

sick children. Now children will benefit from the discounted prices that result from the passage of this act. This is vitally important.

Let me go to one more chart.

Parliamentary inquiry, Mr. President: How much time do I have remaining?

The ACTING PRESIDENT pro tempore. Two minutes.

Mr. CASEY. Two minutes. I will just do one chart and then we will move quickly.

This chart makes a very fundamental point. At a time in our history when over the course of a year the national poverty rate went up by 800,000, and the number of people without insurance is going up—and in the midst of a recession, you would understand and expect that—the one thing we don't focus on is that because of the effectiveness of the Children's Health Insurance Program, there is one number on this chart that is going down—and we hope it keeps going down—and that is the number of uninsured children.

It is interesting that on this chart between 2007–2008, as the child poverty rate went up by 800,000 children, the number of children without insurance is down by that same number—800,000. It shows the Children's Health Insurance Program is working, even in the midst of a recession. So I have an amendment that strengthens the Children's Health Insurance Program in the bill.

I know I am out of time, Mr. President, and I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Illinois.

Mr. DURBIN. Mr. President, it is my understanding that we have gone over the original allocation of time, and Senator MCCAIN is coming to the floor. We will, of course, offer to the minority side whatever extra time we will use so that there will be a like amount available to them, and I will make every effort to shorten my remarks.

The ACTING PRESIDENT pro tempore. The majority has not exceeded its time. There is 12 minutes remaining on the clock.

Mr. DURBIN. Sorry, I was misinformed. But whatever we promised the minority side, they will receive like treatment on whatever time we use.

UNANIMOUS CONSENT REQUEST—
H.R. 3590

Mr. DURBIN. Mr. President, yesterday, the majority leader propounded a unanimous consent request to have four votes with respect to the health care bill. The Republican leader objected to the consent, since he indicated they had just received a copy of Senator LAUTENBERG's side-by-side amendment to the Dorgan amendment and so they needed time to review the amendment.

Therefore, I now ask unanimous consent that following the period of morning business today, the Senate resume

consideration of H.R. 3590 for the purpose of considering the pending Crapo amendment to commit and the Dorgan amendment, No. 2793, as modified; that Senator BAUCUS be recognized to call up a side-by-side amendment to the Crapo motion; that once that amendment has been reported by number, Senator LAUTENBERG be recognized to call up his side-by-side amendment to the Dorgan amendment, as modified; that prior to each of the votes specified in the agreement, there be 5 minutes of debate equally divided and controlled in the usual form; that upon the use or yielding back of the time, the Senate proceed to a vote in relation to the Lautenberg amendment; that upon disposition of the Lautenberg amendment, the Senate then proceed to vote in relation to the Dorgan amendment; that upon disposition of that amendment, the Senate proceed to vote in relation to the Baucus amendment; and that upon disposition of that amendment, the Senate proceed to vote in relation to the Crapo motion to commit; that no other amendments be in order during the pendency of this agreement, and that the above referenced amendments and motion to commit be subject to an affirmative 60-vote threshold; that if they achieve that threshold, they then be agreed to and the motion to reconsider be laid upon the table; if they do not achieve that threshold, they then be withdrawn.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. ENZI. Mr. President, reserving the right to object, we are going to have three Democratic amendments and one Republican amendment voted on, and the Democrats wrote the bill. The Democrats are doing a side by side to their own amendment.

It looks to me like they ought to get together and get some things figured out. There ought to be a little bit more fairness on the number of amendments. So I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. DURBIN. Mr. President, this is the second time we have offered to call amendments for a vote, and the complaint from the other side is, you are not calling amendments for a vote.

How many times do we have to ask for permission to call amendments for a vote, run into objections from the Republican side, and then hear the speech: Why aren't we voting on amendments?

I am certain that in the vast expansion of time and space, we can work out something fair in terms of the number of amendments on both sides. In fact, maybe the next round will have more Republican amendments than Democratic amendments. I don't know how many Republican amendments or Democratic amendments we have voted on so far. We can get an official tally, but that really seems like a very minor element to stop the debate on health care—because we need to have an equal number of amendments. Can't grown-

ups work things out like this and with an understanding that we will resolve them? If we can't, then for goodness' sake don't subject us to these arguments on the Senate floor that we are not calling amendments for a vote. We have just tried 2 days in a row, and the Republicans once again have stopped us with objections. That is a fact.

I would implore the leadership—not my friend from Wyoming; I know he is doing what he is instructed to do by the leaders—for goodness' sake, let's break this logjam. Let's not, at the end of the day, say, well, we stopped debating this bill when we should have been debating it, when we have offered 2 days in a row in good faith to have actual amendments offered and debated.

I would also say, Mr. President, this is the bill we are considering, H.R. 3590, when we return to it. This is the health care reform bill, and this is a bill which has been the product of a lot of work. A lot of work has gone into it both in the House and in the Senate. In the Senate, two different committees met literally for months writing this bill, and they should take that time because this is the most significant and historic and comprehensive bill I have ever considered in my time in Congress—more than 25 years. This bill affects every person in America—every person in the gallery, everyone watching us on C-SPAN, every person in America. It addresses an issue that every American is concerned about—the future of health care, how we are going to make it affordable.

At a time when fewer businesses offer the protection of health insurance, at a time when individuals find themselves unable to buy health insurance that is good and that they can afford; at a time when health insurance companies are turning down people right and left for virtually any excuse related to pre-existing conditions, we cannot continue along this road. Those who are fighting change, those who are resisting reform, are basically standing by a broken system.

There are many elements in American health care that are the best in the world, but the basic health care system in America is fundamentally flawed. This is the only civilized Nation on Earth where you can die for lack of health insurance—literally die.

Mr. President, 45,000 people a year die because they do not have the health insurance they need to bring them to the doctor they need at a critical moment in life. They do not have the health insurance they need to afford the surgical procedure they need to avoid a deadly disease.

If a person has a \$5,000 deductible on their health insurance, and a doctor tells them—as a man who wrote me from Illinois said—you should have a colonoscopy, sir; there is an indication you could have a problem that could develop into colon cancer and it could be fatal.

The man says: How much is the colonoscopy?

Well, it is \$3,000 out of pocket.

The man says: I can't afford it. I just can't pay for it.

So he doesn't get the colonoscopy and bad things can occur. That happens in America, but it doesn't happen in any other civilized country.

It is true in some systems he may have had to wait an extra week or a month, but he gets the care he needs. He doesn't die for lack of health insurance. That is what is going on in America. Almost 50 million Americans without health insurance today—almost 50 million in this great and prosperous Nation—went to bed last night without the peace of mind of the coverage of health insurance. This bill addresses that.

At the end of the day, 94 percent of the people living in America will be able to sleep at night knowing they have a decent health insurance plan. That is an amazing step forward. That is a step consistent with the establishment of Social Security, which finally took the worry away from seniors and their families about what would happen to grandma and grandpa when they stopped working.

I remember those days. There was a time when grandma and grandpa retired and moved in with their kids. Remember that era? I do. It happened in our family, and they didn't have any choice. They had to because they had modest jobs and not a lot of savings and they put it on their kids to find that spare bedroom or let them sleep in basement that was made over so that they would have a comfortable and safe place to be.

Social Security changed that for most American families. This bill will change health care for most American families. The same thing is true with Medicare. The critics of Medicare—and they have been legion on the floor of the Senate—ignore the obvious: 45 million Americans will have peace of mind to know that they can get affordable health care once they reach the age of 65. They would not lose their life savings. They will get a good doctor, a good hospital, and a good outcome.

Isn't that what America is all about? Isn't that why we are supposed to be here? Why don't we have more support? The Republican side of the aisle only comes to say what is wrong with the idea of health care.

Steven Pearlstein, in this morning's Washington Post—which I hope some of my Republican colleagues will read—talks about a lost opportunity which the Republicans have.

We have invited the Republicans from day one to be part of the conversation about health care reform. Senator ENZI of Wyoming is one who assiduously gave every effort, spent 61 days trying to reach a bipartisan agreement. It failed, but at least he tried. I commend him for trying.

Too many others on the other side didn't try. But Steven Pearlstein writes:

One can only imagine how Republicans could have reshaped health-reform legisla-

tion in the Senate . . . Without question, they could have won more deficit-reducing cost savings in the Medicare program by setting limits on spending growth and reforming the way health care is organized, provided and paid for. And they could have begun to realize their goal of "consumer-driven health care" by insisting that the new insurance exchanges offer at least one plan built around individual health savings accounts and catastrophic coverage.

Pearlstein goes on to talk about the possibilities. He says:

They could have taken a page from John McCain's platform and insisted on replacing the current tax exclusion of health-care benefits with a flat tax credit that would be more progressive and put downward pressure on insurance premiums.

I am not guaranteeing that any of those proposals would have been in, but they all could have been in if we had a dialog. Instead of a dialog, we have a shouting match, one side of the aisle shouting at the other side of the aisle. It is exactly the stereotype of Washington which America has come to hate. America wants us to solve problems, not get into these, you know, fur-flying debates, where we see who can get the rhetorical better of the other. They want us to solve problems but, unfortunately, we are still waiting for the first Republican to cross the aisle on the passage of this bill and work with us. The door is still open. The invitation is still there. The idea of doing nothing is unacceptable and that should be the message.

The fact is, there is no comprehensive Republican health care reform bill—period. Senators come to the floor, such as Senator COBURN, and say: I have some good ideas. I bet he does. I may even subscribe to them. But his ideas have not gone through the rigor this bill has gone through. This bill was sent to the Congressional Budget Office and scored, asking the basic questions: No. 1, will it add to the deficit? They came back and told us: No, the Democratic health care reform bill will, in fact, save money, \$130 billion in 10 years; \$650 billion in the second 10 years. We asked them: Is it going to insure more Americans? They came back and said: Yes, 94 percent will be insured when this is over. That same rigor has not been applied to the Republican ideas because it is hard, it is tough, and it takes time. I commend them for their thoughtful ideas, but to say they have something they can match against this bill, comprehensive reform—just go to the Republican Senate Web site and look for the Republican comprehensive reform bill. Do you know what you will find? You will find the Democratic bill. That is all they can talk about. They don't have a comprehensive health care reform bill.

But we are not going to quit. America, we cannot go home for Christmas until we get this job done.

After we have been here 12 straight days debating, we kind of get into a trance-like, catatonic state, where we can't remember what our last speech was about and we go to sleep at night

thinking about what we might have said on the floor or what we are going to say tomorrow. But the fact is, we have to stay and do our job, not just in passing health care reform but doing something significant to help the unemployed and deal with jobs and the economy before we leave here to try to enjoy Christmas, or what is left of it or the holiday season, with our families.

This is a job that has to be done. I am sorry we have reached a point where the Republicans have not been actively involved in creating this bill. We tried for the longest time. In the HELP Committee, where Senator ENZI serves as the ranking Republican, more than 100 Republican amendments were accepted as part of this debate and still not one single Republican Senator would vote for the bill in that committee.

So far the scorecard on Republican participation in health care reform debate is a lot of speeches, a lot of press releases, a lot of charts on the floor but only two votes—one from a Republican Congressman in Louisiana for the House bill; one from Senator SNOWE of Maine for the Senate Finance version of this bill.

The ACTING PRESIDENT pro tempore. The time of the majority has expired.

Mr. DURBIN. That is it. I urge my colleagues to join us in a cooperative effort to try to come up with something more positive than just our lonely speeches on the floor.

The ACTING PRESIDENT pro tempore. The time of the Senator has expired. The Senator from Arizona is recognized.

Mr. MCCAIN. Mr. President, while my friend from Illinois—

Mr. DURBIN. Mr. President, I ask unanimous consent morning business be closed. I wish to make sure Senator MCCAIN has time.

Mr. MCCAIN. I ask for an additional 10 minutes of morning business so I could maybe engage in a colloquy with my favorite combatant here.

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

Mr. MCCAIN. Maybe we can talk a little bit about his remarks.

I have to say, I appreciate the eloquence and the passion the Senator from Illinois has brought to this debate. He makes some very convincing points. One of the major points—and I would be glad to listen to the Senator. I think it is fair for us to respond to each other's comments very quickly. The Senator from Illinois said we have been engaged in the negotiations and inputs have been made into the formulation of this bill.

I have to tell the Senator from Illinois, I have been engaged in many bipartisan compromises, whether it be issues such as campaign finance reform, whether it be—a whole large number of issues, including defense weapons acquisition reform. I say to the Senator from Illinois, do you know what the process was? People sat down

at the table together when they were writing the legislation. I am a member of the HELP Committee, OK? I say to the Senator from Illinois, do you know what the process was—because I am on the committee. A bill was brought before the committee without a single—Senator ENZI will attest to this—without a single period of negotiations, where we sat down together with the chairman of the committee, where they said: What is your input into this legislation?

We had many hours of amendments in the committee, all of which, if they were of any real substance, were rejected on a party-line vote.

I have to tell the Senator from Illinois he can say all he wants to that there have been efforts to open this to bipartisanship. There have not. My experience in this Senate—I know how you frame a bipartisan bill and that has not been the process that has been pursued by the majority.

I understand what 60 votes mean. But in all due respect, I say to the eloquence of my friend from Illinois, that has not been the process which I have successfully pursued for many years, where people have sat down together at the beginning, where you are there on the takeoff and also then on the landing.

I would be glad to hear the response of the Senator from Illinois.

I ask unanimous consent if the Senator and I could engage in a colloquy.

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

Mr. DURBIN. First, those who are watching, this is perilously close to a debate on the floor of the Senate, which rarely occurs in the world's most deliberative body, where Senators with opposing views actually, in a respectful way, have an exchange. I thank the Senator—

Mr. MCCAIN. Respectful but vigorous.

Mr. DURBIN. I thank the Senator from Arizona. Here is what I understood happened. I know Senator DODD came to the HELP Committee with a base bill to start with, but it is my understanding, in the process, 100 Republican amendments were accepted on that bill. If I am mistaken, I know the Senator will correct me, but—

Mr. MCCAIN. I will be glad to correct the Senator from Illinois. Senator ENZI is here. None of those amendments were of any significant substance that would have a significant impact on the legislation, I have to say to the Senator from Illinois. For example, medical malpractice, we proposed several amendments that would address what we all know, what the Congressional Budget Office says is \$54 billion—other estimates as much as \$100 billion—in savings. There were no real fundamental amendments.

I have to say that some of those amendments were accepted. But it still doesn't change the fact that at the beginning, as the Senator from Illinois

said—the bill came to the committee without a bit, not 1 minute of negotiation before the bill was presented to the committee. The ranking member is on the floor. He will attest to that. Please go ahead.

Mr. DURBIN. I would say to the Senator from Arizona, I went through bankruptcy reform with Senator GRASSLEY and a similar process was followed when the Republicans were in the majority. He produced the base-line bill, and I made some modifications and, ultimately, at one point in time, we agreed on a bill, came up with a common bill. The starting point is just that, a starting point. But I say to the Senator from Arizona, look at what happened to the issue of public option. I believe in public option passionately. I believe it is essential for the future of health care reform, for competition for private health insurance companies to give consumers a choice, to make sure we have one low-cost alternative at least in every market. Yet, at the end of the day, I did not get what I wanted and what is being proposed, now at the Congressional Budget Office, is not my version of public option.

We ended up bending toward some of the more moderate and conservative members of the Democratic caucus and toward the Republican point of view. I don't know of a single Republican who came out for public option. Maybe I am forgetting one. At the end of the day, the point I am making to the Senator is there was an effort at flexibility and an effort at change to try to find some common ground. Unfortunately, the ground we are plowing has only 60 Democratic votes. It could have been much different. It could still be much different.

Mr. MCCAIN. May I ask my friend, wasn't the reason the public option was abandoned was not because of a Republican objection, it was because of the Democratic objection? The Senator from Connecticut stated, unequivocally, the public option would make it a no deal.

I appreciate the fact that Republican objections were observed. But I don't believe the driving force behind the abandonment of this public option, if it actually was that—we have not seen the bill that is going to come before us—was mainly because of the necessity to keep 60 Democratic votes together.

Mr. DURBIN. The Senator from Arizona is correct. But I add, Senator SNOWE has shown, I believe, extraordinary courage in voting for this bill in the Senate Finance Committee and made it clear she could not support the public option. We are hoping, at the end of the day, she will consider voting for health care reform. That was part of the calculation.

Mr. MCCAIN. We are hoping not.

Mr. DURBIN. I understand your point of view, but I would say—you are right. But we were moving toward our 60 votes, but it would be a great outcome if we end up with a bill that brings

some Republicans on board, and it was clear we couldn't achieve that if we kept the public option in. There are other elements here. We are going to have a real profound difference when it comes to the issue of medical malpractice and how to approach it. But I think, even on that issue, we could have worked toward some common ground, and I hope someday we still can.

Mr. MCCAIN. Could I ask my friend about the situation as it exists right now? Right now, no Member on this side has any idea as to the specifics of the proposal the majority leader, I understand, has sent to OMB for some kind of scoring. Is that the way we want to do business, that a proposal that will be presented to the Senate sometime next week and voted on immediately—that is what we are told—is that the way to do business in a bipartisan fashion? Should we not at least be informed as to what the proposal is the Senate majority leader is going to propose to the entire Senate within a couple days? Shouldn't we even know what it is?

Mr. DURBIN. I would say to the Senator from Arizona, I am in the dark almost as much as he is, and I am in the leadership. The reason is, because the Congressional Budget Office, which scores the managers' amendment, the so-called compromise, has told us, once you publicly start debating it, we will publicly release it. We want to basically see whether it works, whether it works to continue to reduce the deficit, whether it works to continue to reduce the growth in health care costs.

We had a caucus after this was submitted to the Congressional Budget Office, where Senator REID and other Senators who were involved in it basically stood and said: We are sorry, we can't tell you in detail what was involved. But you will learn, everyone will learn, it will be as public information as this bill currently is on the Internet. But the Congressional Budget Office has tied our hands at this point putting it forward. Basically, what I know is what you know, having read press accounts of what may be included.

Mr. MCCAIN. Could I ask my friend from Illinois—and by the way, I would like to do this again. Perhaps when he can get more substance into many of the issues.

Mr. DURBIN. Same time, same place tomorrow?

Mr. MCCAIN. I admit these are unusual times. But isn't that a very unusual process, that here we are discussing one-sixth of the gross national product; the bill before us has been a product of almost a year of sausage-making. Yet here we are at a position on December 12, with a proposal that none of us, except, I understand, one person, the majority leader, knows what the final parameters are, much less informing the American people. I don't get it.

Mr. DURBIN. I think the Senator is correct, saying most of us know the

fundamentals, but we do not know the important details behind this. What I am saying is, this is not the choice of the majority leader. It is the choice of the Congressional Budget Office. We may find that something that was sent over there doesn't work at all, doesn't fly. They may say this is not going to work, start over. So we have to reserve the right to do that, and I think that is why we are waiting for the Congressional Budget Office scoring, as they call it, to make sure it hits the levels we want, in terms of deficit reduction and reducing the cost of health care.

It is frustrating on your side. It is frustrating here. But I am hoping, in a matter of hours, maybe days, we will receive the CBO report.

I would like to ask the Senator from Arizona, if he wouldn't mind responding to me on this. Does the Senator believe the current health care system in America is sustainable as we know it, in terms of affordability for individuals and businesses? Is the Senator concerned that more and more people do not have the protection of health insurance; fewer businesses offer that protection?

The ACTING PRESIDENT pro tempore. The 10-minute time period has expired.

Mr. McCAIN. I ask unanimous consent for 5 additional minutes.

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

Mr. DURBIN. Is the Senator concerned as well with the fact that we have 50 million Americans without health insurance and the number is growing; that in many of the insurance markets across America there is no competition, one or two take-it-or-leave-it situations? Does that lead him to conclude we cannot stay with the current system but have to make some fundamental changes and reforms?

Mr. McCAIN. I say to my friend, everything he said is absolutely correct. I am deeply concerned about the situation of health care in America. I know the Senator from Illinois is deeply concerned about the fact that it is going to go bankrupt, about the fact that the Medicare trustees say that within 6 or 7 years it is broke. From what we hear, there is now a proposal over there to extend eligibility for Medicare, which obviously puts more people in the system, which obviously, under the present setup, would accelerate a point of bankruptcy, at least from what I know of this.

But the fundamental difference we have, in my opinion, is not what we want—we both share the deep ambition that every American has affordable and available health care—it is that we believe a government option, a government takeover, a massive reorganization of health care in America will destroy the quality of health care in America and not address the fundamental problem. We believe the quality is fine.

We think the problem is bringing costs under control. When you refuse

to address an obvious aspect of cost savings such as malpractice reform, such as going across State lines to obtain health insurance, such as allowing small businesses to join together and negotiate with health care companies, such as other proposals we have, then that is where we have a difference. We share a common ambition, but we differ on the way we get there. I do not see in this bill, nor do most experts, a significant reduction in health care costs except slashing Medicare by some \$½ trillion, which everybody knows doesn't work, and destroying the Medicare Advantage Program of which in my home State 330,000 seniors are a part.

Mr. DURBIN. I say to the Senator two or three things. First, the CBO tells us this bill will make Medicare live 5 years more. This bill will breathe into Medicare extended life of 5 additional years. Second, I have heard a lot of negative comments about government-sponsored health care. I ask the Senator from Arizona, is he in favor of eliminating the Medicare Program, the veterans care program, the Medicaid Program, the CHIP program to provide health insurance for children, all basically government-administered programs? Does he believe there is something fundamentally wrong with those programs that they should be jettisoned and turned over to the private sector?

The second question, does the Senator from Arizona want to justify why Medicare Advantage, offered by private health insurance companies, costs 14 percent more than the government plan being offered, and we are literally subsidizing private health insurance companies to the tune of billions of dollars each year so they can make more profits at the expense of Medicare?

Mr. McCAIN. First, obviously I want to preserve those programs. But every one of those the Senator pointed out is going broke. They are wonderful programs. They are great things to have. But they are going broke. He knows it and I know it, and the Medicare trustees know it. To say that we don't want these programs because we want to fix them is obviously a mischaracterization of my position, our position. We want to preserve them, but we all know they are going broke. It means cost savings. It means malpractice reform. It means all the things I talked about. The Senator mentioned Medicare Advantage. That is called Medicare Part C. That is part of the Medicare system. There are arguments made that there are enormous savings over time because seniors who have this program, who have chosen it, who haven't violated any law, are more well and more fit and have better health over time, thereby, in the long run, causing significant savings in the health care system which is what this is supposed to be all about. I ask in response: How in the world do you take a Medicare system which, according to the trustees,

is going broke and then expand it to people between age 55 and 64? The math doesn't work. It doesn't work under the present system which is going broke. To add on to it, any medical expert will tell you, results in adverse selection and therefore increases in health care costs.

Mr. DURBIN. If I may respond, why is Medicare facing insolvency? Why is it going broke? Why are the other systems facing it? Because the increase in cost in health care each year outstrips inflation. There is no way to keep up with it unless we start bending the cost curve. We face that reality unless we deal with the fundamentals of how to have more efficient, quality health care. Going broke is a phenomena not reflective in bad administration of the program but in the reality of health care economics.

What I am about to say about the expanded Medicare is based solely on press accounts, not that I know what was submitted to CBO in detail. I do not. But the 55 to 64 eligibility for Medicare will be in a separate pool sustained by premiums paid by those going in. If they are a high-risk pool by nature, they will see higher premiums. What happens in that pool will not have an impact on Medicare, as I understand it. It will be a separate pool of those receiving Medicare benefits that they will pay for in actual premiums. It won't be at the expense or to the benefit of the Medicare Program itself. What I have said is based on press accounts and not my personal knowledge of what was submitted to CBO.

Mr. McCAIN. The Senator has seen the CMS estimates this morning that this will mean dramatic increases in health care costs. You may be able to expand the access to it, but given the dramatic increase, one, it still affects the Medicare system and, two, there will obviously be increased costs, if you see the adverse selection such as we are talking about.

I see the staff is getting restless. I ask my friend, maybe we could do this again during the weekend and during the week. I appreciate it. I think people are helped by this kind of debate. I respect not only the passion but the knowledge the Senator from Illinois has about this issue.

Mr. DURBIN. I thank the Senator.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

TRANSPORTATION, HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010—CONFERENCE REPORT—Resumed

The PRESIDING OFFICER (Mr. BEGICH). The clerk will report.

The bill clerk read as follows:

Conference report to accompany H.R. 3288, making appropriations for the Departments