100 percent—

not 1,100 dollars, but 1,100 percent—

if the Senate were to join the House in repealing Children's Health Insurance Program.

This is another reason why it is a bad idea. We want to make sure this program is strong. We know it works. We also don't want to exponentially, radically increase out-of-pocket costs.

Conclusion No. 4, premiums:

Because Children's Health Insurance keeps premiums and other out-of-pocket costs for children at low levels, the cost of health insurance exchange plans will be many times higher than that, even for just covering children.

An increase in premiums will lead to a number of children currently enrolled in CHIP to lose coverage—to lose coverage—according to the Congressional Budget Office.

No. 5, reason to do the right thing, access to pediatric providers:

Children's Health Insurance plans specifically focus on the unique health care needs of children, which is not the case in the proposed exchanges. The recent Children's Health Insurance reauthorization—

For those who watch these Senate debates, we use words such as ''reauthorization.'' My simple way of saying that is we do it again. We take an existing program, evaluate it, see if it is working, and keep doing it. That is what reauthorization is all about. But we did that earlier in the year, thank goodness, for children's health insurance.

The recent effort to continue CHIP included improvements to pediatric-specific quality measures that may get lost in the conversion of CHIP as a stand-alone program put into the exchange. We don't want to do that for kids. We want to make sure every pediatric-specific quality measure that we have in place now, all of these years later, is maintained. We don't want to injure that. We don't want to cut that back.

Finally, in terms of another item on the list of reasons, guarantee to care:

In exchange plans, some children currently eligible for the Children's Health Insurance Program may be barred—may be barred—from receiving subsidies for coverage due to the cost of employer-sponsored plans.

Once again, what is good for an adult may not be good for our kids. We have to watch this.

Moreover, the families that are eligible for subsidies and coverage through exchange plans may find coverage so unaffordable that they are left without insurance entirely.

So we don't want to send a family into the exchange who is trying to get insurance for themselves and their kids and find out that they can't cover their kids because it costs too much. We have an existing, stand-alone Children's Health Insurance Program that we know works.

This amendment I filed for this debate on health care—the children's health insurance amendment to guarantee that we keep it strong, strengthen it and continue it—the Children's Health Insurance Program has the support of over 500 national and State organizations that focus on children's health, health policy generally, social workers, children's mental health advocates, school educators, health plans in particular, faith groups across the country, and more. These 500 national and State organizations speak volumes about why this amendment is so important. We must strengthen and ensure the continuity of CHIP in this health care reform bill. That is what our amendment is all about.

Mr. President, I ask unanimous consent to hae printed in the RECORD a letter addressed to me, dated December 9, from more than 500 organizations.

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

DECEMBER 9, 2009.

Hon. ROBERT P. CASEY, JR.,
U.S. Senate,
Washington, DC.

DEAR SENATOR CASEY: As organizations committed to ensuring that all of our nation's children get the health coverage they need and deserve, we are writing to thank you for your commitment to making children an important priority by filing Amendment #2790 to the Patient Protection and Affordable Care Act (H.R. 3590). Your amendment builds on the provisions of the underlying bill, continuing to protect and improve the country's successful Children's Health Insurance Program (CHIP) and ensuring that no child ends up worse off as a result of health reform. We applaud your leadership.

America's children have a lot at stake in health reform. More than eight million children remain uninsured, and more are losing employer-sponsored coverage daily. Families are just one playground accident away from medical bankruptcy. Each day a child is uninsured is a lost opportunity to strengthen our next generation, America's future. Your amendment goes a long way toward protecting and improving coverage for millions of children in low-income working families across the nation by:

Providing full funding for CHIP through 2019;

Maintaining current CHIP eligibility through 2013, and setting a floor for income eligibility for children in all states at 250 percent of poverty ($55,125 for a family of four) beginning in 2014;

Streamlining enrollment procedures making it easier for children to get coverage and keep it;

Ensuring that coverage for children remains affordable;

Guaranteeing all children in CHIP the comprehensive care they need from head to toe; and

Requiring an HHS report in 2016 that will compare coverage for children in CHIP with coverage for children in the new Health Insurance Exchange and if coverage (including benefits, cost-sharing, premiums, and other features) is comparable or better, children can be transitioned from CHIP into the Exchange in 2019.

Our nation has made great strides over the last decade in securing health coverage for low-income children of working families. We must now seize this historic opportunity to build on the success of prior efforts and the bipartisan CHIP program, and ensure that children will be better off, not worse off, as a result of health reform. Your amendment will do just that.

We offer our strong support for your CHIP Amendment (#2790). We stand ready to work with you and your Senate colleagues to achieve our common goal of reforming our nation's health care system and ensuring that *all* children, indeed everyone in America, have access to the health coverage they need and deserve.

Sincerely,

National Organizations.

Mr. CASEY. Thank you very much. I wish to inquire as to how much time I have.

The PRESIDING OFFICER. There is 3½ minutes remaining.

Mr. CASEY. I will move quickly.

The second part of my remarks focuses on pregnant and parenting teens and women. We have an amendment that focuses on a group of pregnant women in America that we are not doing enough about. Neither party, in my judgment, is doing enough about them, enough about help for those women. I will come back to this maybe later today. But it is vitally important, whether we are Democrats, Republicans, or Independents, but as Americans, that we give integrity and meaning to the sentiment that is often expressed that we care about pregnant women, that we care about a teen mother who decides to bear a child, that we are going to help her through if she makes that decision.

If a woman on a college campus becomes pregnant and decides to have that child, we want to give her all the help we can. If a woman is a victim of domestic violence or other sexual violence or stalking, and through all of the horrific nightmare of that violence,

she determines that she is going to go through with a pregnancy and have a child, that we help her in the midst of that darkness, that we give her some light in that darkness. What we don't want to have is women who are deciding to bear a child who feel all alone, who have to walk that path all by themselves.

That is what this amendment is about. I will return to it later today.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mrs. HUTCHISON. Mr. President, I ask unanimous consent that we be able to go into a colloquy for the next half hour.

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

Mrs. HUTCHISON. Mr. President, I rise today to talk about the taxes that are in this bill—taxes that are imposed in 3 weeks—not 3 weeks from 6 months from now, not 3 weeks from 2014, but 3 weeks from now, January 1, 2010. Three weeks from now, on January 1, 2010, we are going to see the taxes in this bill start.

I know people are saying: Wait a minute. This bill doesn't take effect until 2014. That is what we have been talking about. It is what we have been hearing. But, no, the tax part starts in 3 weeks—January of 2010.

I have partnered with Senator THUNE, who has been working on this problem, and Senator GRASSLEY and Senator HATCH and many others who will be speaking today.

I see my colleagues from Florida, Nebraska, Wyoming, as well as my colleague, Senator CRAPO, from Idaho, all of whom—Senator CRAPO, of course, is waiting for a vote on his amendment, which would stop the taxes on everyone who makes $200,000 or less.

We are talking about the taxes because it is such a huge issue. Here is what is going to happen with the taxes in the bill that start in 3 weeks. Americans will pay more in insurance premiums. Americans will pay more in prescription drugs. Americans will pay more for medical equipment. Let's walk through those taxes.

In a few weeks, in January of 2010, this will begin: $22 billion in taxes on prescription drug manufacturers; $19 billion in taxes on medical device manufacturers; $60 billion in taxes on insurance companies. That is around $100 billion, which starts in 3 weeks. Then, in 2013, the taxes on high-benefit plans take effect. That is $150 billion in taxes. So for every union member who has a good plan that gives them the benefits they have negotiated for over the years, those taxes come in at 40 percent of the benefits. That starts in 2013.

You are still saying: Wait a minute. I thought the bill started in 2014—and that is right. But the taxes start in 3 weeks, and they keep right on going. In 2013, the high-benefit plans start getting a 40-percent excise tax.

Mr. President, when the $100 billion in taxes start in 3 weeks on drug manufacturers, medical device manufacturers, and insurance companies, what happens? Premiums go up immediately, prescription drug prices go up immediately, and the medical devices—hearing aids and things people need for medical treatments—go up immediately.

We have been talking about health care reform and the need for it, and the need to make history. Yet the reform we are going to see go into effect right away is huge tax increases. I am here with many colleagues, who are so concerned about this for their constituents.

I ask the Senator from Wyoming, who is one of the two physicians in the Senate—he has been so active in this area. When the taxes go up on our insurance premiums, our prescription drugs, and our medical equipment, I ask the Senator from Wyoming, as a physician, what does he think is going to happen to the cost of health care.

Mr. BARRASSO. Mr. President, I have great concern about the cost of health care for American families. We see it with our seniors certainly, as they will be seeing Medicare cuts. In this bill, there is $464 billion in Medicare cuts, but there are taxes that are going to go up, which will impact all of the people in this country.

I remember a promise the President made. He said his plan would not raise taxes one penny. He went on to say: not your income taxes, payroll taxes, capital gains taxes—any of your taxes.

We are seeing that taxes are going up, and in a way that is basically—you hate to say it, but it is a gimmick in this bill, where they are going to collect taxes for 10 years but only give benefits for 6, and it is the last 6 years.

As my colleague from Texas said, they are going to start collecting taxes—today is December 10—on the 31st of this month, 21 days from now, but the services would not be given for 4 years. That is how they get the number under $1 trillion, and it is at a time when the President makes a statement that this would not add a penny or a dime to the deficit. Eighty percent of the American people don't believe it because they know what is in front of them. They know what it is like to live their own lives. Is this what the Senator from Texas is seeing as well?

Mrs. HUTCHISON. The President said, in his address to the joint session of Congress, that this bill had to come in at a cost of no more than $900 billion. So the CBO scored the bill at $847 billion. But the Senator from Wyoming has brought up a point that is because they started scoring the bill in 2010, but the services in the bill don't start until 2014.

If you take the years from 2010 to 2019, it probably comes in at $847 billion. But if you start when the spending starts and go to 2023, the cost is $2.5 trillion.

I just ask the Senator from Nebraska if his constituents are hearing of this $2.5 trillion cost, with one-quarter of it coming from Medicare cuts and about one-quarter of it in new taxes that start next week. What does the Senator from Nebraska say about this?

Mr. JOHANNS. Mr. President, the citizens from Nebraska are absolutely on to this gimmick. They know it is a gimmick. Here is what I tell the Senator from Texas: I had an opportunity, as she knows, to be their Governor for 6 years. Every year, I had to walk in front of the unicameral—our one-house system—and give a state of the State address and lay out a budget plan. If I had walked into that chamber with a budget plan with these kinds of gimmicks, they would have been rolling in the aisles laughing at me, literally. They would have been rolling in the aisles.

I always did a State fly-around, where I visited the communities and talked about my budget vision and my legislative package, et cetera. The people of Nebraska would have run me out of the State had I tried to balance the State budget based upon this kind of gimmicky approach.

The Senator has absolutely hit the nail on the head. What we have here is a situation where those who wrote this bill—as we all know, it was written behind closed doors and nobody knew what the bill was until a few weeks ago—but those who wrote the bill said: Oh my goodness, the President has said we have to bring this bill in under $900 billion. That is what he said. How are we going to get that accomplished? So they used gimmicks. They uploaded the bill, front-end loaded the bill on the revenues, so that starts right away. Then the benefits don't start for 3 or 4 years. So it is magic; we have made the bill come in under $900 billion.

Let me offer this thought: Who loses on this crazy accounting gimmick? Do you know who loses? The constituents we represent in the United States—not just in Nebraska. They are going to pay the taxes. They are not going to see the benefits. It is like buying a car and paying on it for 4 years but not getting the car for 4 years. They are going to pay on it.

Sadly, and most concerning to me, is that this gimmickry is going to be passed on to the next generation because, when it doesn't work, somebody has to pick up the bill. The full cost of this bill, we have come to recognize, is $2.5 trillion. This bill doesn't fit together. It doesn't pass the smell test, as we say back home in Nebraska.

My hope is that sanity will revisit what we are doing and people will say: Time out. We can't ask the American people to go along with this. We have to call a timeout and get this right.

Mrs. HUTCHISON. I thank the Senator from Nebraska. I think having been a former Governor, his view is especially important. What we have heard through the grapevine—we haven't seen any new proposals, but we heard there is going to be an expansion of Medicare and an expansion of Medicaid. Medicaid, in particular, is going

to be very costly to States because they have a matching requirement for Medicaid. Many Governors are concerned about that.

I know the former Governor of Nebraska, in his background, realizes that is one of the biggest issues in a State's budget.

I know the Senator from Florida also has experience with being in a Governor's office, being a chief of staff for a Governor. He has been very active, especially because the population of Florida has a very high rate of senior citizens. The cuts in Medicare in the bill are huge. He is on the Senate floor. I am just wondering, when we are looking at the cuts in Medicare and the huge taxes, how that will impact the State of Florida, and how he thinks we are going to have to deal with that.

Mr. LEMIEUX. Mr. President, I thank the Senator from Texas. This is budget gimmickry. As the Senator from Texas said, as a former chief of staff who worked on trying to balance the budget because our constitution in Florida requires that, we try to figure out how much revenue we have and how much we can spend. If there were not enough revenues, we either had to cut spending or find a new source of revenues. We could not engage in this budget gimmickry.

If I may borrow an analogy from my friend from Nebraska, this is like paying for a car for 4 years before you even get to drive it. Imagine you are going to make a substantial purchase—a house or car—and they show you the house, and they say here is your mortgage payment, and you will live in the house for 10 years, but you will start paying for it today. But you can't move in until 2014. That is what this bill does.

In order to make this ''budget neutral,'' we steal $½ trillion from Medicare—health care for seniors, which seniors have paid into—and we raise taxes, which is going to increase, not decrease, the cost of insurance. When we tax pharmaceutical companies and tax the providers of medical devices, what happens? They pass those costs right along to the citizens. Not only are we stealing from Medicare, not only are we raising taxes, which will be passed on to the citizens, now we are going to tell the States we are going to increase Medicaid.

We are hearing about this secret deal that has been put together behind closed doors. My friends are in the dark, and a lot of Democrats don't know what is going on either. They are trying to figure out what the deal is. The deal will put more of a burden on the States.

I know my friend from Nebraska knows this, being a former Governor. The American people need to know, when you increase Medicaid, the States pay the vast majority of that; and because they have to balance their budget, they will have to cut something else. So they are going to have to cut teachers or law enforcement. So we steal from seniors, steal from the States, raise taxes, and we don't cut the cost of health care for most Americans.

I am new to this Chamber, and perhaps my friend from Idaho can help me understand this. It doesn't make a lot of sense as to how we should proceed with health care reform.

Mr. CRAPO. No, it does not. I appreciate the comments of my colleague from Florida, all my colleagues on the Senate floor today.

As the Senator from Texas indicated, one of the items of business before us today is my motion to commit this bill to the Finance Committee to take out the taxes that the President pledged would not be in there. The President pledged that no one who makes less than $250,000 as a family or $200,000 as an individual will pay any taxes under this bill. Yet in the very first 10 years, there is almost $500 billion of those taxes, a huge portion of which falls on people who are in that category.

As has been indicated, the real implementation of the bill on the spending side does not happen until 2014. If you count the amount of taxes that start when the spending starts, it is about $1.2 trillion of new taxes. Really, the only thing that is transparent—because this was all crafted behind closed doors—the only thing that is transparent is the gimmick.

The President said, as the Senator from Texas pointed out, that he would not let a bill come across his desk and get a signature if it spent more than $900 billion. First of all, you have to say: Wow, why do we need almost $1 trillion of new spending? But when they went behind closed doors and came up with this bill, it turns out it cost around $2 trillion or $2.5 trillion.

How did they make it meet the $900 billion test? They just said: Look, let's delay its implementation for long enough that the number comes out to under $900 billion. That happened to be the year 2014. So if you don't count the first 4 years and only count 6 of the 10, then in this budget window we are working in you can get your number. It is just remarkable.

Before I ask the Senator from South Dakota about his perspective, because I know he is working with the Senator from Texas on an amendment to try to correct this gimmick, I would like to respond to one quick point I know our opposition on the other side has continued to make, and that is they actually say there are no tax increases in the bill.

How do they say that? Here is the way they say it. There are subsidies in the bill that are provided to people with low income who do not have adequate access to insurance. Those subsidies total about $400 billion in the bill in the first 10 years, which is really only 6. They count those subsidies as a tax cut. The technical term given to them is a ''refundable tax credit,'' although $300 billion of those subsidies do not go to taxpayers. The people who receive them do not have a tax liability. But then they offset those subsidies against the taxes the rest of America will pay and say, therefore, there are no taxes in the bill.

I think that is another form of gimmickry. I ask my colleague from South Dakota what his perspective is on the types of gimmicks we are seeing and whether the American people should insist that these kinds of things be removed from the bill.

Mr. THUNE. I say to my colleague from Idaho that I support his motion. I hope we get a chance to vote on it. I know right now they are scrambling to find an alternative to put up so they can have something on which to give their side political cover because they know the reason they are trying so hard is because they know this raises taxes. To say with a straight face this does not raise taxes—the American people get this. I think the gig is up. They figured out there are huge Medicare cuts in this bill, huge tax increases in this bill. And as the Senator from Idaho pointed out, when they say these refundable tax credits are going to go back in the form of premium subsidies and there are not that many people who are going to pay, as he pointed out, 73 percent of the people who will get those premium subsidies are people who do not have an income tax liability already. Therefore, it is hard to say you are going to reduce taxes on somebody who does not have an income tax liability.

More important than that, there are still 42 million Americans with incomes under $200,000 a year, according to the Joint Tax Committee, who are going to see their taxes go up under this bill. So you literally have millions and millions of Americans under $200,000 a year. And as the Senator from Idaho mentioned, the President's promise was he would not raise taxes on anybody earning under $250,000 a year. This flatly contradicts that, flatly violates that pledge. I cannot fathom anybody coming here with a straight face and saying: Oh, yes, this doesn't raise taxes. Of course it raises taxes.

What the Senator from Texas and I intend to do on our motion—and I hope we have a chance to vote on it and the Senator's motion—we will go back to the committee and figure this out. We want to offer a motion that we think makes sense because it aligns and synchronizes the dates of all this.

What has happened here, I would say, in a very deceptive way, is they understated the costs of the bill. My colleagues on the floor already alluded to this. They tried to get it under $1 trillion, and in attempt to get it under $1 trillion, they had to come up with budget gimmicks.

To illustrate that with a bar chart, we can see in the first 10 years of this bill—starting today and going to 2019—the spending in the early years does not show up much. That is because most of the spending gets put off until January 1, 2014.

So if we look at that first 10-year period, the spending under the bill is less than it will be when the bill is fully implemented. When the bill is fully implemented, looking at the years 2014 to 2023, it explodes the spending in the bill from about $1 trillion over the first 10 years to $2.5 trillion over the 10 years when it is fully implemented.

The reason they were able to do that is because of this sort of smoke-and-mirrors way of enacting the tax increases immediately and delaying the spending. The American people are going to end up spending $71 billion in tax increases out of their pockets, out of the American taxpayers' pockets, about $600 per taxpayer, before they ever see a benefit under this bill.

What the Senator from Texas, Mrs. HUTCHISON, and I are offering is a motion that would delay the tax increases until such time as the benefits begin. That, to me, seems to be a fair way to go about making public policy.

What they have done, in an effort to obscure the overall cost of this bill, is to say that 22 days from now, we are going to raise your taxes. On January 1 of this year is when most of these taxes—the taxes on prescription drugs, taxes on medical devices, taxes on health plans—all the taxes in the bill begin to take effect January 1 of next year. For 4 years, people will be paying taxes out of their pockets. I might add, because of the taxes that are going to go on all the device manufacturers, prescription drugs, and health plans, they will get passed on in the form of higher premiums. They are going to see tax increases and premium increases before they ever see a dollar of benefits.

It is 1,483 days until the benefits under this bill kick in. That is unfair. It is unfair to the American taxpayer, it is unfair to the American people, and it is unfair to try to obscure and mask the total cost of this bill and say we are only spending $1 trillion on this bill when we know full well when it is fully implemented, the total cost of that is $2.5 trillion.

I appreciate the discussion that is being held here in pointing out the smoke and mirrors, the sort of underhanded way to try to shield the cost of this bill but also to support the Senator from Idaho with his motion that would commit this bill and get these tax increases out of here because the one thing small businesses are saying right now is we want to invest, we want to create jobs. But you cannot raise taxes on small businesses when you want them to create jobs. That is what this bill does.

The National Federation of Independent Business, the Chamber of Commerce, the National Association of Wholesalers and Distributors—all the major business organizations—have come out opposed to this bill.

The National Federation of Independent Business in a letter yesterday said: We do not support policies that increase the cost of doing business and that raise taxes. Clearly, that is what this bill does.

Our motion is very simple; that is, it simply delays tax increases until such time as the benefits begin.

Mrs. HUTCHISON. I am very pleased that the Senator from South Dakota talked about what we are trying to do because it is very simple. It is very simple. The Hutchison-Thune motion to commit says, if we do nothing else, if we do nothing else in this bill, we have to be fair and transparent with the American people; that is, we do not start the taxes, we do not start the increases in premiums, increases in prescription drug benefits, increases in medical devices until at least there is an implementation of this insurance program that we hear is going to be offered to the American people. We have not seen it, but we are told that there is going to be an insurance program that Americans can sign up for, but they are going to be paying higher taxes and premiums and costs in health care for 4 years before they ever see it. All we are saying is, let's send this bill back to committee and fix that.

It does not—as the Senator from Nebraska said earlier—pass the smell test. It does not pass the smell test in Nebraska, Wyoming, Florida, Idaho, South Dakota, or Texas. To tax people for 4 years, to raise their costs until they basically are going to say, Give me an alternative, and the alternative is, guess what: A big government takeover of our health care system. That is like saying: I am from the Federal Government, and I am here to help you. We have heard that before.

I do not think the American people will in any way believe that this bill is fair or honest with them if we start the taxes 22 days from now, as the Senator from South Dakota has pointed out, but they do not see a program. They are going to go online and say: Oh, my premiums are going up, my prescription drugs are going up; my goodness, where is the insurance program they have been talking about? They are going to go online, but, hey, there is no program.

How can we go home—I ask any of the Senators who would like to add their perspective on this—how are you going to go home and tell your constituents that your taxes start in 22 days, and maybe in 4 years, roughly, maybe you are going to see a program, and we are from the Federal Government, and we are here to help you?

Mr. BARRASSO. You cannot go home and say that with a straight face. There are many rural areas in our States. People see through all this.

There are two articles next to each other in today's New York Times. One talks about the details of the secret agreement they are working on behind closed doors. It says: ''Details Are Scanty.'' Right next to it it talks about: ''For Rural Elderly, Times Are Distinctly Harder.'' These are the people who are going to see taxes going up, these are the people who are going to see cuts in Medicare.

I want to read the first paragraph because this is from Lingle, WY, a community in my State. It talks about Norma Clark, 80. It says:

> Norma Clark, 80, slipped on the ice out by the horse corral one afternoon and broke her hip in four places.

I am an orthopedic doctor. I have taken care of these over the years.

> Alone, it took her three hours—

These are the kind of wonderful Americans we have—

> Alone, it took her 3 hours to drag herself 40 yards back to the house through snow and mud, after she had tied her legs together with rope to stabilize the injury.

This is a person who is on Medicare, and they are going to cut $464 billion from Medicare, and they are going to use gimmicks that are going to harm our people.

I have a former Governor and a former chief of staff for a Governor's office. You know in the rural parts of your community, I say to Governor, now the Senator from Nebraska, you have people like that—hard-working people who expect honesty from a government, and they are not getting it in this bill which is going to tax for 10 years and only give services for 6.

Mr. JOHANNS. That is such a compelling story. I want to add something to that. When you think the policy could not get more crazy and insane, you hear about this idea that they are going to expand Medicare, which is due to be insolvent in 2017. But the tragedy of that in relating it to the story you just told us is this: That will hammer our rural hospitals. Why? Because they cannot stay open on Medicare reimbursement rates. They cannot stay open on Medicaid reimbursement rates.

This poor woman who dragged herself to try to get some care all of a sudden could be faced with the possibility that the hospital she relies on will not stay open under this health care bill.

I have been to those hospitals. I have seen the struggles they are going through with Medicaid and Medicare reimbursement. Every hospital administrator tells me the same thing: We would close our doors if we had to live on that.

So what is their solution? Expand Medicaid and Medicare. You have got to be kidding me. Who are they listening to? You know what. Take this bill out to the rural areas of Nebraska. You will get an earful.

Mrs. HUTCHISON. How much time is left on our side?

The PRESIDING OFFICER. Seven seconds—2, 1, 0. Time has expired.

Mrs. HUTCHISON. Let me give the last 5 seconds to the Senator from South Dakota.

The PRESIDING OFFICER. Time has expired.

Mr. THUNE. I yield back my 5 seconds. I don't have enough time to distribute equally. It would not be fair.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. NELSON of Florida. Mr. President, I ask unanimous consent that the

time for debate only be extended until 2 p.m., with the time equally divided, with Senators permitted to speak for up to 10 minutes each, with no amendments in order during this time.

Mrs. HUTCHISON. Reserving the right to object, I ask the Senator from Florida, it is 10 minutes and going back and forth. It is not 30 minutes allocated per side; is that correct?

Mr. NELSON of Florida. It is back and forth.

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

The PRESIDING OFFICER. The Senator from Missouri is recognized.

Mr. BOND. Mr. President, I ask to be advised when I have used 8 of my 10 minutes.

The PRESIDING OFFICER. The Senator will be so notified.

Mr. BOND. Mr. President, small businesses are the backbone of our economy. They make up 99.7 percent of all employer firms. They employ just over half of all private sector employees. They pay 44 percent of the total U.S. private payroll. They have generated 64 percent—a majority—of the net new jobs over the past 15 years. They create more than half of the nonfarm private gross domestic product, and they hire 40 percent of all high-tech workers.

Small businesses drive this economy. They are also the sector most in need of real health reform that will reduce cost and make it easier to buy insurance. It is estimated that 26 million of the uninsured are small business owners, employees, and their dependents. That is a majority of the uninsured. They continue to struggle to be able to afford health care.

Here are two examples: Jim Henderson, president of Dynamic Sales in St. Louis, has made every adjustment in the book to continue to provide health insurance to his employees. He covered both employees and their families back in the 1980s, but he is now at a point where he can only afford to provide for his employees. He pays 70 percent, his employees 30 percent. Jim is one of the very few small businesses that right now have weathered the storm despite the economy. He wants reform that lowers cost and helps individuals better spend their health care dollars.

Unfortunately, the Democratic health care bills we have seen so far—and I guess we haven't seen all of them—won't help Jim to continue to provide his employees health care.

Kathie and Tom Veasey own True Value Hardware in Wilmington, DE, the hometown of Vice President BIDEN. They employ 28 people, most of whom they consider family. They cover 100 percent of the cost for their employees and half for their families. But they have seen huge increases in premiums over the years, with a 36-percent increase just this year after an employee got sick. Each year, they are forced to shop for health insurance, but they continue to have limited choices due to an uncompetitive market.

Unfortunately, the Democratic bills won't fix the problem or help Kathie and Tom continue to provide their employees health care.

If we really want to get out of this recession, if we really want to address the problem of affordable and accessible health insurance, then the majority party needs to take a hard look at health care reform.

First of all, we need to allow small businesses to go together and purchase health care across State lines so they have true competition and so they can lower costs. We need medical malpractice reform, which would cut $120 billion to $200 billion out of the cost of health care.

However, when we look closely, the bills we see before us do not address the real health care needs, and, in fact, by imposing more taxes—and taxes which the CBO said will be passed from health care companies down to those who are paying the private bills—not only will it make health care less affordable for these small businesses, it will force many of them to drop whatever coverage they have now.

Tax equity is extremely important. An employee of a large corporation or a union member who gets health care premiums paid for by their employer or by their union doesn't have to record them as income. Small businesses, their employees, farmers, and individual purchasers need the same benefit that the employees of large corporations and union members get.

Now, instead of proposing commonsense health care solutions for small businesses, the bills we have seen coming out of the smoke-filled rooms run by the majority leader continue to heap costly new burdens on small businesses that are trying to keep their doors open. More and more it seems small businesses are under attack, and that is what they are telling us. One of the universities that visited me this past week is trying to do something to help small businesses, and I said: What is the attitude? They say: The attitude of small business is that they are under attack by what is being done in Congress and what is being proposed by the administration.

The 2010 budget calls for tax increases on those earning $250,000 or more. For small businesses that are taxed at their personal rate—proprietorships, partnerships, and sub S corporations—these tax increases hit the returns of those small businesses, and they are taxed at the punitive rate. Higher energy taxes on businesses in the cap-and-trade plan will put many small businesses in my part of the country out of work. New taxes and new mandates in the health care bill will be passed on.

Randy Angst of Lebanon, MO, says the following about the Senate bill:

> The new taxes would eliminate roughly half of my profits. It would force me to let employees go, refrain from hiring new employees and prevent me from reinvesting in my business. The mandates would be very harmful and make it much more costly for me to operate my business.

This bill—the last bill we have seen—requires a costly $28 billion new mandate on businesses that do not offer health care. Who pays that mandate? Anybody looking for a job. If you tell businesses they have to spend big money on a mandate, they cannot spend it on hiring new workers. The mandates do nothing to reduce insurance costs, and because they are focused on full-time workers, the mandate gives companies an incentive to classify more of their workers as part time.

Gene Schwartz, with K&S Wire Products in Neosho, MO, says:

> We are in a recession and I am in manufacturing. The legislation would be nothing but detrimental to us. Our workforce is already down 25 percent from last year, and if this bill goes through in its current form, the new taxes and mandates will force me to make further cuts. Also, this bill will increase my costs by further raising my already sky-high insurance premiums.

This bill also includes more paperwork which is costly for a small business. Section 9006 requires that every time a business vendor sells a service or property exceeding $600 to another business, the receiving business must report the transaction to the IRS. That is an enormous new costly paperwork burden that will hit almost every business regardless of how small.

These mandates and regulations disproportionately affect small businesses and come at a high cost. According to the SBA's own Web site, very small firms with fewer than 20 employees annually spend 45 percent more per employee than larger firms to comply with Federal regulations. These very small firms spend 4½ times as much per employee to comply with environmental regulations and 67 percent more per employee on tax compliance than their larger counterparts.

The bill clearly fails to bring down the cost of health care for small businesses. It fails to bring down the cost of health care at all, but it is especially hard on small businesses that can't afford coverage under the current law.

Small business owners from my State have come to me for two decades looking for more affordable ways to make health insurance available. They want to be able to provide insurance for their people. That is why I have long been a champion of small business health care reform.

Does the majority's bill include strong reform that will allow small businesses and the self employed access to more affordable, more accessible health care? No.

Does the bill include protections for small businesses that disproportionately feel the burden of increased government mandates and taxes? No.

In fact, CBO has said that this bill will increase premiums for individuals in the non group market by 10–13 percent.

Premiums for small businesses could increase by 1 percent or be reduced by 2 percent but it is easy math. If a small business cannot afford to provide health insurance now, they will not be able to afford to do so under this bill.

According to CBO, under current law families in a small group plan today pay about $13,300. In 2016, they will pay about $19,200 if this bill becomes law.

That is the wrong direction.

Health care is already too expensive for small businesses. We need to make it cheaper. It should not cost a family $19,200 in 2016 for health insurance.

This bill continues down the path of unsustainable health care costs.

In fact that is one of the main reasons the National Federation of Independent Businesses opposes this bill. They say, ''Small businesses can't support a proposal that does not address their number 1 problem—the unsustainable cost of healthcare. With unemployment at a 26-year high and small business owners struggling to simply keep their doors open, this kind of reform is not what we need to encourage small business to thrive.''

This bill also imposes new taxes and fees, like the $6.7 billion per year tax increase on health insurance companies.

Yes, the majority wants to sock it to the insurance companies.

Well, guess what. The insurance companies are going to pass the costs along to consumers.

Small businesses cannot self-insure, they must purchase products available in the marketplace. That is why CBO has found that increased costs due to fees being passed on to the consumer will be more pronounced for small businesses. NFIB has also said this new tax will fall almost exclusively on small businesses.

This bill just does not help small businesses.

I know the argument my colleagues on the other side offer.

They say they provide a tax credit to help small businesses.

What they don't say is that this is a bait and switch.

First of all, in order to get the full credit, you cannot have more than 10 workers who get paid an average of $20,000.

After that, the credit begins to phase out for each employee you have above 10. It also phases out for each $1,000 increase in average wages above $20,000. If you have 25 employees or you pay more than an average wage of above $40,000, you don't even get the credit.

The real kicker is that the full credit is only available for 2 years after the exchange takes effect. Then that is it.

A small business will either have to offer an employee health insurance—which will really not be any cheaper than it is today—or they will have to pay a fine. Or an employee can go into the exchange as an individual where insurance will cost 10–13 percent more.

Let us examine a realistic situation using Jim from St. Louis as an example.

As I mentioned before, the small business tax credit is filled with thresholds and variations that make it of limited value for the few small businesses that are eligible to claim the credit.

The full value of the credit, which is equal to 50 percent of the business owner's costs, is available for small businesses with 10 or fewer workers that pay their employees an average annual wage of $20,000 or less. But the credit also starts to phase out as the employer adds employees or gives raises, so the entire credit is gone if the employer has 25 or more employees and pays them an average wage of $40,000 or more.

Jim has six employees and his average annual wage is about $39,000. Jim has to ask if he meets the two threshold questions before he can determine whether he gets the tax credit. He passes the first test, since he only has six employees. But Jim's credit is reduced because he has paid his employees too much in wages.

Today, Jim's health care costs are $30,540. If he qualified for the full value of the credit, his annual health care costs would be $15,270—about half of what he pays now.

But the value of his small business tax credit is directly related to wage, so the value of Jim's credit is reduced to $763 based on the formula. That is a small fraction of his health care costs and wouldn't even cover the cost of hiring an accountant to figure out how much the credit is worth.

Because Jim is already so close to the highest average wage to be eligible for any credit at all, this means if he gives his employees a well-earned and well-deserved raise, he will lose the credit altogether.

In these tough economic times, the government is encouraging small business owners like Jim to create more jobs, but if they create too many or pay people too much, then the government will reward them by taking away their small business tax credit.

And even worse, the phase-outs mean that Jim has a disincentive to hire more workers.

So this bill completely misses the mark for small businesses.

Mr. President, our small businesses are struggling. We owe more to this critical sector of our economy which is responsible for half of the private-sector jobs and employees than a bill that mandates taxes and fails to provide real health care reform.

In a recent letter to Senator REID, the NFIB outlines how the bill will adversely affect business owners.

When evaluating healthcare reform options, small business owners ask themselves two specific questions. First, will the bill lower insurance costs? Second, will the bill increase the overall cost of doing business? If a bill increases the cost of doing business or fails to reduce insurance costs, then the bill fails to achieve their No. 1 goal—lower costs.

In both cases, the Patient Protection and Affordable Care Act (H.R. 3590) fails the small business test and, therefore, fails small business.

They further say in the letter:

Despite the inclusion of insurance market reforms in the small-group and individual marketplaces, the savings that may materialize are too small for too few and the increase in premium costs are too great for too many. Those costs, along with greater government involvement, higher taxes and new mandates that are disproportionately targeted at small business and are being used to finance H.R. 3590, create a reality that is worse than the status quo for small business.

It is worse than the status quo.

Mr. President, it is time to stop attacking small business and work on real reform. We should defeat this proposal that does not make insurance more affordable, is a massive government intrusion into health care and that will pay for new entitlement programs on the backs of our small businesses.

Let us put this debate in context. If small businesses do most of the hiring, and we are counting on them to help lead us out of the recession, why would we want to increase their costs of doing business and make it less likely they will hire new workers?

President Obama hosted a Forum on Jobs and Economic Growth last week, where he invited ideas to jump start job growth in our sluggish economy.

Now, he and the majority are considering a new plan to jump-start job growth using ''unspent'' or returned TARP funds. Have they forgotten that it is all borrowed money, and thus deficit spending, in the first place?

Let me submit that the bill before us will hurt job creation.

Before practicing medicine, doctors often take an oath, the Hippocratic Oath, where they promise to refrain from doing harm. I would like to see Congress and the President take the same oath.

How can you on the one hand legislate new taxes on businesses in the name of health reform—coupled with new energy taxes in the name of climate protection—and on the other hand ask businesses to generate new jobs? It cannot be done. Massive tax increases and job creation are mutually exclusive.

Employers who face uncertainty regarding new, oppressive taxes and mandates are not going to want to sink money into new jobs. It is that simple.

We should think about the harm we will do to small businesses through this legislation and instead work on commonsense reforms that have bipartisan support.

Mr. President, I ask unanimous consent to have printed in the RECORD the letter from the National Federation of Independent Businesses.

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

NATIONAL FEDERATION
OF INDEPENDENT BUSINESS,
December 8, 2009.

Senator HARRY REID,
Majority Leader, Hart Senate Office Building, Washington, DC.

Senator MITCH MCCONNELL,
Minority Leader, Russell Senate Office Building, Washington, DC.

DEAR SENATORS REID AND MCCONNELL: As the Senate continues to debate the future of comprehensive healthcare reform, the National Federation of Independent Business,

the nation's leading small business association, is writing in opposition to the Patient Protection and Affordable Care Act (H.R. 3590).

When evaluating healthcare reform options, small business owners ask themselves two specific questions. First, will the bill lower insurance costs? Second, will the bill increase the overall cost of doing business? If a bill increases the cost of doing business or fails to reduce insurance costs, then the bill fails to achieve their No. 1 goal—lower costs.

In both cases, the Patient Protection and Affordable Care Act (H.R. 3590) fails the small business test and, therefore, fails small business. The most recent CBO study detailing the effect that H.R. 3590 will have on insurance premiums reinforces that, despite claims by its supporters, the bill will not deliver the widely-promised help to the small business community. Instead, CBO findings report that the bill will increase non-group premiums by 10 to 13 percent and result in, at best, a 2 percent decrease for small group coverage by 2016. These findings tell small business all it needs to know—that the current bill does not do enough to reduce costs for small business owners and their employees.

Despite the inclusion of insurance market reforms in the small-group and individual marketplaces, the savings that may materialize are too small for too few and the increase in premium costs are too great for too many. Those costs, along with greater government involvement, higher taxes and new mandates that are disproportionately targeted at small business and are being used to finance H.R. 3590, create a reality that is worse than the status quo for small business. The shortcomings of the Patient Protection and Affordable Care Act include:

A New Small Business Health Insurance Tax

Unlike large businesses, which self-insure and find security under the blanket of ERISA, most small businesses are only able to find and purchase insurance in the fully-insured marketplace. The Senate bill includes a new $6.7 billion annual tax ($60.7 billion over 10 years) that falls almost exclusively on small business because the fee is assessed on the insurance companies. CBO's most recent study reinforces those costs will ultimately be passed on to their consumers, leaving the cost to be disproportionately borne by small business consumers in the individual and small-group marketplace whose only choice is to purchase those products or forgo insurance altogether.

A New Mandate That Punishes Employers, Employees and Hinders Job Creation

Employer mandates fail employers and employees in two ways. First, mandates do nothing to address the core issue facing small business—high healthcare costs. Second, mandates destroy job creation opportunities for employees. The job loss, whether through lost hiring or greater reliance on part-time employees, harms low-wage or entry-level workers the most. The employer mandate in H.R. 3590 sets up potentially troubling outcomes for this sector of the workforce. The multiple penalties assessed on full-time workers will most certainly result in a reduction of full-time workers to part-time workers and discourage the hiring of those entrants into the workforce who might qualify for a government subsidy, hardly an outcome that contributes to a greater insured population.

A Poorly-Structured Small Business Tax Credit

As structured, the small business tax credit will do little, if nothing, to propel either more firms to take-up coverage or produce greater overall affordability. Due to its short-term temporary nature and the limitations based on the business' average wage, its benefit is, at best, a temporary solution to the long-term cost and affordability problem. A tax credit that is poorly structured is not going to provide sustainable and long-term relief from high healthcare costs, and the recent CBO finding that the tax credit would benefit only 12 percent of the small business population illustrates its lack of effectiveness.

A Benefit Package That Is Too High a Hurdle for Small Business

NFIB has voiced concern over establishing a benefit threshold that is too high a price tag for small businesses to meet. Small businesses are especially price sensitive. They need purchasing choices that provide the flexibility in coverage options that reflect their marketplace and business needs. If Congress doesn't adjust the actuarial value standards in the legislation, what may be affordable this year may be unaffordable next year. As a result, small business owners will be at risk of having to drop coverage due to cost increases that outpace their healthcare budgets.

Destructive Rating Reforms and Phase-In Timelines That Threaten Affordability for All

NFIB supports balanced federal rating reforms that protect access and affordability, regardless of an individual or group's health status. However, the excessively tight age rating (3:1) in H.R. 3590 will increase more costs than it will decrease, and make coverage unaffordable for the very populations that are most beneficial to the insurance pool—the young and the healthy. Independent actuaries have analyzed the negative impact of such tight bands and have indicated that there will be devastating effects to the long-term viability of a pool without action to correct this rating imbalance.

Additionally, to prevent volatile spikes in insurance premiums, also known as ''rate shock,'' federal rating reforms must be appropriately applied to all marketplaces and phased in over a responsible period of time. If this is not done, then certain plans, including ''grandfathered plans,'' will utilize different rating practices when underwriting risk, which can create adverse selection issues. Those selection problems will have a striking negative impact on the new exchanges—exchanges that are meant to improve, rather than decrease, affordability for small business and individuals.

National Plans That Provide Limited Promise for Success

Leveling the playing field for small business starts with allowing uniform benefit packages to be purchased across state lines. If done right, this can provide a greater security that, as people change jobs and move from state to state, they can keep the benefit plan that meets their healthcare needs. National plans would be particularly helpful for states with smaller populations and where consumers lack a robust marketplace with choice and competition for private plans. Specifically, the state ''opt-out'' language in the Patient Protection and Affordable Care Act would create more disincentives than incentives for carriers to embark on these new opportunities. If the national plan section is not significantly restructured to make national plans a viable option, then these new opportunities will never materialize for small business.

Threatens Flexibility and Choice for Employers and Employees

Small employers need more affordable health insurance options and new alternatives for employers to voluntarily contribute to individually-owned plans. Provisions also need to be structured to insure that options are widely available to both employers and employees. The simple cafeteria plan language in H.R. 3590 excludes the owners of many ''pass-through'' business entities from participating in these arrangements. If owners are unable to participate in the plan, they will be less likely to provide insurance to their workforce. Finally, small business needs the freedom and flexibility to preserve options that are already proven to work. Prohibiting the use of HSA, FSA and HRA funds to purchase over-the-counter medications, along with the $2,500 limit on FSA contributions, diminishes that flexibility and threatens to further limit the options employers have to provide meaningful healthcare to their employees.

New Paperwork Costs on Small Businesses

The cost associated with tax paperwork is the most expensive paperwork burden that the federal government imposes on small business owners. The Senate bill dramatically increases that cost with a new reporting requirement that is levied on business transactions of more than $600 annually, leaving small business buried in paperwork and increasing their paperwork compliance expenses.

An Unprecedented New Payroll Tax on Small Employers

Since its creation the payroll taxes that fund the Medicare programs have not been wage-based and are dedicated specifically to funding Medicare. The Senate bill changes the nature of the tax and creates a precedent to use payroll taxes to pay for non-Medicare programs.

The Absence of Real Medical Liability Reform

NFIB strongly supports medical liability reform as a means to both inject more fairness into the medical malpractice legal system, and to reduce unnecessary litigation and legal costs. Taking serious steps to adopt meaningful medical liability reform is a significant step toward restoring common sense to our medical liability litigation system. It also is especially critical to improving access to healthcare for those living in rural areas, where it is becoming increasingly difficult for those in need to locate specialists such as OB/GYNs and surgeons.

The Creation of a New Government-Run Healthcare Program

A government-run plan will drive the private healthcare marketplace out of business. Private insurers will be unable to compete in a climate where the rules and practices are tilted in favor of a massive government-run plan. This means millions could lose their current coverage. This will decrease choice and increase costs. On both accounts, the government-run plan will leave small business with a single option—the government-run plan, which is the exact opposite outcome small businesses want from healthcare reform.

There is near universal agreement that, if done right, small business has much to gain from healthcare reform. But if it is done wrong, then small business will have the most to lose. The Patient Protection and Affordable Care Act, which is short on savings and long on costs, is the wrong reform, at the wrong time and will increase healthcare costs and the cost of doing business. NFIB remains committed to healthcare reform, and urges the Senate to develop common sense solutions to lower healthcare costs while ensuring that policies empower small

business with the ability to make the investments necessary to move our economy forward.

Sincerely,

SUSAN ECKERLY,
Senior Vice President,
Public Policy.

Mr. BOND. Mr. President, I have a couple of other comments I wish to add.

We have now learned that there is a new proposal coming out of the back rooms—the smoke-filled rooms. Every time something new is thrown up on the wall, we stand around with a great deal of interest to see whether it sticks. When you look at this one, I don't believe it sticks. I think it stinks.

If you read the Washington Post's lead editorial today, its headline is ''Medicare sausage? The emerging buy-in proposal could have costly unintended consequences.''

Mr. President, I ask unanimous consent to have printed in the RECORD, after my remarks, the Washington Post article.

The PRESIDING OFFICER (Mr. UDALL of New Mexico). Without objection, it is so ordered.

(See exhibit 1.)

Mr. BOND. At the end of the article, it says:

> The irony of this late-breaking Medicare proposal is that it could be a bigger step toward a single-payer system than the milquetoast public option plans rejected by Senate moderates as too disruptive of the private market.

To say that it moves toward a public takeover is confirmed by one of the most outspoken backers of the public option, the one most interested in getting public control or governmental control of all of health care, New York Representative ANTHONY WEINER. He is quoted in Politico today as having hailed the expansion of Medicare as an unvarnished triumph for Democrats like himself who have been pushing for a single-payer run health care system. In the article, he says: ''Never mind the camel's nose, we've got his head and his neck in the tent.''

I think that is clear. Trying to expand Medicare will almost assuredly drive all the private plans out of the market. Why? Medicare pays 80 percent of the cost of hospitals and less for doctors, and they have to make up the rest of their cost by charging privately covered patients more money. It will raise the cost so that private health care can no longer succeed.

EXHIBIT 1

[From the Washington Post, Dec. 10, 2009]

MEDICARE SAUSAGE?

The only thing more unsettling than watching legislative sausage being made is watching it being made on the fly. The 11th-hour ''compromise'' on health-care reform and the public option supposedly includes an expansion of Medicare to let people ages 55 to 64 buy into the program. This is an idea dating to at least the Clinton administration, and Senate Finance Committee Chairman Max Baucus (D-Mont.) originally proposed allowing the buy-in as a temporary measure before the new insurance exchanges get underway. However, the last-minute introduction of this idea within the broader context of health reform raises numerous questions—not least of which is whether this proposal is a far more dramatic step toward a single-payer system than lawmakers on either side realize.

The details of how the buy-in would work are still sketchy and still being fleshed out, but the basic notion is that uninsured individuals 55 to 64 who would be eligible to participate in the newly created insurance exchanges could choose instead to purchase coverage through Medicare. In theory, this would not add to Medicare costs because the coverage would have to be paid for—either out of pocket or with the subsidies that would be provided to those at lower income levels to purchase insurance on the exchanges. The notion is that, because Medicare pays lower rates to health-care providers than do private insurers, the coverage would tend to cost less than a private plan. The complication is understanding what effect the buy-in option would have on the new insurance exchanges and, more important, on the larger health-care system.

Currently, Medicare benefits are less generous in significant ways than the plans to be offered on the exchanges. For instance, there is no cap on out-of-pocket expenses. So would near-seniors who buy in to Medicare get Medicare-level benefits? If so, who would tend to purchase that coverage? Sicker near-seniors might be better off purchasing private insurance on the an exchange. But the educated guessing—and that's a generous description—is that sicker near-seniors might tend to place more trust in a government-run program; they might assume, with good reason, that the government will be more accommodating in approving treatments, and they might flock to Medicare. That would raise premium costs and, correspondingly, the pressure to dip into federal funds for extra help.

In addition, the insurance exchanges proposal is being increasingly sliced and diced in ways that could narrow its effectiveness. Remember, the overall concept is to group together enough people to spread the risk and obtain better rates. But so-called ''young invincibles''—the under-30 crowd—would already be allowed to opt out of the regular exchange plans and purchase high-deductible catastrophic coverage. Those with incomes under 133 percent of the poverty level would be covered by Medicaid. The exchanges risk becoming less effective the more they are Balkanized this way.

Presumably, the expanded Medicare program would pay Medicare rates to providers, raising the question of the spillover effects on a health-care system already stressed by a dramatic expansion of Medicaid. Will providers cut costs—or will they shift them to private insurers, driving up premiums? Will they stop taking Medicare patients or go to Congress demanding higher rates? Once 55-year-olds are in, they are not likely to be kicked out, and the pressure will be on to expand the program to make more people eligible. The irony of this late-breaking Medicare proposal is that it could be a bigger step toward a single-payer system than the milquetoast public option plans rejected by Senate moderates as too disruptive of the private market.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. BOND. I thank the Chair, and I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois is recognized.

Mr. BURRIS. Mr. President, over the past several months, I have come to the floor of this body many times to speak about the urgent need for comprehensive health care reform. I have said that our bill must accomplish three goals in order to be effective: It must bring competition to the insurance market—competition to the insurance market—it must provide significant cost savings to ordinary Americans, and it must restore accountability to an industry that has run roughshod over the American public for far too long. I would like to focus on this last point with my remarks today.

We need real accountability in the insurance market. After almost 100 years of debate about health care reform, this Senate stands on the verge of making history. There are many good elements in the legislation that is before us today, but without accountability, any reform measure would be toothless and inconsequential. If we don't give the American people a chance to hold their insurance providers accountable, quality care will continue to elude certain segments of our population. We can't stand for this any longer. We must prevent insurance companies from discriminating against people by charging them higher rates or denying coverage because of certain conditions.

Everyone knows it is hard for uninsured patients to get quality medical care. Under the current law, in the case of catastrophic injury or illness, anyone admitted to the emergency room should receive equal treatment to save their life. Shockingly, Harvard researchers have found that this is not the case. They examined 690,000 individual cases over 4 years and found that uninsured patients are nearly twice as likely to die in the hospital as patients with similar injuries who do have insurance. And even after these results were adjusted to account for age, race, gender, and the severity of the injuries, they found that the uninsured were still 80 percent more likely to die than those with health coverage, including Medicaid.

I just had a delegation of physicians in my office. I listened to their comments in reference to wanting us to make sure we passed a health care reform bill this session. One of those physicians began to relate to me the story of his brother, who was employed but was without health insurance. At 41 years old, he died of cancer because he waited too long to try to get treatment. And because he was uninsured and no one would treat him, that took his life at the young, tender age of 41.

So this new evidence is conclusive, and it is truly disturbing. The poor and the uninsured suffer disproportionately under our current system. In the most advanced country on Earth, there is no excuse for this stunning inequality.

Big corporations know there is a lot of money to be made out of the poor and they do not hesitate to rake in large profits and their expenses. These companies exploit minor technicalities

to deny coverage to people who are sick. They use gaping holes in the system to refuse treatment for those with certain conditions. That is because they do not see patients as real people who need help, they see them as numbers in the corporate ledger. They see risk and expenses and lower dividends for their shareholders. That is why we need to prioritize patients over profits. That is why we need to extend coverage to more people and make these companies accountable for the first time in decades.

If we pass insurance reform with a strong public option it would be illegal to deny coverage because of a preexisting condition. For the first time in many years, ordinary Americans would be able to shop around if they are paying too much, or they are not being treated fairly. Costs would come down, coverage would improve, and lives would be saved.

Let us pledge ourselves to this cause. Let us make sure every American can get the treatment they need in the emergency room regardless of their income, need, or the insurance coverage they have. We must not fall short in this regard. We must not settle for anything less.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. GRASSLEY. Mr. President, my friends on the other side of the aisle have consistently stated that this 2074-page Reid bill, according to the Joint Committee on Taxation, is a net tax cut. I want to put emphasis throughout my remarks on the word ''net.''

Yesterday a chart was used to illustrate this point. This chart had multiple bars with dollar figures. For example, in 2019 the chart showed a $40.8 billion net tax cut. My Democratic friends said this number came from the Joint Committee on Taxation, a very responsible, intellectually honest group.

Unfortunately, the chart my friends were using was not entirely clear on how they came up with this net tax cut for Americans. So it was natural for most of the fellow Senators and the country at large to wonder how my Democratic friends got this number. They said show me the data.

To clear up any confusion, right here is the Joint Committee on Taxation table that the Democrats relied on to claim that the Reid bill results in a net tax cut. Here it is. We can see the negative $40,786, for example. That is the figure that was used. As the chart indicates, these dollar amounts are in the millions, so $40,786 million. The Joint Committee on Taxation says it this way: This means negative—the negative mark there—negative $40.8 billion.

My friends on the other side unfortunately did not explain what was going on here. It appears my friends simply made an assertion that they hoped many of us and those in the media would believe. But I cannot let my Democratic friends get off the hook this easily. Why? Because the entire story is not being told, so let me take a moment to explain.

First, in simplest terms, where you see negative numbers on this chart, the Joint Committee on Taxation is telling us there is some type of tax benefit going to the taxpayers. So this group and these groups here, wherever there is a negative here, those are tax benefits to the benefit of the taxpayers.

For example, families making $50,000 to $75,000 have a negative of $10,489 in their column. This means the Joint Committee on Taxation is telling us that this income category is receiving $10.4 billion in tax benefits.

I hope you will listen closely. When we see a negative number on this chart, the Joint Committee on Taxation tells us there is a tax benefit so, conversely, where we see a positive number the Joint Committee on Taxation is telling us that these taxpayers are seeing a tax increase. I have actually enlarged those numbers, the number of tax returns and the dollar amounts where there is a positive number for individuals and families. Again, these positive numbers indicate tax increase.

My friends have said that all tax returns in this chart are receiving a net tax cut. If that were so, why aren't there negative numbers next to all of the dollar amounts listed? Because not everyone in this chart is receiving a tax cut, despite what my friends have said. Quite to the contrary, a group of taxpayers is clearly seeing a tax increase and this group of taxpayers in middle income is seeing tax increases.

I didn't come down to the floor to say my friends on the other side of the aisle are wrong. After all, you can see here the negative $40,786 million figure they used is right there, out in the open. What I am doing is clarifying that my Democratic friends cannot spread this $40.8 billion tax cut across all the affected taxpayers on this chart, and then say that all have received a tax cut.

You want to know why. Because this chart, produced by the nonpartisan Joint Committee on Taxation, shows that taxes go up for those making more than $50,000 and families making more than $75,000. It is right here in the yellow, as you can see.

The numbers obviously do not lie. I say the nonpartisan Joint Committee on Taxation, I think everybody agrees, is very intellectually honest. So let me give you my read on what the Joint Committee on Taxation is saying here as evidenced by the figures on the chart.

First, there is a group of low- and middle-income taxpayers who clearly benefits under the 2074-page bill that is before the Senate. They benefit from the government subsidy of health insurance. This group, however, is relatively small.

There is another much larger group of middle-income taxpayers who are seeing their taxes go up due to one or a combination of the following tax increases: the high-cost plan tax increase, which actually is a brandnew tax; the medical expense deduction limitation, which used to be 7.5 percent, and now before you can deduct you have to have 10 percent of your income be medical expenses or you don't deduct anything, so that is a tax increase; and then a Medicare payroll tax increase, where everybody is going to pay—well, everybody over a certain income is going to pay an additional half a percentage point or, if you are self-employed, pay 1 percent more of payroll tax. In general, this group is not benefiting from the government subsidy. After all, how can a taxpayer see a tax cut if they are not even eligible for the subsidy?

Also, there is an additional group of taxpayers who would be affected by other tax increase provisions in the Reid bill that the Joint Committee on Taxation could not distribute in the way people are distributed on this chart. These undistributed tax increases include, among others, the cap on Federal savings—flexible savings accounts. Then there is a tax on cosmetic surgery.

My friend from Idaho, the author of the amendment before us, Mr. CRAPO, recently received a letter from the Joint Committee on Taxation stating that this additional group exists and many in this group will make less than $250,000 and, hence, have a tax increase that is not accounted for here and also a tax increase if they are under $250,000. That is a violation of the President's promise in the last campaign that nobody under that figure would get a tax increase—only people over $250,000.

So you see, my Democratic friends cannot, No. 1, say that all taxpayers receive a tax cut—I have proven that here—and, No. 2, say that middle-income Americans will not see a tax increase under the Reid bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, some of the charges from the other side of the aisle have taken us down some detours to essentially try to distract us from some of the main points of this legislation. I want to take a few moments to discuss one of the key features of the bill and that is insurance market reform.

The bill would change the way insurance companies do business in America. Sometimes I think this reform is part of the reason some on the other side are fighting this bill so hard. Our bill will end the practice, widespread today, of insurance companies denying coverage altogether, or charging someone an exorbitant amount of money if they have some preexisting condition, something in their health history which is an issue. Our bill would make those changes right away. They start going into effect in 2010. That is, the prohibition on companies denying coverage for preexisting conditions or

health care stats, and right down the list, would take effect right away, 2010.

We all have countless numbers of examples, either directly or through friends or relatives of small insurance companies that either denied insurance coverage or you have to pay much greater increase in premiums because of a preexisting condition, whatever it may be, of something. It is wrong, flat, outright, 100 percent wrong. This bill stops that, stops those practices by insurance companies.

I think it is important that we not get sidetracked by some other very important matters but keep focused on what this legislation does. It reforms the health insurance industry.

What else does our bill do with respect to reforming the health insurance industry? It would prohibit lifetime limits on payments to people who get sick. Right now, insurance companies limit how much they pay out to people when they get sick. They have lifetime limits, annual limits. No matter how sick you are, some catastrophic coverage you have, the insurance company says: Sorry, we are putting a limit on it. That is not right. Sometimes people have conditions that require a lot more attention, more hospitalization, more attention by doctors. Our legislation would prohibit lifetime limits on payments to people who get sick.

Our bill also prohibits unreasonable annual limits. These are limits that insurance companies impose on policyholders. This reform would apply in both the group market and the individual market. What does that mean, that gobbledygook. It implies that for everybody, whether you are an individual or whether you are working for a company, this would take effect 6 months after enactment. That is pretty important. A lot of people have insurance policies with limits, where the insurance company will only pay so much to an individual or during the person's lifetime or in any year. It is not right because some conditions require a significant increase in payments or coverage for the person.

Our bill would require any insurance plan that provides dependent coverage for children to continue to make that coverage available until the child turns age 26. We know that is a problem today. Often, in a State, once a child turns 21 or 22, that person can't find health insurance. In today's economic recession, with unemployment so high, it is kind of hard for kids to find jobs, and that is how they would otherwise get their health insurance. We say family coverage covers your child until the child turns age 26. This reform would take effect 6 months after enactment.

In addition, when the exchanges are up and running, our bill would prohibit insurance companies from discriminating against consumers because of health status, generally. Sometimes the insurance industry says it is not a preexisting condition, but you have not been healthy lately so we will not give you insurance. No longer can insurance companies refuse to sell or renew policies because a person gets sick. If you pay your premiums, the insurance company has to renew your coverage.

When the exchanges are up and running, the legislation before us today would limit the ability of insurance companies to charge people much more just because of their age. That is what they do today. Sometimes, depending upon the State, the insurance company is able to charge somebody much more for the same coverage because of that person's age. Right now it is not at all unusual for insurance companies to charge more than five times as much just because a person is, say, age 55. Our bill would prohibit insurance companies from charging more than three times as much because of age. In some States, there is no limit whatsoever. In my State of Montana, we have no limit. Some States have five. We are saying down to three.

When the exchanges are up and running, our bill would prohibit insurance companies from charging women more than men. Think of that. Some insurance companies charge women more than men. That is not right. This is also a widespread practice among insurance companies that is charging women more than men. It is just plain wrong. Our legislation would stop that.

Health insurance reform also means real insurance market reform. It means real change in the way insurance companies do business. No longer will insurance companies be able to build their business by cherry-picking only the healthiest and the youngest. That is what they do today, especially for individuals, to some degree, in smaller organizations. No longer will they be able to insure only those who don't need insurance. We bring real reform. It would make insurance much more fair, and that is literally a matter of life and death.

As a recent Harvard study reported, people without insurance are 40 percent more likely to die prematurely than people with private insurance. Think of that. People without insurance are 40 percent more likely to die prematurely than people with private insurance. Tens of thousands of Americans die each and every year because they do not have insurance. Is that America? That doesn't sound like the United States we are all so proud of, where we allow tens of thousands of Americans to die each and every year simply because we have not set up a system for them to have health insurance. That is something we stop in this bill.

I suggest the absence of a quorum and ask unanimous consent that the time be charged equally against both sides.

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

The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. GRASSLEY. Mr. President, I have said, for the last 2 days, I was going to speak on the Dorgan amendment, a bipartisan amendment to allow the importation of drugs into the United States. I haven't done it until now, so I am glad to rise in support of this bipartisan amendment to add provisions of the Pharmaceutical Market Access and Drug Safety Act to this bill. That legislation is the result of a collaborative effort by Senators DORGAN, SNOWE, MCCAIN, and this Senator to finally make drug importation legal.

I have, for a long time, been a proponent of drug reimportation. In 2000, 2002, and 2003, I supported an amendment permitting the importation of prescription drugs into the United States from one country, Canada. This amendment is much broader than only Canada.

In 2004, the late Senator Kennedy and I worked together on a bill that would authorize drug importation, but it did not survive the partisan politics of this Chamber. I then introduced my own comprehensive drug importation bill in 2004. That was S. 2307, the Reliable Entry for Medicines at Everyday Discounts Through the Importation with Effective Safeguards Act. The REMEDIES Act is what the acronym finally spells out. In 2005, I combined my bill with a proposal sponsored by Senators DORGAN and SNOWE. In 2007, we reintroduced a version of that legislation with the hope that our combined efforts would finally lower the cost of prescription drugs for all Americans. That is what we are still working together to do this very day. I thank Senator DORGAN for his leadership.

This time around, I should be confident that this effort will finally pass. Historically, Democrats claim to be champions of holding the big pharmaceutical companies accountable. Now we have a Democratic supermajority in the Congress and a Democratic President who has supported drug importation in the past. I am not as confident as maybe I should be. That is because the White House has participated in some back-room negotiations since the last time this legislation was brought before the Senate and then Senator Obama supported it. Behind closed doors, the Democratic White House found new friends in the pharmaceutical industry. Last summer, the head of the pharmaceutical lobbying group bragged that drug manufacturers had negotiated a ''rock-solid deal''—those are their words—with the present administration.

An article in the New York Times detailed the administration's deal with big drug companies. This quote comes from the New York Times:

> Foreseeing new profits from the expansion of health coverage, big drug companies are spending as much as $150 million on advertisements to support the President's plan.

But in 2008, when President Obama was campaigning for the position he now holds, he promised that:

We'll take on drug and insurance companies, hold them responsible for the prices they charge and the harm they cause.

Certainly, the President knows that a great way to hold drug companies accountable is to allow drug importation. In fact, in 2004, when he was a candidate to be a Member of this Chamber, he challenged his opponents to support drug importation. He said at that time:

I urge [my opponent] to stop siding with the drug manufacturers and put aside his opposition to the re-importation of lower-priced prescription drugs. . . .

But, unfortunately, it has been reported that during backroom negotiations at the White House, the big pharmaceutical companies have convinced the President to drop his strong support for drug importation.

The New York Times reports that:

On July 7—

Meaning this year—

Rham Emanuel, [President] Obama's chief of staff . . . assured at least five pharmaceutical companies during a White House meeting that there would be no provision in the final health care package to allow the re-importation of cheaper drugs. . . .

I thought we were going to hold drug companies accountable. I thought health care reform was supposed to drive down the cost of health care, including the cost of prescription drugs for all Americans. The Dorgan amendment is a commonsense, bipartisan approach to achieve both of these goals. Drug importation achieves these goals without imposing arbitrary fees, and without flexing the muscles of the Federal Government.

I have always considered this a free trade issue. I know most people see it as a health issue, and it is a health issue. But I come at it from the point of view that there are only a couple items Americans cannot buy in this country from anyplace else in the world they want to buy it. One class is pharmaceutical drugs, the other class is Cuban——

The PRESIDING OFFICER. The Senator's time has expired.

Mr. GRASSLEY. Mr. President, I ask unanimous consent for 4 additional minutes and that it come off the next block of time from our side.

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

Mr. GRASSLEY. So I see this as a free-trade issue. Imports create competition and keep domestic industry more responsive to consumers. In the United States, we import everything consumers want. So I ask again, why not pharmaceuticals? That is why it is a trade issue for me as much as a health issue. Consumers in the United States pay far more for prescription drugs than those in other countries. If Americans could legally and safely access prescription drugs outside the United States, then drug companies would be forced to reevaluate their pricing strategies. They would no longer be able to gouge American consumers by making them pay more than their fair share for research and development.

It is true that pharmaceutical companies do not like the idea of opening up America to the global marketplace. They want to keep the United States closed to other markets in order to charge higher prices here.

Based on the reports I just read, it seems that the White House has already sided with the drug manufacturers and promised them the ability to continue to gouge American consumers, otherwise known as the status quo.

The debate is not over. With the Dorgan amendment, prescription drug companies will be forced to be competitive and establish fair prices in America. The drug companies will try to find loopholes in order to protect their bottom line.

The Dorgan amendment would make such action illegal. It would not allow manufacturers to discriminate against registered exporters or importers. It would prohibit drug companies from engaging in any actions to restrict, prohibit, or delay the importation of a qualifying drug.

The Dorgan amendment would give the Federal Trade Commission the authority to prevent this kind of abuse. It develops an effective and safe system that gives Americans access to lower prices. Our effort goes to great lengths to ensure the safety of imported drugs. The Dorgan amendment requires that all imported drugs be approved by the FDA. It puts in place a stringent set of safety requirements that must be met before Americans can import drugs from that country.

The amendment requires all exporting pharmacies and importing wholesalers to be registered with the FDA and inspected. It gives the authority for the FDA to inspect the entire distribution chain for imported drugs. It sets very stringent penalties for violations of the safety requirements in this bill, including criminal penalties and up to 10 years imprisonment.

We need to make sure Americans have even greater, more affordable access to innovative drugs by further opening the doors to competition in the global pharmaceutical industry.

If my colleagues on both sides of the aisle are serious about bending down the cost curve of health care inflation—and doing it in that direction, the right direction—then they will support the Dorgan amendment, a bipartisan amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. BROWN. Thank you, Mr. President.

I echo the comments of the senior Senator from Iowa. He is exactly right about the Dorgan amendment. There are a lot of reasons, as he pointed out, why the Dorgan amendment makes sense for the American people.

It makes sense for taxpayers because we pay way too much for prescription drugs as taxpayers. It makes sense for government programs—whether it is TRICARE, whether it is Medicare, whether it is Medicaid, whether it is the Federal Employees Health Benefits Program. It makes sense for small businesses and large businesses alike who are paying too much for prescription drugs. And it makes sense for seniors and all Americans who are paying too high a price for prescription drugs out of their pockets. It also makes sense in terms of, sort of, internationally as to what we do on the buying and selling of prescription drugs.

I was part of these discussions in the House where we had the same amendment. We would pass it, and then it would die in the Senate, or things would happen in the conference committees or whatever, where the drug companies really did exert their influence over the Congress and with the President during the Bush years.

But one of the arguments they always make is to question the safety of these drugs, that these drugs coming from Canada or these drugs coming from France are not safe, as if they did not have a food and drug administration as efficient and effective as ours in terms of protecting the public.

But what sort of shoots a hole in that argument is how many American drug companies—over and over and over, and in increasing numbers—how many American drug companies are importing ingredients especially from China.

Senator Kennedy, 1½ years or so ago, asked me to chair an oversight hearing with the Health, Education, Labor, and Pensions Committee on this issue of what is happening when these American drug companies are increasing their outsourcing of jobs, particularly to China. It was in response to what happened in Toledo, OH, among other places, where a number of Americans died because of contaminated heparin.

Heparin is a blood thinner drug that is a very important drug to keep people healthier and live longer and live better. But some of the ingredients for heparin were made in China, and the drug company is not able to trace back, if you will, the supply chain, where they are getting their ingredients. They know they get them from China. The American drug companies—whether it is Pfizer or another drug company—when they outsource their production to China, may know where the plant is that puts all these ingredients together, but they cannot trace back—or at least they will not tell us or cannot tell us—all their ingredients. So they may get this ingredient from Wuhan, and this ingredient from Shanghai, and that ingredient from a rural outpost in Hebei or Henan Province, but they cannot tell us exactly where they come from. So no wonder these drugs are not as safe as they should be.

So if they were interested in drug safety, it would not be that they would stop us from drug importation because we know if we buy it from France or Canada or Germany, they have a food and drug agency, an FDA equivalent,

that keeps their drugs safe. They know that. It is all about protecting their profits. There is simply no doubt about that. Their profits get to be bigger because they make some of these drugs in China.

So let's not have it both ways. Let's not say we cannot import drugs safely into this country—when they are exporting jobs, as so many other industries are doing, to China, exporting jobs to little villages where they manufacture these ingredients. They end up in America's medicine cabinets. Let's not talk out of both sides of our mouths, as the drug industry is doing.

A couple other comments about the underlying bill and how important it is we move on this legislation. There are more than 400 people every day—in Defiance, OH, in Gallipolis and Zanesville and Saint Clairsville and Cadiz and all over my State—400 people every single day who lose their insurance.

Every day my friends on the other side of the aisle delay, every day they offer amendments and then will not let us vote on them, and stand up and object to even voting on things, every day they try to filibuster, every day they put up another hurdle, 400 more people in my State lose their insurance. It is about 1,000 people in this country every week—1,000 people in this country every week—who die because they do not have health insurance. It is 45,000 people a year, so 900-some people every week in this country die because they do not have health insurance.

A woman with breast cancer without insurance is 40 percent more likely to die than a woman with breast cancer with insurance. I heard President Bush, in Ohio, maybe a couple years ago, say every American can get health care. They can go to an emergency room. Well, a woman suffering from breast cancer, who did not get a mammogram because she could not afford it, did not get the kinds of tests she should have because she did not have a doctor she could afford to pay, and because she did not have insurance—the emergency room does not do those kinds of things. Even if she got sick, the emergency room would not take care of her until she was almost dead. Then she could go into the emergency room and they will take care of her in her last few days or her last few weeks of life.

That is not the way we should do health care. This kind of delay, hearing these kinds of delaying actions, these kinds of delaying tactics, these kinds of ''we can't pass this,'' ''chicken little,'' ''the sky is following''—every day we have Republicans coming down here saying ''the sky is falling,'' and it simply is not.

I want this bill to be bipartisan. I am a member of the Health, Education, Labor, and Pensions Committee, as is my friend, Senator ROBERTS from Kansas, who is in the Chamber. During that markup in June and July, we passed 160 Republican amendments. Some of them were major, some of them were not so major. But this bill had a bipartisan flavor to it.

It is only on the big questions—the role of Medicare, the role of the public option—some of the bigger questions, where there are philosophical differences; the same reasons that back in the 1960s, when Medicare passed, it was passed almost only by Democrats because Republicans did not agree there should be a major role in government in our health care system.

So it is a philosophical difference. It is not so much partisan as that. So even though there are many good Republican ideas in this bill, on the big questions there is that difference.

So, Mr. President, I think it is so important—when I hear that many Ohioans, every day, lose their insurance, this many Americans, every week, die because they do not have insurance—to pass this legislation.

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

The PRESIDING OFFICER. Is there objection?

Mr. BROWN. I object.

The PRESIDING OFFICER. Objection is heard.

The bill clerk continued with the call of the roll.

Mr. ROBERTS. Parliamentary inquiry, Mr. President.

The PRESIDING OFFICER. The Senator is advised the Senate is in a quorum call.

Mr. ROBERTS. I will try it again. I thought it was worked out.

I ask unanimous consent for the second time that the order for the quorum call be rescinded so I may be—

The PRESIDING OFFICER. Is there objection?

Mr. ROBERTS. So I may proceed for 15 minutes.

Ms. CANTWELL. Objection.

The PRESIDING OFFICER. Objection is heard.

Mr. ROBERTS. Is this a bipartisan objection, I would ask the Presiding Officer?

The bill clerk continued with the call of the roll.

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

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

Mr. DODD. Mr. President, I ask unanimous consent that over the next 30 minutes, the time be equally divided with 15 minutes for the majority and 15 minutes for the minority for debate purposes only.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Kansas is recognized.

Mr. ROBERTS. I thank the President. I rise today to talk about health care in general and the latest proposal to come out in the form of the so-called compromise, if there is no objection. I wish to talk about the latest proposal to come out from what some of us have determined is the majority leader's behind-closed-doors effort for the compromise on the government-run health insurance plan. I will admit very readily I do not know all of the details of this plan, although I hope to in the very near future. I think most of my friends across the aisle are in the same boat and we are all getting our information from the Post, the Times, and the rest of the catch-up media.

But this is the compromise, as I understand it: The majority leader will drop the government plan in exchange for two major policies: first, a national insurance plan run by nonprofit insurance companies and supervised by the Office of Personnel Management; and second, a massive expansion of Medicare to tens of millions of people age 55 and older.

Putting aside the first policy which, frankly, I don't understand how it could possibly work, I cannot believe anyone is seriously considering expanding Medicare as a compromise to the government-run or so-called public option. It doesn't take a genius to see that a huge expansion of Medicare is, as one single-payer advocate in the House dubbed it, ''the mother of all public plans,'' further quoting: ''An unvarnished and complete victory'' for advocates of single-payer health care and socialized medicine. That is a very strong quote, but that is the way it was.

In other words, this is not a compromise to the public option—it is worse. Maybe we need to remind ourselves why moving toward more government control of our health care system is such a bad idea. We need look no further than our current government-run insurance plans, Medicare and Medicaid, for examples. Government-run insurance plans currently control nearly half of the market. With the government's power, they have the ability to set payment levels for doctors and hospitals and home health care agencies and even hospices and all other health care providers, not based on the actual costs those providers incur when treating patients, but instead based on whatever arbitrary spending target the budget crunching bean counters determine the government can afford.

To paraphrase one observer: These types of global government budgets transform patients from sources of revenue over which providers compete to attract and serve, into sources of cost for the government to avoid, shunt off, and treat as cheaply as possible. That is not right. This has clearly been the result in the Medicare Program, often heralded as the best of all of the government's health care programs.

So to review: Medicare has been on an ever shrinking path toward bankruptcy for years. The latest reports

from the Medicare trustees say the hospital insurance trust fund will go broke within the next 8 years. The program has $38 trillion in unfunded liabilities. How has the government responded? By severely underpaying Medicare providers and denying Medicare patients' claims. Medicare only pays doctors around 80 percent of their costs, and hospitals even lower.

Privately insured Americans pay a hidden tax of nearly $90 billion a year to make up for these underpayments. But even that hasn't been enough to keep some providers in business and able to afford to accept Medicare patients. Medicaid is even worse. Medicare is also a huge denier of claims. I think many of my colleagues would be surprised to hear that Medicare denies claims more often than most private insurance companies. In fact, in 2008, Medicare had the highest percentage and the highest number of denied claims in the country. Think about that when you hear some Senators demonize private insurance companies for denying claims. Medicare is even worse.

This bill already exacerbates these Medicare problems by cutting almost $½ trillion from this already woefully underfunded program. Now we are considering adding even more people. This is a sinking ship with no lifeboats, and we are adding more folks to the deck.

By underpaying health care providers and denying claims, Medicare already rations health care. Expanding Medicare to tens of millions of new people as envisioned by this compromise we hear about will take government rationing to a whole new level. Because as the government takes over more of the health care system and becomes responsible for more of the increasing costs of that system, the only way it will be able to afford this commitment is to ration health care. As I have said countless times before, this bill gives the government all the tools it requires to ration care.

From Comparative Effectiveness Research, to the independent Medicare advisory board, to the new powers granted to the Centers for Medicare and Medicaid Services, CMS and the U.S. Preventive Services Task Force, this bill puts the rationing infrastructure into place. The U.S. Preventive Services Task Force's recent change to its guidelines pertaining to mammograms was a perfect illustration of how your health care will be rationed under this bill. For those who don't know, the task force recently reversed its longstanding advice that women should start getting regular mammograms to detect breast cancer at age 40.

Why is this important? Because under this bill, the recommendations of this task force will carry the weight of law for both government-run—i.e., Medicare—and private insurance. If the task force recommends a particular treatment or a particular set of patients, then Medicare and private insurers must cover it. If it doesn't, they don't.

What do you think will happen to treatments and tests that don't get the task force's recommendation? They simply will not be covered. That is how the government will hold down health care costs, by rationing access to treatments and tests such as mammograms.

Some government-controlled health care systems such as the one that exists in the United Kingdom are much more explicit about rationing. The rationing in this bill, quite frankly, is not as honest. Since Americans would never stand for the government explicitly rationing their health care, the authors of this bill had to come up with a pseudoscientific justification for rationing, and that justification is the main feature of this bill: Comparative Effectiveness Research, or CER.

Very generally, it is very simple. CER is the comparison of two or more treatment options to see which one is better. Sounds great, right? Except when you realize that CER is not being conducted for the purpose of improving patient care but for the purpose of saving the government money instead.

I read the CER section of the bill and I remember my amendment on CER and the distinguished chairman of the HELP Committee was very helpful, and said he would study it overnight. Because I had the word ''prohibit'' in the amendment we got into a great debate on what prohibit means. I thought it was pretty clear but, unfortunately, that was dropped from the bill, from the HELP Committee bill. We tried that again in Finance. It didn't work. We would like to try it again if we have time.

This bill establishes a CER institute to conduct this research for the purpose of justifying government rationing of health care. CER will be the golden ring of rationing.

So what we have here is a recipe for disaster: a bill that already significantly weakens the woefully underfunded Medicare Program and lays the foundation for a rationing infrastructure, plus a ''compromise'' that apparently will pour millions of more people into the program.

In the no-holds barred search for a proposal that can attract 60 votes, I don't understand how any Senator can support this idea.

This is just another Trojan horse, another incremental step toward the single-payer system. Again, as one House Member in the leadership observed:

> This gets not only the camel's nose under the tent, but his whole head and neck, too.

It is another step toward socialized medicine and increased government rationing of health care.

The American Hospital Association, American Medical Association, and the Federation of American Hospitals are finally taking notice of the advice they are receiving from their State and local hospitals and doctors. They, finally, have seen the light and have come out in opposition to this deal at least.

I urge my friends across the aisle to resist this latest misguided attempt at deal making. The consequences are too dangerous.

There is an awful lot of cactus in this health care world. I don't think we need to sit on each and every one of them.

Before yielding back my time, I truly thank the distinguished Senator from Connecticut for his comity and allowing me to make these debate comments. I thank the acting Presiding Officer in his effort to be bipartisan.

I think we will have a sad day in this body if one side or the other gets into a situation where we do not allow people to make remarks on not only the pending bills and specifically on the general issue of health care.

Mr. DODD. If my colleague will yield, he raises an interesting point. I am going back several months. As we get older, it is hard enough to remember what happened yesterday. The Presiding Officer is on the committee, as is my colleague from Vermont. There was a debate over the word ''construed'' to prohibit. I remember that word, talking about various practices. As I recall, the compromise that was offered either by my friend and colleague from Kansas or some other member was to strike the word ''construed,'' so nothing would be prohibited. I still, to this day, am not quite sure why we should not accept language that eliminates the word ''construed.'' That went on for about a day back and forth. I invite my colleague, again, to maybe get our staffs together and talk about that. I don't think he is wrong about this. I think it is good to have best practices. If a physician and patient decide, as a certainty, it is essential for that patient, then you should not be prohibited from doing that. As I recall, the debate was over the word ''construed.'' I don't want to take time from the Senator from Vermont.

Mr. ROBERTS. Mr. President, I agree with the Senator. I point out that in the specifics of the bill, I think it says shall not, in regard to cost containment on Medicare A and B, but the rest is encouraged. That is where we get into problems because CER is the blueprint on how we allot health care dollars in this country.

I might mention to the Senator, I had a chart on what CER recommended, and it had a figure of a humpback whale and how much money we would be devoting to different age groups. If you are 60—and, by the way, the average age of the Senate is 62—you are out of luck. If you are 70, you better get something fixed real quickly before this bill passes. That is my point. I thank the Senator for his comments.

Mr. DODD. Mr. President, I thank Senator ROBERTS for his amendment in the HELP Committee to protect patients by preventing rationing of health care. That is in the Senate bill. That was language we adopted, I say to my friend from Vermont. It was a Roberts amendment that was adopted in

our markup that prohibits any rationing of health care in our bill. I thank him for that.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

Mr. SANDERS. Mr. President, when Republicans controlled the White House, the Senate, and the House, they had the opportunity to do something about the health care disaster in America. From 2000 to 2008, some 7 million Americans lost their health insurance. Where were the Republicans? During that same period, health care costs soared in America. Small businesspeople found themselves unable to provide health care to their workers.

Where were our Republican friends? I am delighted they are down on the floor every single day criticizing an effort to try to improve the situation. But it might have been a little better if they were here 8 years ago, bringing forth their ideas. But they were not.

Having said that, let me suggest that in the midst of this health care crisis, in which 46 million Americans have no health insurance and health care costs are soaring and, as the President indicates, that will double in 8 years if we do nothing, at a time when 45,000 Americans this year will die because they don't get to a doctor when they should, when close to 1 million Americans are going to go bankrupt from medically related bills, we need real health care reform.

That is something that I, and I know many other Members in Congress, have been fighting for for years. More than anything, I wish to see us pass strong health care reform. I must express a disagreement with some of my colleagues on the Democratic side, who think we are on the 2-yard line, we are almost there. I don't think so. I think there are a number of problems that remain in this legislation that have to be resolved. I wish to touch on a few of them.

One of the parts of this legislation is that, finally, we are going to add some 30 million Americans to health care insurance. That is a good thing. About half of them will be added to an expanded Medicaid—a huge expansion of Medicaid. But here is my concern. Right now, our primary health care system is extremely weak. Everybody knows we don't have enough primary health care doctors. We know that Medicaid, today, is on wobbly legs as it tries to take care of the people who access that program. I am not quite sure how you add 15 million more people to Medicaid if you don't have a primary health care infrastructure to accommodate their needs.

In this regard, I have fought very hard for authorization language in the Senate to greatly expand community health centers and the National Health Service Corps, for which we will train and make sure that we have the primary health care doctors, dentists, and nurses we need, desperately need.

In the House bill, there is language introduced by Representative CLYBURN, supported by the Democratic leadership, that would provide $14 billion over a 5-year period to expand community health centers, enable tens of millions more to access health care, and make sure we have the primary health care doctors and dentists we need.

It would be a cruel hoax to tell people they now have health insurance—Medicaid or another program—but not create a situation by which they can get into the doctor's office. I fear that may happen. I am going to fight as hard as I can to make sure we have the primary health care infrastructure we need. That means, in the Senate, adopting the language that currently exists in the House bill for $14 billion over a 5-year period—money which, according to a variety of studies, will pay for itself as we keep people out of the emergency room and keep people from getting sicker than they otherwise should be and ending up in a hospital. This makes a lot of sense. Community health centers have had wide bipartisan support. We have to support the House language.

On another issue, I found it interesting that my friend from Kansas, a moment ago, was denouncing the United Kingdom's health care system, denouncing socialized medicine, single payer. Well, I got a little confused by my Republican friends, who have been in Congress, saying: We love Medicare. My word, do we love Medicare. We are very angry that those Democrats are trying to cut back on that.

Republicans who, year after year, wanted to privatize Medicare, this week they love it. If they love it so much, why don't they join us in trying to expand Medicare and address some of the problems in Medicare? Let's work together.

Last week, we were criticized, but now, I guess, the tune has changed a little. Get your act together, my Republican friends. Either you continue the line you have had for many years about detesting Medicare because it is a single-payer health care program, a government health care program—that is what it is, a single-payer government health care program. You have been on the floor defending it all week long, until a couple days ago.

I support Medicare. In fact, what I believe and am fighting for is a Medicare-for-all, single-payer program because, at the end of the day, I disagree with many on this side of the aisle. I think, at the end of the day, the only way you are going to provide comprehensive universal health care to all Americans, in a cost-effective manner, is through a Medicare-for-all, single-payer system, which ends the hundreds of billions of dollars of bureaucracy and waste engendered by the private insurance companies.

One of my concerns, as we seem to be hurtling down the finish line, is I don't know who is going to be able to offer amendments. I have an amendment that speaks to what millions of Americans want, including the Physicians for a National Health Program—17,000 doctors, mostly primary health care doctors but not exclusively. They want to see this country have a Medicare-for-all, single-payer system. I understand I am not going to get very many Republicans supporting that amendment—or any Republicans. I also understand I will get few enough Democrats supporting that amendment. In the years to come, we are going to have a Medicare-for-all, single-payer system. I want that debate on the floor of the Senate. I have offered an amendment and I want to have that debated. I don't need 20 hours or 5 days. I would love to discuss that issue with my Republican friends.

Democrats, I think it is an amendment that has a right to be offered and it should be. I understand that will not pass. I will tell you what could pass and what could have Republican support, it is the provision I have been working on that at least says that in our Federalist system, where each State learns from other States, at least give States the option. If the Governor or the legislature wants to go forward with a single-payer model; maybe it works, maybe it doesn't work. I have the feeling if one State—whether it is Vermont, California, Pennsylvania, States that have strong single-payer movements, a lot of support for that concept—if one State does it well, then other States will be saying we want the same thing. It is a cost-effective way to provide comprehensive health care to all our people.

I want to touch on another issue, where I think my colleagues in the Senate are wrong and my former colleagues in the House are right. This is an issue the occupant of the chair has worked on with me. We held a press conference this morning. It is to understand this legislation is going to cost between $800 billion and $1 trillion.

How do you get the money? Well, the Senate bill contains a tax on health insurance benefits. I think that is wrong. I think that is regressive. It is called a tax on Cadillac plans. Given the soaring cost of health care in America today, what may be a Cadillac plan today will be a junk car plan 5 years from now. Millions of Americans are going to be forced to pay taxes on their health care benefits or else their employer will cut back on those benefits, and they are going to have to pay out of their own pockets. That is wrong. It is a regressive and unfortunate and unfair way to raise the revenue we need.

Our friends in the House did the right thing. They said that millionaires should be asked to pay a little bit more in taxes to make sure we expand health care coverage in this country. I support what our friends in the Senate and the House did, and I disagree with what is in the Senate bill. There will be a poll coming out this afternoon in which 70 percent of the American people, as I understand it, disagree with the tax on

health care benefits. They understand that is a tax on the middle class.

Let's be clear. We are in a terrible recession now. Working families are struggling. It is wrong for us to propose a tax on health care benefits, which in a few years will be impacting millions of middle-class workers. We should follow what the House has done and say to people at the top—millionaires who have received huge tax breaks under President Bush—that they have to pay a little bit more in taxes so we can provide health care to all our people.

There is a lot in the bill in the Senate that makes a lot of sense to me. I congratulate Senator DODD and Senator BAUCUS and all those people and their staffs who have worked so very hard on this bill. We have 31 million more people who will get insurance. There is insurance reform dealing with preexisting conditions. We made progress in disease prevention. There are a lot of good things in it.

I want to be very clear: I do not think we are at the 2-yard line. I think a lot of work has to be done to improve this bill. We need to, as I mentioned a moment ago, make major improvements in primary health care. We need to change how we fund many parts of the expansion of insurance and do away with the tax on health care benefits. We have to give States the option, the flexibility to go forward with a single-payer system if that is what they want to do.

Also, I hope very much that this afternoon we will vote and adopt the reimportation prescription drug legislation championed by Senator DORGAN. It is an absurdity in this country that we remain the country that pays by far the highest prices in the world for prescription drugs. When I was in the House, I was the first Member of Congress, as I understand it, to take Americans over the Canadian border. Back then—10, 15 years ago—women were able to purchase the breast cancer drug Tamoxifen for one-tenth the price they were forced to pay in the United States. I know the drug companies are very powerful. I know they have a lot of influence in this institution. But I hope we can do the right thing and provide affordable medicine to all Americans through reimportation. And I hope we can adopt that amendment.

I did want to say I have some very serious concerns about this legislation, and I hope they will be addressed in the coming days and weeks. I very much want to be able to vote for this bill, but I am not there now, not by any means.

I yield the floor.

Mr. WYDEN. Mr. President, at the end of the day, Americans don't care if a health reform proposal originated with a Democrat or a Republican, what matters to them is that it works. That is why I am proud to join forces with Senator COLLINS to offer commonsense amendments that will hold down premium costs and make health care more affordable for American families and their employers. As I have long said, the best way to hold down health care costs and make insurance companies accountable is to put Americans in the driver's seat and empower them to pick the plan that best fits their needs.

Along with Senator COLLINS, I am proposing as amendments to the Patient Protection and Affordable Care Act three amendments that will improve the Senate bill by doing more to hold down premium increases for all Americans while expanding health care choices for more Americans and their employers. Our amendments are as follows:

First, we are offering an amendment to provide more choices for employers and workers. While the current Senate legislation will eventually make it possible for employers to insure their workforce in the new health insurance exchanges, the legislation does not contain a mechanism to make it possible for employers to offer their workers the ability to choose any plan offered in the exchange. This Wyden-Collins amendment would correct that by making it possible for employers—who want to offer their employees the full range of choices in the exchange—to do just that while increasing competition in the new marketplace.

Under the amendment, any employer that sponsors a health plan would have the option to offer tax-free vouchers to its workers equal to the amount the employer contributes to its own health plan. Workers could then use that voucher to purchase the exchange plan that works best for them and their family. If a worker decides to purchase a less-expensive plan, the worker would keep the savings as added income just as workers wanting to purchase more generous plans in the exchange will be able to pay the additional cost out of pocket. Whatever employers pay for vouchers will remain tax deductible for employers and tax free for employees and while no employer will be required to offer vouchers under the new system, in order to encourage participation, employers who want to offer their employees tax-free vouchers will be given accelerated access to the new health insurance exchanges. Under the amendment, any employer offering its workers vouchers would have access to the exchange in 2015 rather than 2017, which is the schedule for employer access in the bill.

Our second amendment offers more choices to individuals and families in the insurance exchanges. This amendment will make it possible for individuals who are not eligible for a subsidy to purchase a catastrophic plan, regardless of age. Catastrophic plans will typically have much lower premiums than other plans offered through the exchange but subscribers will pay for most of their health care expenses out of pocket up until they exceed their plan's catastrophic limit.

Americans should have the choice to purchase more affordable coverage, if that is what works best for them. Under the Patient Protection and Affordable Care Act, individuals up to the age of 30 are eligible to purchase these plans. This Collins-Wyden amendment will extend that option to individuals—not receiving government subsidies—over the age of 30. This amendment would give consumers more choice and help ensure that more people can purchase coverage that fits their needs and is affordable to them.

The amendment includes aggressive disclosure requirements that will require catastrophic subscribers to certify that they understand the terms of the coverage and know that they are purchasing the lowest level of coverage available.

Finally, we are sponsoring an amendment to help hold down premium increases for consumers. Starting in 2010, the Patient Protection and Affordable Care Act will impose an annual fee on insurance companies based on the number of premiums written each year. This Wyden-Collins amendment will modify that fee to create an incentive for insurers to hold down rates. So, for example, insurance companies that hold down premium increases will pay lower fees, while insurers who jack up their premiums will pay much higher fees. Starting in 2010 the fee will be varied by as much as 50 percent based on how aggressively insurers control costs which will give them a strong incentive to hold the line on overhead, executive salaries, provider payments, and inefficiency. As under the bill, the total amount of the annual fee will be $6.7 billion per year.

I urge our colleagues on both sides of the aisle will support these bipartisan, commonsense amendments.

Mr. JOHNSON. Mr. President, as more American families struggle in the face of job loss and rising health care costs, the urgency with which the Senate health care debate must progress is clear.

Americans feel a growing insecurity about the future of their family and the future of our country. The recent economic crisis demonstrated the interconnectedness of Wall Street and Main Street. It confirmed what we already knew: that the strength and stability of our economy is intimately tied to the welfare of working families and our ability to direct spending down a more sustainable path.

In 2008, the United States spent $2.4 trillion on health care. By 2018, national health spending is expected to almost double, reaching $4.4 trillion and comprising 20 percent of our economy. If the growth of health care costs is not addressed, America's economy won't be able to keep up and more jobs will be lost, wages will drop, and health care benefits will be cut.

In addition to the unsustainable growth of health care costs, further faults in our current health care system leave millions of Americans one illness or job loss away from losing their health care benefits. Guaranteed access to affordable and meaningful health benefits would provide Americans with the security they deserve.

I recently heard from Brad and Joanne in Goodwin, SD. Brad is a cancer survivor and Joanne is a heart attack survivor. They had health insurance coverage at the time of their illnesses but still carry medical debt. After the economy forced the plant Joanne worked for to close in October 2008, she fell back on the health insurance coverage offered by Brad's employer. She relies on medication to manage her heart health and Brad requires regular checkups to make sure he stays cancer-free. In March of this year, the family hit hard times again when Brad's employer downsized and he was laid off.

Today, Brad and Joanne are still unable to find work and their unemployment benefits are set to run out at the end of the year. Even if they could find an insurance policy that approved them for coverage despite their pre-existing conditions, the price of health insurance in the individual market is far beyond their reach. So Joanne pays entirely out-of-pocket for her pricey heart medication and Brad can't afford to visit his doctor as often as he should. They do not know what they will do in the event they suffer another medical emergency or if their unemployment benefits run out before they are able to secure a new job.

Joanne and Brad's story illustrates the insecurity of many American families who are one job loss away from losing access to the health care they need. While South Dakota has been fortunate not to have as high of unemployment rate as other parts of the country, the economic crisis has put more and more South Dakotans on unsteady financial footing.

It is estimated that over 88 percent of South Dakotans have health insurance. This too is an impressive figure compared with other states, but it does not paint the whole picture. Nearly 61 percent of South Dakotans either purchase health insurance in the individual market or have coverage through their employer. These families are at risk of losing their coverage for reasons out of their control, such as those experienced by Brad and Joanne.

The Patient Protection and Affordable Care Act will guarantee these families access to affordable health insurance through life's ups and downs. Insurers will be barred from denying coverage for pre-existing conditions, discriminating based on gender or medical history, and will not be able to drop your coverage the moment you become ill and need costly treatment. New health insurance exchanges in every state will provide a menu of quality, affordable health insurance plans for the self-employed and those not offered coverage through their employer. Families who need assistance will be eligible for tax credits to make the plan of their choice affordable.

These commonsense solutions will give every American one less thing to worry about when they get sick, change or lose their job. As we continue to work out the details of health care reform, let us keep in mind the American families who are struggling to make ends meet in the face of job loss and rising health care costs. When we think of them, the urgency of health care reform is clear.

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

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

TRANSPORTATION, HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010—CONFERENCE REPORT

Mr. REID. Mr. President, I move to proceed to the conference report to accompany H.R. 3288, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The Republican leader is recognized.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that I be allowed to proceed for a moment here prior to the vote.

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

Mr. MCCONNELL. Mr. President, I say to my good friend the majority leader, we have been anxious to have health care votes since Tuesday, and we have had the Crapo amendment pending since Tuesday. You have said repeatedly, and I agree with you, that the health care issue is extraordinarily important and that we should be dealing with it and debating it.

So it is my hope that somehow, through our discussions both on and off the floor, we can get back to a process of facilitating the offering of amendments on both sides of the aisle at the earliest possible time and we can get back to the health care bill.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, I am happy to respond through the Chair to my distinguished colleague.

I think it is pretty evident to everyone here not only what has happened here on the Senate floor but the statements that have been made publicly and privately. And certainly I am not going to discuss any private conversations I have had, but based on Rush Limbaugh and Glenn Beck, which is on all the news today, they are upset at Senator MCCONNELL because he is not opposing the health care bill enough—that in a reasonable process on this, there are no efforts being made to improve this bill, only to kill this bill.

I think the debate has come to a point that I have rarely seen in the Senate. In fact, I have never seen it. To have my friends on the other side of the aisle come to the floor and in some way try to embarrass or denigrate me by virtue of the fact that—in fact, trying to embarrass me. What they should understand is that any events I had scheduled for this weekend have been canceled. Events I had last weekend had been canceled—four or five of them. To say the least, I would never, ever intentionally come to the floor and try to talk to somebody about having had a fundraiser and that is why they are trying to get out of here.

The reason I laid out to the Senate what I thought was a reasonable schedule is because, procedurally, we are where we are. The rules of the Senate are such that once cloture is invoked, that is what you stay with. I thought it would be appropriate, because we have worked pretty hard here, to have a day or two off. Anything that was reasonable, I would be happy to deal with everyone. But there was no result from this. Everything that can be done to stall and to divert attention from this bill is being done. And that is too bad, because it is important legislation.

Today, 14,000 Americans will lose their health insurance. Between now and 3:30, a number of people will die as a result of having no health insurance. So we are engaged in some important stuff; as pundits have said, some of the most important legislation that has ever been in this body.

So I am going to proceed to follow the rules of the Senate, and I am sorry we haven't been able to work with the Republicans in a constructive fashion on this health care bill, but it is obvious we haven't.

Mr. MCCONNELL. Mr. President, I ask unanimous consent to be able to respond briefly.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MCCONNELL. Mr. President, I reiterate to my good friend from Nevada, all I said was the Crapo amendment has been pending since Tuesday. We would like to vote on amendments. There has been some difficulty, apparently, in coming up with a side by side to the Crapo amendment. I understand that. But I am perplexed that it would take 2 days to come up with a side by side.

This, as has been stated by my good friend the majority leader, is the most important issue—some have said in history. It has been equated with a variety of different monumentally important pieces of legislation in American history. All we are asking is the opportunity to offer amendments and get votes. I said it in a most respectful way and meant it in a most respectful way. I think it is pretty hard to argue with a straight face that we are not trying to proceed to amend and have votes on this bill. That is what we desire to do.

The majority leader certainly has the right to move to the conference report. He has now done that—or we are about to vote on doing that. All I suggested was we would like to get back on the health care bill as soon as we can, resume the debate process on what has