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House of Representatives

The House was not in session today. Its next meeting will be held on Tuesday, February 8, 2011, at 10 a.m.

Senate

WEDNESDAY, FEBRUARY 2, 2011

The Senate met at 10 a.m. and was called to order by the Honorable KIRSTEN E. GILLIBRAND, a Senator from the State of New York.

PRAYER

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

Let us pray.

Almighty God, father of us all, continue to guide our lawmakers during these challenging times. Infuse them with wisdom and energy so that they will not become discouraged by what sometimes seems an impossible situation. Show them the road that will lead to a desired destination as You assure them of Your presence, love, and grace in their work. Lord, help them to defer to each other, to respect each other, so that by attitude and action they will reflect Your divine will. May they fulfill their responsibilities in ways that honor You.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable KIRSTEN E. GILLIBRAND led the Pledge of Allegiance, as follows:

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

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

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

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, February 2, 2011.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable KIRSTEN E. GILLIBRAND, a Senator from the State of New York, to perform the duties of the Chair.

DANIEL K. INOUYE,
President pro tempore.

Mrs. GILLIBRAND thereupon assumed the chair as Acting President pro tempore.

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

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

The legislative clerk proceeded to call the roll.

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 Madam President, I ask unanimous consent the order for the quorum call be rescinded.

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

HEALTH CARE REPEAL

Mr. MCCONNELL. Madam President, later today, as I noted yesterday, the Senate will have a rare opportunity. For those who have supported the health care spending bill in the past, it is an opportunity to revisit your first vote, to listen to those who have desperately been trying to get your attention, to say, yes, maybe my vote for this bill was a mistake, maybe we can do better, to listen to the small business owners who have been contacting our offices every single day and telling us all the ways this bill keeps them from creating the jobs we need, to show you have actually noticed most Americans don't want this bill, to show you are aware more people want it repealed than do not, to show you have noticed the townhalls in your States, to show you have noticed the opposition to this bill continues to grow, to show you have noticed the Federal court rulings that show this bill is unconstitutional at its core.

It is not every day you get a second chance on a big decision after you know all the facts. This is that second chance.

For all of us who opposed the health care bill, today we reaffirm our commitment to work a little harder to get it right; we can't afford to get it wrong. But let's not anyone hide behind the preposterous talking point that repealing this bill would add to the deficit. Only in Washington would somebody claim that spending trillions of dollars on a brand new government entitlement and a massive bureaucracy to go along with it will save money.

I urge all my colleagues to move beyond party affiliation, to look at the facts alone. If everyone in this Chamber did that, we would repeal this bill right now, and then we would begin the work of achieving our common goal of delivering health care at a higher quality for lower cost. We would put in place the commonsense reforms people actually want.

We also expect a vote later today that would clear away one of the many impediments to job creation that was

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

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layered into this bill. It turns out Senator JOHANNS did such an outstanding job of raising awareness about the 1099 requirement that our friends on the other side have basically co-opted the idea and are now claiming it as their own. Actually, that is fine with us. It is not a bad precedent, actually. We have a lot of other good ideas we would be happy to share—not replacing one 2,700-page bill with another but passing commonsense reforms that people actually want.

The case against this bill is more compelling every day. Everything we learn tells us it was a bad idea, that it should be repealed and replaced. The courts say so, the American people say so, job creators say so. It is time for those who passed this bill to show they noticed. Let's take this opportunity.

I yield the floor.

RECOGNITION OF THE MAJORITY LEADER

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

SCHEDULE

Mr. REID. Madam President, following my remarks, Senator PAUL of Kentucky will be recognized for up to 20 minutes in morning business to deliver his first speech as a Member of the Senate. Following Senator PAUL's remarks, the Senate will resume consideration of S. 223, the Federal Aviation Administration Authorization bill. I have spoken to the Republican leader, and we will have some votes between 5 and 6 o'clock tonight. We will have three votes. Senators will be notified as to the specific time at a later hour today.

HEALTH CARE

Mr. REID. Madam President, if the American people want to understand the difference between Democrats and Republicans, it is my suggestion that they pay attention to what is happening on the Senate floor this week. The two parties simply have different priorities. Democrats are fighting to modernize our Nation's air travel. Republicans are fighting to repeal the health care reform law, ignoring the 80 percent of Americans who want them to leave it alone. In other words, Democrats want to get passengers the rights they deserve. Republicans want to take away patients' rights that they already have, rights that are saving lives, saving money, and saving Medicare, just as we promised when we wrote this law.

What Republicans refuse to understand, or at least what they hope the people do not realize, is that in America we give our citizens rights; we don't take them away. That principle comes first and inspired the country's founding and has directed our evolution and defines our promise.

We as Senators have a choice. We can move forward or we can look backward; we can make progress or we can stage a futile fight with the future. It is clear this week that while the American people and Senate Democrats are looking ahead, Senate Republicans are looking for a way to distract the American people. This is what moving forward looks like: Our bill to modernize our Nation's air travel will protect consumers. It is a passengers' bill of rights. We know delays happen when we fly from the airports around the country. We try to fly sometimes. When we do, we want to make sure passengers are treated right. We want to make sure passengers have the right to timely and accurate information about their flight. We want to make sure passengers have the right to food, water, and access to restrooms when they are forced to wait.

We want to make sure passengers have the right to know that while they are sitting on an airplane that is on a tarmac—as I said here yesterday, 3½ hours in Dallas alone waiting for a gate—we want to make sure passengers know the airline they are flying has a contingency plan to get them where they need to go.

This bill will also make flying safer and make it more efficient. It will help prevent accidents on the runways. It will finally introduce GPS technology to our Nation's air traffic control system. Mongolia has GPS. We don't. In most every country in the world, they determine where airplanes are with GPS. They do it in the air. We are still doing it on the ground. This bill will improve access to rural communities, which is important to Nevadans in rural cities such as Ely, NV, which is not near a big metropolitan area, and would reduce delays in the first place. That is what moving forward looks like, and that is why Senator ROCKEFELLER has worked for years to get this bill passed.

But there have been little side issues that have come up. The side issues are going to be debated on the floor and we will either pass them or get rid of them and get this bill on the road to the President's desk. So what I have talked about is what moving forward looks like. That is what we Democrats want to do.

This is what moving backward would look like: Republicans' symbolic effort to repeal the rights in the health care reform bill would put us all at risk. I am going to only mention a few of the things, but it would let insurance companies, once again, stand in the way of a child and the medical care that child needs. It would take away that child's right to get health insurance and instead give insurance companies the right to use asthma or diabetes as the excuse to take away that care. It would kick kids off their parents' health insurance. It would take away seniors' rights to a free wellness check. It would force seniors to pay more for their prescriptions. It would raise taxes on small businesses and add $1.5 trillion to our deficit.

That is what their amendment would do.

This is how health insurance worked before reforms became the law of the land. We do not want to go back. Madam President, I am sure you have had parents come to you with tears in their eyes, saying: Now my child can get insurance. We don't want to have mothers say: What am I going to do? That is what they said in the past.

There is one more difference between Democrats and Republicans. We are fighting for jobs this week. Along with all the advantages in the aviation modernization bill I mentioned a minute ago, it is also a jobs bill. It will create and protect at least 280,000 American jobs. That is why we are fighting so hard for this bill. This is a bipartisan bill. Let's get to passing it.

While the health care reform law is making sick Americans healthier and better, it is also helping unemployed Americans find work. A healthier health care system is going to create hundreds of thousands of jobs a year for the next decade.

I went to GW University Hospital—I wasn't sick—to visit somebody there. A woman—she must have been one of the administrators—said: Oh, I am so happy. She said: You know that health care bill you passed, we are going to hire 500 new physicians. I came back and told my staff that and they said you must have it mixed up. Five hundred? I said: Let's find out her name and you call her. They called her. I was right. That is what she told me, and she said that is because of the health care bill we passed.

We are talking about this health care bill also helping unemployed Americans find work. A healthier health care system is going to create hundreds of thousands of jobs a year for the next decade. That is what they tell us. That is because when businesses do not have to spend much on premiums, they can spend more on people—and healthier workers are, of course, more productive workers and that helps our economy at every level.

This is the difference between moving forward and moving backward. It is the difference between giving people rights and taking them away. In the late days of the health care reform debate, my colleagues on the other side asked us to stop everything and start over. It is nothing more than an excuse to keep insurance companies in charge of health care in this country. The minority is again asking us to turn back the clock on the progress we made, turn health care back to the insurance companies. They can dig in their heels, try to slam on the brakes as hard as they want, but the course of our country goes in only one direction. We move forward.

Madam President, as I announced earlier, Senator PAUL is going to give his maiden speech. I am sure his father is looking on through the magic of all of the new communications we have to listen to his son give a speech in the Senate. We are all anxious to hear him.

Senator PAUL.

RESERVATION OF LEADER TIME

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

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will be in a period of morning business with the Senator from Kentucky, Mr. PAUL, recognized for 20 minutes.

AMERICA'S FISCAL CRISIS

Mr. PAUL. Madam President, I am honored by the privilege of serving in the Senate. I am both honored and humbled by the responsibility of defending our Constitution and our individual freedoms. I will sit at Henry Clay's desk. There is likely no legislator from Kentucky more famous than Henry Clay. He was the Speaker of the House; he was a leader in the Senate. He ran for President four times and nearly bested James Polk.

Henry Clay was called the ''Great Compromiser.'' During my orientation, one of my colleagues came up to me and asked: Will you be a great compromiser? I have thought long and hard about that. Is compromise the noble position? Is compromise a sign of enlightenment? Will compromise allow us to avoid the looming debt crisis?

Henry Clay's life is at best a mixed message. His compromises were over slavery. One could argue that he rose above sectional strife to keep the Union together, to preserve the Union. But one could also argue that he was morally wrong and that his decisions on slavery, to extend slavery, were decisions that actually may have even ultimately invited the war that came, that his compromises meant that during the 50 years of his legislative career he not only accepted slavery but he accepted the slave trade.

In the name of compromise, Henry Clay was by most accounts not a cruel master, but he was a master nonetheless of 48 slaves, most of which they did not free during his lifetime, and some of which were only freed belatedly 28 years after his death.

He supported the fugitive slave law throughout his career. He compromised on the extension of slavery. When he was the Speaker of the House, there was a vote on extending slavery into Arkansas. The vote was 88 to 88. He came down, extraordinarily, from the Speaker's chair to vote in favor of extending slavery into Arkansas.

Before we eulogize Henry Clay, we should acknowledge and appreciate the contrast with contemporaries who refused to compromise. William Lloyd Garrison toiled at a small abolitionist press for 30 years, refusing to compromise with Clay, with Clay's desire to send the slaves back to Africa. Garrison was beaten, chased by mobs, and imprisoned for his principled stand.

Frederick Douglass traveled the country at the time. He was a free Black man, but he traveled at great personal risk throughout the countryside. He proved, ultimately, that he was the living, breathing example that intellect and leadership could come from a recently freed slave.

Cassius Clay was a cousin of Henry Clay, and an abolitionist. In the Heidler's biography of Henry Clay they describe Cassius Clay as follows: A venomous pen was his first weapon, and a Bowie knife his second weapon. He was so effective with the first weapon that he was wise to have a second weapon handy.

Cassius parted ways with his cousin Henry Clay, although they worked together on some things, and Henry Clay got him out of a few difficult times with the law. But they parted ways when Cassius Clay published a letter where Henry Clay seemed to be more in favor of emancipation than he was publicly. They never spoke again after that. Henry Clay disavowed the letter and condemned Cassius Clay.

Cassius Clay was an unapologetic abolitionist. He was an agitator. He made people mad, particularly slave owners and slave traders. One night in Foxtown, he was ambushed by Squire Turner and his boys. They were slave traders. They came at him with cudgels and knives. They ambushed him from behind and stabbed him in the back repeatedly. As he fell to the ground, Tom Turner held his pistol to the head of Cassius Clay and fired. The gun misfired. He fired again and it misfired. He fired a third time, and as it misfired for a third time, Cassius Clay was able to reach into his belt and pull his Bowie knife and gutted one of the Turner boys, killing him.

Cassius Clay refused to compromise. Cassius Clay was a hero, but he was permanently estranged from Henry Clay. Henry Clay made no room for true believers. Henry made no room for the abolitionists. Who are our heroes? Are we fascinated and enthralled by the Great Compromiser or by Cassius Clay?

Henry Clay came within 38,000 votes of winning the Presidency. He almost beat James Polk. He lost one State. If he had won that one State, he would have been President. The State was New York, and he lost it because a small fledgling party, the Liberty Party, a precursor to the Republican Party, an abolitionist party, refused to vote for Henry Clay because of his muddled views on slavery. One could argue that Clay's compromises ultimately cost him the Presidency.

Those activists who did not compromise—Garrison, Wendell Phillips, Frederick Douglass, Cassius Clay—are heroes because they said slavery is wrong and they would not compromise.

Today we have no issues, no moral issues, that have equivalency with the issue of slavery. Yet we do face a fiscal nightmare, potentially a debt crisis in our country. Is the answer to compromise? Should we compromise by raising taxes and cutting spending, as the debt commission proposes? Is that the compromise that will save us from financial ruin? Several facts argue against that particular compromise.

Government now spends more money than it ever has before. Raising taxes seems to only encourage more spending. Government now spends one in four GDP dollars. Twenty-five percent of our economy is government spending.

Any compromise must shrink the government sector and expand the private sector. Any compromise should be where we cut Federal spending, not where we raise taxes. The problem we face is not a revenue problem, it is a spending problem. It is spending that is now swollen to nearly a fourth of our economy. The annual deficit is nearly $2 trillion.

Entitlements and interest will consume the entire debt, the entire budget, if we do nothing. Within a decade, there will be no money left for defense, no money left for infrastructure, no money left for anything other than the entitlements and interest if we do not tackle this problem.

Many ask, will the Tea Party compromise? Can the Tea Party work with others to find a solution? The answer is, of course there must be dialog and ultimately compromise. But the compromise must occur on where we cut spending.

Even across the aisle, we have Democrats who are now saying, you know what, it is a problem. We should not raise taxes in a recession. So we are finding some agreement. The compromise we as conservatives must acknowledge is that we can cut some money from the military. The other side, the liberals, also must compromise that they can cut some money from domestic spending. Freezing domestic spending, though, at 2010 levels, as the President proposed in his State of the Union, does almost nothing. In fact, it freezes inflated spending levels, and will do nothing to avoid a crisis.

There is a certain inevitability to this debate, as the debt bomb looms and grows perilously large. As long as I sit at Henry Clay's desk, I will remember his lifelong desire to forge agreement. But I will also keep close to my heart the principled stand of his cousin Cassius Clay, who refused to forsake the life of any human simply to find agreement.

Madam President, I yield back the remainder of my time.

Mr. MCCONNELL. Madam President, I congratulate Senator PAUL on his maiden speech in the Senate, and applaud him for taking the opportunity to underscore the seriousness of the fiscal situation we are in.

Solving the Nation's fiscal problems will indeed require principled leadership, and I am confident Senator PAUL

will play an important role in guiding us toward real solutions.

Senator PAUL is a lawmaker to watch. He brings a keen intellect and rare passion to the job. He will be an important voice in this body in the many debates to come.

I look forward to working with him on behalf of Kentuckians and all Americans.

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

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

The legislative clerk proceeded to call the roll.

Mr. ROCKEFELLER. Madam 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.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

FAA AIR TRANSPORTATION MODERNIZATION AND SAFETY IMPROVEMENT ACT

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of S. 223, which the clerk will report by title.

The legislative clerk read as follows:

A bill (S. 223) to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide for modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes.

Pending:

Stabenow amendment No. 9, to repeal the expansion of information reporting requirements for payments of $600 or more to corporations.

McConnell amendment No. 13, to repeal the job-killing health care law and health care-related provisions in the Health Care and Education Reconciliation Act of 2010.

Mr. ROCKEFELLER. Madam President, this is, in fact, the aviation bill. As everybody knows, that is what we are doing; we are doing the aviation bill. We are talking about health care, but secretly we are doing the aviation bill. So I thought it would be interesting to talk about the aviation bill, to sort of bring people's minds back to that very important subject. It is interesting, because we want transparency, no filling up of the tree, everybody could offer all of the amendments they want. We immediately got amendments to repeal health care and other kinds of things but nothing about aviation. So as manager of that bill, I am going to talk about aviation. I do not guarantee it will be a scintillating speech, but it is going to be about aviation, because that is the bill we are on.

I rise to speak about—which I did a little bit yesterday—the modernization of the Nation's air traffic control system. It is kind of important to New York and New Jersey.

I cannot emphasize enough to all of my colleagues the importance of this issue to the United States. It is an issue I care deeply about, one Senator HUTCHISON cares deeply about, one I am completely committed to getting done. We have to. It is a sine qua non. It will make air traffic safer, more efficient, provide numerous economic and environmental benefits.

I touched on air traffic modernization in my opening statement yesterday. But I want to spend a short time, knowing that my colleague Senator HUTCHISON is here and wants to talk, on the air traffic modernization. It just has to be discussed in a tiny bit greater detail so people understand how important it is.

There will be some technical stuff in here, and I apologize for that, but people have to understand this. I know this subject is very technical. It is very confusing. It has lots of acronyms, unmemorable acronyms, but the technology will change aviation in truly amazing ways, and it is of overwhelming importance to the country.

Every time I get in my car, I find it implausible that so many automobiles navigate using more sophisticated global positioning systems than aircraft. Well, that is amusing, except it is horrifying, actually. It is horrifying. We can do it in Detroit with automobiles that sell for $15,000, $25,000, but we cannot do it on a multimillion-dollar aircraft because we have not decided to do it aggressively in our legislation. So we have to upgrade our system now or we are going to face absolutely enormous consequences.

I continue to believe that the modernization of our Nation's antiquated air traffic control system has to be one of the Nation's highest priorities. We have fallen behind, as is now—it is actually kind of interesting. It has become a mantra: We have fallen behind Mongolia. People like to talk about that. I am the original author of that startling fact—this tiny little nation ahead of us. But it does not make any difference. Everybody should steal the line because it makes the point: They have it. They are building it from scratch. We do not. So if we recognize the benefits of using the most advanced technology and if they do, perhaps it is something we might think about.

The United States, of course, has a much larger and more complex airspace system than Mongolia or any other country in the world, but this is precisely the problem: that we are so big and we are so complicated; there are 36,000 flights in a day. There are airplanes during the day, all day long, all over the country, at different altitudes, coming in, avoiding weather, avoiding each other, facing delays or not. Our aviation system actually moves 30,000 flights a day—I would say 36,000, but it says 30,000—and nearly 800 million people per year—a lot tougher than Mongolia. But we face gridlock if we do not make significant progress on modernization and make it very soon. The FAA's most recent forecasts estimate demand for air travel will be about 1 billion people within the next decade. That is a 40-percent increase. That is horrific.

Senator ISAKSON has just come on the floor. His airport in Atlanta is one of the most complicated and busy in the entire world. He needs, as do we all, an air traffic control system which is digitalized, which makes communication between air traffic controllers and pilots much more accurate so they can see terrain, they can see mountains, they can see weather, all in streamingly live exactitude.

The economic downturn of the past several years has actually, in a quirky way, bought us some time to reform our system. We have declined to use it, but this will quickly change as the economy rebounds. Our present air traffic control system is stretched to its limits already. Anyone who flies on a regular basis has experienced the system's congestion and delay problems. We talked about that yesterday. We will talk more. This system will not meet the projected growth of the next decade.

So we have this choice. An industry that employs 11 million people and several more in indirect jobs, that traffics 800 million people around the country to all kinds of places large and small, very complicated—runway problems, gateway problems, all kinds of problems—if we do not have this up to speed, we are a nation in trouble and people will start dying.

The Next Generation Air Transportation System, NextGen, will create significantly more capacity by allowing aircraft to move more efficiently and take more direct routes. I talked about that yesterday. It is so important. Planes now, because of the sort of radar ground-based system, wind their way to their destination, avoiding planes, avoiding weather, and how quickly can they see it, how accurately can they see it, are they aware of the altitude of other planes above them and below them? Probably not very accurate. So they don't take direct routes. So these improvements, if they do take direct routes, will save our economy billions annually.

The technology will also allow the FAA to safely allow the closer spacing of aircraft. More aircraft can land and do so more safely because of the reality of the digitalization of everything is so clear to the pilot and to the air traffic controller. They are in sync for the first time with a highly sophisticated system. And the Northeast corridor probably will be the greatest beneficiary of all of that. It will be.

Greater operational efficiency will also create substantial environmental benefits. Drastic reductions in fuel consumption—taking more of a straight line from one place to another rather than going all over the place—saves a

lot of fuel, and that means less carbon emissions, and it also significantly lowers noise emissions. Almost every community near an airport will greatly benefit from this effort, and this will also save airlines millions of dollars annually in fuel costs.

Airlines, you have to remember—people just assume they are always there. Well, they are almost always in trouble financially. They merge. Sometimes they merge not because they want to but because they have to because one of them is declining financially. They have to be able to meet payroll.

Most importantly, NextGen will dramatically improve the safety—the safety—of our air transportation system. It will provide pilots and air traffic controllers with better situational awareness. The military uses that term—SA it is called. It is called SA, situational awareness. Pilots and controllers will be able to see other aircraft and detailed weather maps and other things such as mountains in real time. If they are flying low, they need to have a very good sense of what the terrain holds. So just as in battle, better SA—situational awareness—will save lives.

Modernizing our air traffic control system will require sustained focus and a lot of money. Our bill takes concrete steps to make sure the implementation of this system begins now. And there is some of it out there in a few airports, and where it is out there, it is working very well, just as Senator HUTCHISON and I have described.

The bill directs the FAA to move forward on dedicated timelines to implement key NextGen technologies. In particular, it requires clear deadlines for the adoption of existing GPS navigation technology. All of this has to be calibrated. Carriers have been very excited about using this; it is just that we have not made it available to them. And they are a part of it because as we build it they are going to have to have corresponding avionics and systems within their own cockpits, which they will pay for. They want to do that because they want to have this safer system so they are not harassed so much and so they can save fuel and just do better in general. Why do something out of the 19th century when you can do it out of the modern era that will last for years?

It also requires the FAA to move forward on developing air traffic procedures to make certain airlines will reap the benefits of equipping aircraft in their fleet.

These technologies are as follows. They are called area navigation and required navigation performance, RNP. That will permit aircraft to fly more precise routes in both the en route environment and enable aircraft to land more efficiently and safely at airports. Our legislation requires the FAA to develop the procedures that accompany this technology at the Nation's 30 largest airports by 2014—Senator HUTCHISON said that yesterday—and at all commercial airports across this country by 2018, if we do our work here. Then the whole thing will be done in the county by 2018 and all the biggest ones by 2014.

The bill accelerates the timeframe for the integration of automatic dependent surveillance-broadcast—ADS–B—technology by requiring the use of ADS–B Out on all aircraft by 2015 and the use of ADS–B In on all aircraft by 2018. This technology will significantly improve the safety of our system by providing pilots and air traffic controllers with more precise information on their location. That is everything in air traffic control—where people are, how high, how low, how close, how far. The FAA has moved forward on the requirement for ADS–B Out for all aircraft operating in our airspace, and we plan to work with them to make sure this is a success.

The bill—coming to the end—takes further steps to make certain that implementation of NextGen continues at the FAA, including the creation of an air traffic control modernization oversight board. Oh, wonderful, another board. Well, this is a really complicated system, and you need to have an advisory group that oversees, gives oversight—as we in the Commerce Committee will do—of FAA's modernization activities.

It establishes a Chief NextGen Officer position at FAA. Oh, another person to oversee something at FAA. Well, we have not done this. We are not doing it. And to have an officer dedicated to that I think is very important.

It requires the development of processes to include representatives of Federal employees in the planning of NextGen projects. Why is that important? Because it means that people who are working the towers, who are actually involved in the system as it is now—and if you go out to other places—Herndon—you can see these enormous rooms of computers with air traffic controllers and these sort of vague shapes. We want to turn those into precise shapes. That is what our bill would do.

It establishes a new process to make certain labor disputes at the FAA are adequately resolved through mediation and arbitration if necessary.

So our future as the world's leader in aviation, our safety, our economy—all depend on a successful modernization of our air traffic control system. An FAA-funded study determined that our economy lost $33 billion in 1 year as a result of delays attributed to the air traffic control system. That is not smart and it is not safe. Of this total, $8 billion was from the airlines themselves. They are not in the position to lose $8 billion—an amount that would go a long way toward giving them a healthier bottom line and making other improvements. The other $25 billion in losses was borne by the traveling public—they had to pay for it—and business.

So this overdue FAA reauthorization takes the necessary steps to make certain we begin to implement this critical upgrade of our airspace technology right now. We must follow through on these efforts or face dramatic challenges. This is not a song and dance effort; this is life and death for the future of our air system, in literal terms and symbolic terms.

Madam President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Texas.

Mrs. HUTCHISON. Madam President, I commend the chairman of the Commerce Committee. He and I have been working on this bill since 2007.

As we mentioned when we began consideration of the bill yesterday, this is the 18th short-term extension we are on. I think any person in America, any person who flies in America, any person who is subject to FAA regulation, and certainly any businessperson in America knows you cannot do long-term planning and ensure that your agency is doing its work knowing what they can expect in support from Congress in short-term extensions for over 4 years. That is not good business, it is not good management, and it is certainly not the way government should run. So I am in agreement with Senator ROCKEFELLER, our chairman, that we need to act on this bill. I hope it is going to be an effort that is bipartisan, that we will address the issues that have held up the bill in the past in a reasonable way so we can get on with, hopefully, a 3-year authorization of the FAA, and especially so we can start next year.

America is the premier user of air traffic control systems. Our system is based on the 1960s technology of ground operations and use of radar. We want to move to a satellite-based system that will increase the capacity at our clogged airports—the bigger airports that have more traffic than they can accommodate—and where the traveling public is in the most need. We need the efficiency and we need the modern technology. That is what this bill will set us on the path to do.

So I agree with the chairman in that respect, and I look forward to working with my colleagues on their amendments that pertain to this bill going forward.

I wish to take a few moments to speak to the amendment that is at hand, which is not an amendment about the FAA authorization, but it is a very important amendment. Basically, it is Senator MCCONNELL's amendment that would repeal the health care reform that was passed over a year ago. He is trying to say: Let's stop right now. We have seen every signal that the concerns we had when we spoke against this bill in December of 2009 are coming home to roost. In fact, the concerns we raised are now being shown to be a huge problem in this country.

The health care reform bill that was passed cost $2.6 trillion. Over 6,000 pages were added to the Federal Register to implement this law. All of this

indicates the bill does a whole lot more than my colleagues are referencing right now in the floor debate because when I hear the floor debate, the people who supported this bill are saying all we did was fix a few problems with our health care system that we all agree on. But in reality, this is a bill that costs $2.6 trillion, $500 billion in new taxes on business and on individuals, and it cuts $500 billion out of Medicare, a program that isn't working to the maximum extent possible. It is certainly not considered the most efficient program. Now we are putting $500 billion out for a new government entitlement program that puts the Federal Government between patients and their doctors.

Here are a few of the provisions that are in the 2,000 pages of the health reform law. First, if you don't buy government-approved health insurance for you and your family, the health reform bill says you must pay a new tax. That is the individual tax.

If you own a business and don't buy government-approved health insurance, which is going to have a formula and a requirement for how much businesses have to pay and what has to be in it, then you must pay a new tax. If business owners want to grow their employees over the 50 mark where it kicks in for businesses, then there will be costly new Federal regulations with which they will have to comply.

So here we are in an era where unemployment is at all-time highs, and we are putting a cap on employees for businesses that are going to incur huge expenses if they go over 50. So if an employer is in the 40-to-45 range, they are looking very carefully at not going above 50. Is that really what our economy needs right now? I don't think so.

What we want is to encourage businesses to hire. That is what every one of us in this body should want, and we should be passing laws that would ensure that businesses have the freedom to hire, not a stifling effect on that kind of effort. We need to get the government off the backs of our job creators and not put up miles of redtape and more bureaucracy and more regulations and more taxes and fees that would curb the ability to hire and still make a profit.

Next, it was said during the health care reform debate that if you like your current health plan, you will be able to keep it. But everything that has happened since the bill passed says you can't keep it because even the administration is now admitting that when it issued the rules that employers now have to follow when deciding what health care plan it will offer, that because of health reform, by 2013 as many as 80 percent of small businesses will no longer offer the same health care plans they offer today.

Families who rely on their health savings accounts or flexible spending accounts, which have been a wonderful boon for families to be able to put money aside before taxes to be able to use on the health care expenses they have that are not covered by insurance, that is being used by more and more people—in the millions. But in the health care reform bill there is now a restriction, a cap, on how much you can put aside, and you have to have a prescription drug to be able to pay for it with your pretax dollars. You can no longer buy a bottle of Tylenol or aspirin off the counter and have your health savings account help you pay for that. So here we are.

The Presiding Officer and I have children. Are we going to stop and call the doctor or run and get a prescription if we have a health savings account to buy aspirin or Tylenol? That is not helpful.

Why would we put a restriction on what people can set aside for their own health care costs? Why wouldn't we make it easier for them? Instead, the health care reform bill makes it harder to use those pretax dollars. There is no reason for it. I will have an amendment that will try to take the caps off and take the restrictions off so that people can provide for their health care out-of-pocket expenses with pretax dollars. That is the kind of incentive we need, not the opposite, which is in the health care reform bill.

If you are a woman under 50, whether you have access to routine mammograms is going to depend on a task force that was granted new and unchecked powers by the health care reform bill. The same task force that is going to have that power has already given the indication that mammograms under the age of 50 are not necessary to be covered. The women of the Senate stood firm years ago when the Clinton administration was trying to pass a health care reform bill to say we are absolutely not going to stand in the way of a woman and her doctor, knowing her history and her family, from having a mammogram whenever it is needed. There is not one person in this body who doesn't have a friend or a relative who has had breast cancer before the age of 50 and probably before the age of 40. So that is in the health care reform bill, and it needs to come out.

This week, another Federal court announced that the Federal Government could not force individual Americans to purchase a private product—even health care. The judge in the most recent case in Florida said when Congress passed health reform it exceeded its constitutional power and, therefore, the court voided the entire law. This is the second court that has found the health reform bill unconstitutional.

Now, this lawsuit is going through the judicial process. Yet even though it is being appealed by the Obama administration, it will most likely go to the Supreme Court of America. We shouldn't have to wait for the Supreme Court to rule that this law is unconstitutional. We shouldn't have to wait for them to reassure the American people that Congress most certainly shouldn't be regulating anything and everything just because the Federal Government says so. We don't have to spend millions more in taxpayer dollars implementing a bill that ultimately could be struck down by the highest Court in the land.

The Senate has the opportunity, and I believe the responsibility, to say: Moratorium. Let's wait until the Supreme Court has ruled on this enormous bill and the enormous cost that is being incurred for implementation right now. Let's wait. Let's repeal this bill now and start all over so we do not have to spend taxpayer dollars that we know are being borrowed to implement a bill that may be unconstitutional, and we have now had two Federal courts that have said so. Why not repeal and support this amendment? Some of what is in the bill could be reenacted because it is good, but some of the things I have just talked about should be repealed immediately.

Most certainly we could repeal items such as the 1099 which will be another amendment we can vote on. That 1099 form is the biggest thing I hear about from my small businesses in this country, and certainly those in Texas have said: What are you all doing up there? Well, of course, I am happy to say I didn't support this bill. But these are the kinds of things we can repeal today and start all over. We can take the good parts of the Obama health care. Let's do away with the bad parts instead of spending millions of dollars to make a mom have to get a prescription from a doctor to get Tylenol with her health savings account.

The American people have made their opinion on this bill known loudly and clearly. They spoke at the ballot box: Enough is enough. That is what the voters said. Enough deficit spending; enough government intrusion into our businesses, our families, our lives, and our health care decisions. The people of America support the repeal of this bill, and they will work with us to substitute responsible health care reform that will allow them to have health savings accounts to provide for the costs not covered, that will give them affordable coverage which we all want to have, but not with the government prescription, not with a government task force that can tell a woman that she doesn't need a mammogram before the age of 50. We don't need a task force to tell us that. We need the doctor who is looking at this patient and her family history.

Those are the things that need to come out right now. Repeal and replace. That is what this Senate could do, and we can move forward on a bill that we can get a bipartisan consensus to pass that I think would show the American people we heard what they said. We know we can do better, and it is our responsibility to do so.

Thank you, Madam President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from West Virginia.

Mr. ROCKEFELLER. Madam President, I ask if the Senator from the State of Washington would grant me 30 seconds to say one thing.

Mrs. MURRAY. Of course, I will.

Mr. ROCKEFELLER. Madam President, yesterday Senator HUTCHISON raised a very good point about slots. Slots are kind of the hidden problem in the FAA bill. What I think I would like to put forward—and I wish she were here to hear me—is that I recognize the majority of the population growth in this country, and, therefore, the need for more flights, is in the West. It is not in the East. That is extremely important. We deny it, but a lot of people are east coast centric, and we have to learn how to be equally west coast centric.

So one of the things that occurs to me is that maybe we are thinking too much about airlines and not enough about the people who take those airlines to go to various places in the West.

It cannot stand that Los Angeles has a flight a day to DC. It cannot stand. They need at least four or five. They can bear that traffic.

I want to lay before the Congress—and the Senator from Texas made this point yesterday and I totally agree with her—the growth of population in this country and the need for air flights, yes, is in the East but it is more now in the West. As we go through this bill and come to the matter of slots, it is important we keep that in mind and that we think about the public flying as individuals, not necessarily is it United, is it USAir, is it American, is it whatever. It is the question, Can we get them to where they want to go.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Texas.

Mrs. HUTCHISON. Madam President, will the Senator from Washington allow me to make a couple minutes response to the Senator from West Virginia?

Mrs. MURRAY. I will.

Mrs. HUTCHISON. Madam President, I appreciate so much what the chairman has just said. That is a major statement because what he says is true. There is one flight from Washington National to California. That is all we have, one direct flight. That is not fair. It is not fair to the people in the West, certainly in the largest State in population in America—California.

I hope what he has said will lead us to a table to negotiate this issue so we can be fair to the entire western half of the United States, so that we are also taking into account the people who live in and around the Washington metropolitan area, which is what I think the Western Senators have tried to do. But let's talk about it, let's get something on the floor, let's negotiate this because with that, this is a bill that, with a few tweaks perhaps, ought to pass for the right reasons for our country and for the traveling public.

I thank the chairman for his leadership, and I thank Senator MURRAY.

The ACTING PRESIDENT pro tempore. The Senator from Washington.

Mrs. MURRAY. Madam President, we are here today to debate the FAA reauthorization bill, very important legislation. It will create thousands of jobs and put in place the infrastructure for us to make sure we are competitive in the future.

It is disheartening to me that this bill has now been hijacked by a political debate, an amendment to repeal health care reform. Not every bill has to become political. Unfortunately, that is what we have today because we have an offer of an amendment to repeal health care reform. Let me speak to that amendment.

Last year, I watched as President Obama signed health care reform into law with a young man by the name of Marcelas Owens. He stood just a few feet away from the President. I met Marcelas a few months earlier at a rally in Seattle, and he told me a story that stayed with me throughout the health care debate. I want to mention it again.

Marcelas, a little boy, came up to me at this health care rally. He leaned in close to me and he said he wanted to tell me about his mom named Tifanny. She was a single mom, working hard. She got sick and lost her job. Because she lost her job, she lost her health care. Because she lost her health care, she lost her life. Little Marcelas looked up at me and said: Please don't let this happen to any other little boy. Please pass health care.

I was proud when that health care reform law was passed and is now working to make sure Marcelas and thousands of other little kids do not get into that terrible situation through which he has lived.

He was not alone. I heard from thousands of people from my home State of Washington who were demanding reform to the system we have. I heard from small business owners who wanted to cover their employees but they could not continue to do it because of the skyrocketing premiums. I heard from moms and dads who wanted to cover their children but they were getting rejected because their son or daughter had a preexisting condition. I heard from seniors who were desperate because they had fallen into the doughnut hole. They did not know how they were going to afford the drugs they needed to take so that they could have dignity of life in their senior years.

I heard from men and women in every part of my State, some barely holding on to their health insurance and a lot with no coverage at all. Each one of their stories had a common thread: The health care system we have in this country did not work for them. It failed their families one way or another, and they wanted it to change.

That is why I fought so hard with so many of my colleagues to reform that broken health insurance system, to fight for our families who needed help and were desperate and to level the playing field for people who needed a little bit of support.

We got that done for our families, and we can never go back. We cannot go back to a time when millions of Americans stayed up at night worrying about what would happen to them and their families if they lost their job and their health insurance; when insurance companies put unreasonable and unfair lifetime caps on coverage for our families; when women were not able to get equal access to coverage; when small businesses could not afford health care; and when so many seniors who could not afford it had to pay the full cost of expensive medications. We cannot go back to that situation.

My question for Republicans today is, why would they want us to?

The changes we made require insurance companies to cover preventive services with little or no cost sharing on the part of patients. It gives families access to new streamlined assistance to help them appeal services they have been denied or not covered adequately, something so many families got lost in prior to passage of this legislation.

It helps anyone who has ever been buried under a blizzard of forms from their insurance company and denials for coverage they need to have. It helps our small businesses to afford care for themselves and their employees who are now getting a tax deduction. As they fill out their forms, they say: I did not know this was in the health care bill. And we are going to vote to take that away?

I ask, why do Republicans want to take away the benefits as part of the business of the Senate as we just get started to get our economy back on track?

In my home State of Washington, the Republicans' plan would mean nearly 900,000 seniors who have Medicare coverage will be forced now to pay more for regular checkups and important preventive services. It would mean they will lose out on the 50-percent discounts on some of their prescription drugs. And it would mean that insurance companies would no longer be required to allow young people to stay on their policies until they are 26 and that, by the way, is going to be especially harmful now when so many of those young people today are having trouble finding a job.

Our families are depending on the changes we made within this health care reform law. It is why I supported reforming our health care system. It is why I fought so hard for so long to make sure it worked for our families and small business owners. And it is why I am going to keep fighting to make sure we do not go back to the way things were, that we continue to make progress and do this right.

I am happy to work with anyone—Democrat or Republican—to improve

this law, but I will do everything I can to fight a full repeal that will devastate our families and small business owners across America. I urge my colleagues to vote no against this full repeal of health care reform.

One final point. We hear so many people talking about the deficit today and how important it is that we get our hands around the budget and our budget deficit. It is astonishing to me that this first amendment brought by the Republicans will cost our Federal Government $1.5 trillion and put us deeper into a deficit hole.

Progress is important. Getting our families back on track is important. Making sure that our economy is moving within the FAA bill we are talking about on the floor is important. And it is important that we continue to make sure the health care reform insurance system we put in place works for our families. That is what I will be voting on later today.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arizona.

Mr. KYL. Madam President, yesterday I spoke on one of the reasons for the repeal of this legislation; that is to say, the support for the amendment to repeal the health care legislation that is pending before us. Today I wish to speak about a couple other reasons to support that amendment.

One of the things that was said in the campaign to pass the health care bill was that those who liked their current health care would be able to keep it. But as we know now and as we pointed out prior to the bill's passage, provisions in the law would cause many Americans and will cause many Americans to lose their coverage. That is why the administration is now giving out waivers for some of the bill's most burdensome provisions.

I wish to speak for a moment about these waivers the administration has granted and the problems that the waivers reveal with the bill as a whole.

So far, the administration has granted 729 waivers. All of these are temporary. They protect companies and labor unions from one of the bill's most onerous mandates—the phasing out of annual caps on costs paid by insurers. Another four waivers were granted to States applying on behalf of insurers. According to the administration, waivers may be granted if the applicant can show that a ''large increase in premiums'' or a ''significant decrease in access to coverage'' would occur absent a waiver.

So far, the waivers cover 2,283,106 people. That is more than 2 million people whom the administration has had to protect from its own bill.

All of these waivers were granted to limited benefit plans, or so-called mini-med plans. About 1.4 million Americans have these mini-med plans, including many part-time employees who work in the restaurant and retail industries. These plans are low cost and usually have an annual cap on costs the insurer would pay out.

Under the Obama plan, these plans would be outlawed. A phaseout on annual caps begins this year. Starting this year, plans cannot impose an annual limit of less than $750,000. That threshold gets progressively higher, until 2014 when ObamaCare will prohibit annual caps altogether.

What this does, of course, is create an incentive for employers who currently offer mini-med plans below the $750,000 threshold to drop their coverage completely until the employer mandate and penalties become effective in 2014. They can either comply with the requirements of the health care law or pay a fine for each employee.

The employees caught in this mess who currently have coverage through mini-med plans will have to hope in the meantime that their employer can get a waiver; otherwise, those employees will have to wait until 2014 and buy a government-approved policy from the new insurance exchanges or hope that their employer is in compliance with the many employer requirements in the bill.

McDonald's, for example, which offers mini-med plans to many of its employees, received a 1-year waiver. The company warned that absent a waiver, 30,000 employees could lose their current coverage and would be left ''without an affordable, comparably designed alternative until 2014.''

It is not clear what will happen when the 1-year waiver expires. That is another part of the problem. The waivers are often given on the condition that the recipient brings itself into compliance during the waiver period. Whether the waiver renewals are available is unclear. As with many other provisions of ObamaCare, the uncertainty for businesses surrounding annual cap waivers is immense.

While the waivers are welcomed by those who benefit, they represent a poor way to run the government or health care. When the government picks which entities will have to abide by the law and which ones will not, it is literally picking winners and losers. That is not the recipe for objective or wise policymaking. It is called discrimination.

I will note that a large number of these waivers were being given to the administration's political allies. Unions, for example, many of which praised the bill's passage, are a major beneficiary. Of the 733 waivers granted, 182 went to unions. That is a quarter of all the waivers, even though unionized workers make up only 7 percent of the private workforce.

Many of the unions applying for waivers are the very same that were full of praise upon passage of ObamaCare. In its press release praising passage of the bill, the Service Employees International Union gushed that ''it is a new day.'' About 6 months later, Local 25 SEIU applied for a waiver from the annual limits limitation for 31,000 of its members. It was granted 2 weeks later. Apparently, it is a new day—just not for 31,000 SEIU members.

Similarly, when the bill was enacted, the American Federation of Teachers referred to it as an occasion where ''morality trumped greed.''

Six months later, its New York City affiliate obtained a waiver affecting 351,000 individuals.

In the recent column in Forbes magazine, law professor Richard Epstein explains the dangers of administrative discretion related to waivers and how the waiver process can undermine the rule of law:

> Waivers are by definition an exercise of administrative discretion that benefits the party who receives its special dispensation. Nothing in Obamacare explains who should receive these waivers or why. The dangers from this uncertainty are enormous. . . . Without major steps to overhaul or repeal Obamacare, government by waiver will become standard operating procedure to the detriment of us all.

This is a bill that was written behind closed doors, creates a huge uncertainty and problems for job-creating businesses and their employees, and now waivers are being dispensed by the administration to protect almost 2.3 million people from the very law it fought so hard to get passed.

These developments are yet more confirmation that the law is deeply flawed and one more reason why it should be repealed in its entirety.

The second issue I would like to speak to is the fact that under this law, there are substantial increased costs, but they are being masked by the way the bill has been written, and the calculations, therefore, some have suggested, would actually result in a savings of $230 billion. This is only plausible if you believe the way this bill was written was an honest way of stating its costs. It is not that the CBO has done anything wrong in its calculations, it is that it was told how to calculate certain things. The bill's authors said: Never mind what the reality or truth is, here is how you will calculate the cost of it. The CBO, as a functionary, did exactly that to come up with a number.

But former CBO Director Douglas Holtz-Eakin recently cowrote an article, along with Joseph Antos and James Capretta, explaining that the bill's purported deficit reduction is based on ''budget gimmicks, deceptive accounting, and implausible assumptions used to create the false impression of fiscal discipline.'' The fact is, repeal will not add to the deficit. The bill itself is the budget buster, not repeal.

I am in favor of full repeal of the so-called Affordable Care Act. There are many problems with this bill and many reasons to support repeal. Today, I want to talk about cost.

A central talking point from the bill's supporters has been that the bill, intended to cover 32 million Americans, will reduce the deficit by about $230 billion, according to the Congressional Budget Office. Therefore, repeal

will increase the deficit by the same amount.

Maybe this sounds plausible—but only until you study these numbers more closely. Only in Washington could the ''cost'' of repealing a massive entitlement program add to the deficit.

This is not because of anything the Congressional Budget Office did wrong. Remember, when the Congressional Budget Office calculates these estimates, it is required to accept every assumption it is given, however unrealistic such assumptions are. That's how the authors of ObamaCare got CBO to produce such a favorable number.

Indeed, former Congressional Budget Office director Douglas Holtz-Eakin recently cowrote an article, along with Joseph Antos and James Capretta, explaining that the bill's purported deficit reduction is based on ''budget gimmicks, deceptive accounting, and implausible assumptions used to create the false impression of fiscal discipline,'' and that repeal will not, in fact, add to the deficit. The bill itself is the real budget buster. Not repeal.

Let me walk through the false assumptions and gimmicks Holtz-Eakin and his co-authors describe.

First, as Republicans pointed out again and again before the bill's passage, the bill's original $938 billion pricetag does not reflect the true 10-year cost. That estimate was generated using 10 years of taxes to pay for 6 years of subsidies. Remember, while the taxes begin this year, the subsidies don't kick in until 2014. So, the 10-year cost of the bill's full implementation is actually about $2.3 trillion.

Second, there is an additional entitlement program within this new entitlement: the so-called CLASS Act, a new, government-run, government-funded program for long-term care, intended to compete with long-term care plans provided by private insurers.

Participants would pay into the system for 5 years before they start collecting benefits. So, for at least the first 5 years, the program would generate surplus receipts for the government. But eventually, outflows would exceed receipts. This is why the chairman of the Senate Budget Committee referred to the CLASS Act as ''a Ponzi scheme, the kind of thing that Bernie Madoff would have been proud of.''

This is a bailout waiting to happen. As Holtz-Eakin, Antos, and Capretta write, ''CLASS Act hitched a ride on the Affordable Care Act for one reason only: Premiums are collected in the first 10 years, but no benefits are provided. Voila, it creates the perception of a $70 billion deficit reduction. . . . Only in Washington could the creation of a reckless entitlement program be used as an 'offset' to grease the way for another entitlement program.''

Third, is the illusory savings from cuts made to Medicare's health-care providers, which would bring payments below those made to Medicaid providers. We know that the network of doctors and hospitals willing to see Medicaid patients is constrained in part because of low reimbursement rates.

Accordingly, about 15 percent of America's hospitals and physicians would have to stop seeing Medicare patients to help curtail their losses, although the bill assumes that seniors would not see any change in their care. Holtz-Eakin, Antos, and Capretta write, ''The idea that Medicare could pay less than Medicaid is such sheer folly that Congress will rapidly reverse course. The truth is these cuts cannot be relied upon for anything.''

In addition, the bill double counts these so-called Medicare ''savings,'' claiming that they can both shore up Medicare's solvency and help pay for ObamaCare.

Fourth, ''a central CBO assumption'' about how many Americans will get federal health care subsidies ''could be disastrously off the mark.''

Today, about 111 million Americans are eligible for subsidies through the new insurance ''exchanges'' if they don't have an employer-based plan. But the bill assumes that only 19 million would receive these subsidies. This assumption fails to take into account the incentive the bill creates for certain employees to find their way onto the exchanges, rather than accept coverage from their employers, if offered. As the authors note, ''the new subsidies are so generous that low- and moderate-income workers come out way ahead if they get paid in cash, not benefits, and move to the new entitlement.''

If only the 35 million lowest paid workers jump onto the new entitlement, Federal spending will rise by another $1 trillion in the first decade alone.

So, those are four reasons that the purported cost estimates for this bill are simply wrong or misguided. It's clear that the claims that the bill will reduce the deficit, or else increase it upon repeal, do not hold up upon close inspection. Repeal is not a threat to the budget; to the contrary. The real budgetary threat is ObamaCare itself.

For these reasons, and many others, I support full repeal of this bill.

Again, there were four basic false assumptions that were built into the legislation in the way it was drafted, which theoretically demonstrate a savings of money through the adoption of the legislation, as the authors point out, but which actually result in not a savings but an increase in the Federal budget deficit.

One of these has to do with the fact that taxes are collected for 10 years, but costs only accrue over 6 years. Obviously, you are going to get some money that way. But after that first 6 years, you have to count the costs as well as the revenue taken in.

Another is the inclusion of the so-called CLASS Act, which has been described by some as a Ponzi scheme—actually, by the chairman of the Senate Budget Committee—because it collects all the money upfront and doesn't pay out any benefits. Once you have to pay out benefits, there will be a cost. That is a way to show that you are taking in money and you are not spending it. But it is a dishonest way to write the bill.

Third, the way the cost of Medicare was calculated. The $500 billion savings is not a savings at all but rather goes to pay for other parts of the bill. It doesn't help Medicare at all. It only works if, as the Congressional Budget Office said, Congress actually follows up with the cuts to hospitals and physicians, which nobody believes Congress would have the courage to do.

Finally, there are the subsidies and exchanges calculations, which, as I pointed out in these comments, are woefully understated, as a result of which it is likely we will have a significant budget deficit rather than a savings as a result of this legislation.

In fact, repeal of the bill is going to save taxpayers money. The legislation is what costs money. Think about this: How can you cover an additional 30 million people—or however many will be covered by this—without increasing costs? It can't be done. It would not be done under this legislation. In addition to the reason I talked about yesterday—the cost of Medicaid to the States—and the two points here today and the fact that these waivers are being granted in a discriminatory way only demonstrates that the underlying bill is not a good idea and that the cost calculations are way off.

I hope my colleagues will take this opportunity to follow the advice of the American people and vote to repeal ObamaCare.

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

Mr. BAUCUS. Madam President, we, unfortunately, are in a period where we are going to be redebating health care reform. We had long debates on health care reform in the last couple years. I cannot think of legislation that has occupied so much time in this body, as well as the other body. But, regrettably, we are going to redebate health care reform, even though legislation was passed last year, and even though the legislation was signed by the President. The law is enacted. Nevertheless, this body, regrettably, is going to spend, it looks like, a lot of time redebating health care reform. Why? Basically, because the other side of the aisle wants to do so—wants to not admit health care reform is the law of the land. It wants to repeal it.

The other side knows there are not sufficient votes to repeal health care reform. That is a well-known fact. The other side knows and those who have covered health care debate reform know the votes are not there. It is the law of the land, signed last year, and it will remain the law of the land.

So then, you might ask, if it is the law of the land today and if everybody knows Congress will not repeal health care reform, why in the world are we going to debate this for another who

knows how many weeks, months or maybe even years? To be honest, I think it is because the other side thinks—and I will pick the charitable explanation first. They don't like health care reform, for whatever reason, even though I strongly disagree with their reasons. But in addition to that, they think it is a political issue. They think they can score political points by mentioning points which, in the main, are not accurate but say them anyway, and they will say it over and over, and unless those points are refuted or those myths are busted, many of the American people will start to believe some of that stuff.

There is another reason, which is a bit regrettable, and that is because there have been lawsuits filed in Federal district courts around the country, alleging that the law is unconstitutional—the health care law. It looks like those decisions will eventually make their way up to the Supreme Court of the United States, and I expect the Supreme Court will not rule for, I don't know, maybe 1 year, which means we will further debate health care reform, waiting to see the outcome of the U.S. Supreme Court.

I heard one that I think is a very ill-advised argument a few minutes ago, which is that because the Supreme Court has not yet decided on the constitutionality of health care reform, we should, in effect, pass a moratorium. We should forget the provisions of the law because we don't know how the Court will rule.

That is one of the most specious and inadvisable arguments I have heard in a long time. That, in effect, means that whenever any law is passed and there is a lawsuit filed, that law is invalid because the suit is filed. If we are to follow that line of reasoning, then anytime we enact a law, anybody who doesn't like it could rush off and file a lawsuit, and that would mean we don't follow the law. I think the better course, by far, is to assume the law is the law of the land, until it is overturned on a statutory basis or a constitutional basis. That is the way we should operate.

The Senator who suggested, about one-half hour ago, that we should enact a moratorium, in effect, I think should rethink her position. If she wants that to be the precedent, I think she would recognize that pretty soon the country could not function because anybody could file a lawsuit on maybe something passed 10 years ago. They could say: I don't like that law, so I will file a lawsuit. Following the Senator's line of reasoning, we can't enforce that law because somebody doesn't like it. That makes no sense.

One of the myths that has been discussed many times, and as was said by the previous speaker in his argument for repeal of health care reform, is that repeal will save money. He thinks the health care bill adds to the deficit.

You and I have been around here long enough, Madam President. We have lived long enough to know that anybody can come up with any set of figures or statistics that he or she wants. That is a fact of life. So if somebody asserts this and that, I think it is wise to see what that person's authority is. Who says that? Where does that come from? Who verifies or validates that? We well know there is one organization that has studied health care reform and has concluded that health care reform saves, I think, about $240 billion; it reduces the deficit by $240 billion in the first 10 years, and it reduces the deficit by north of $1 trillion in the next 10 years. That is the Congressional Budget Office.

The CBO, I remind my colleagues—and for anybody listening—is a nonpartisan, professional organization that analyzes legislation for both Republicans and Democrats for the House and the Senate. They are a very professional outfit. They work very hard. No one has ever even hinted that this outfit, the Congressional Budget Office, is unprofessional or that it has a partisan bias. Nobody has suggested that. Everybody knows they work very hard and do the best they can, under difficult circumstances—I say ''difficult'' because it is difficult to predict the future, to know exactly how any request they are given will actually score. It is a complicated process. You have to build models. It takes a long time to build a model and to know what goes into the model.

I wish to make it very clear to anybody listening that repeal of the health care law will actually increase the deficit by about $240 billion over 10 years and increase the deficit by over $1 trillion in the next 10 years. That is what the CBO says. That is the organization that all Members of Congress must live by. Different Members of Congress might have different points of view. They may belong to some different organization—very liberal or very conservative—that has an ax to grind, and they can come up with some other figure. But they usually have an ax to grind, a bias they want to perpetuate.

The one arbiter in the middle, which is professional, the one organization nobody has ever accused of being partisan or unprofessional is the CBO. They conclude, again—and they have written letters to us in the Congress—that repeal would essentially add about $¼ billion to the deficit over 10 years. It would add; that is what repeal would do. It will add to the deficit over $1 trillion in the next 10 years.

That should end the argument right there because it is the one neutral professional organization that has looked at this. Other organizations can have their points of view, but the one that is professional, the CBO, has ruled, and we have to go by those numbers anyway in passing legislation here. That should be the end of the argument. That has been settled. That is what the effect of repeal would be. That is it, as anybody knows when he or she is spouting off numbers that are not the CBO's but some other organization—I don't know which—maybe Heritage or some other organization. First of all, they are not neutral. They are not unbiased. Second, we can't go by those numbers anyway under the rules of the Senate. So it is kind of silly, frankly. They may be scare tactics. That is one of the scare tactics used on this floor to try to score political points, but it is inaccurate. It is just plain simply inaccurate.

Now, a couple of other points. What do we spend on health care in America today all together? We spend about $2½ trillion a year on health care, we Americans do. About half of that is public—that is Medicare, Medicaid, children's health insurance—and about half of that is private—the commercial insurance industry. That is the American way. That was the division before health care reform was enacted.

What is the division after health care reform was enacted? It is about the same. It is about 50–50. So this is no government takeover. This is no government takeover. It is still about the same. Maybe it is a percentage point or so different, I don't know, but it basically is the same. There is no government takeover. Half of it is still private commercial insurance, as it always has been.

Also, in America we spend much more per person on health care than the next most expensive country. I don't know the exact number. I think it is 50 percent, 60 percent more per person on health care than the next most expensive country, but we are not 50 percent to 60 percent more healthy per person than the next most expensive country.

In fact, all the international health care data ranked us pretty low. We are not No. 1; we are not No. 2 in health care. We are way down there. I have seen statistics—I haven't looked at it recently—that show us being maybe 14th and 20th in terms of health. Our infant mortality rate is much higher than many countries. Our death rate is higher than many countries. I don't know about our diabetes rate, but I expect that is high compared to other countries, and maybe cardiac and other chronic care is high compared to other countries. But we are not No. 1 in terms of health care. We are No. 1 in per capita cost of health care.

So I would think we should begin to reduce the rate of growth of health care expenditures in our country, and that is what this legislation does. It starts to reduce the rate of growth of health care costs in this country. That is probably why the Congressional Budget Office reaches the conclusion that it actually reduces the deficit by $¼ trillion over 10. It is probably why the Congressional Budget Office says it reduces the deficit over $1 trillion over the next 10 years. And it is probably also why the Congressional Budget Office says that compared with prior law, I think it is 90 percent of Americans' premiums will be lower—90 percent of people's premiums will be lower.

Again, that is the Congressional Budget Office. That is a neutral organization. They do the best they can. They are professionals. Some Members of Congress criticize them because they do not come to the conclusions they like. Other Members of Congress criticize the CBO because the CBO doesn't come up with the conclusions they like. It is tough what they do, but they have always been praised for doing the best job they can, and they have never been criticized for any partisanship or unprofessionalism. They are a very good outfit.

I have had my problems with the head of CBO, Mr. Elmendorf. I have talked to him many times on the phone. Most of the time it is saying: Can't you get your numbers to us more quickly? Why does it take so long?

He does his best. He is very professional. He says: Senator, I am just doing the best I can. And I know he is, but still I am a little frustrated, but I know he is, and I think he does a pretty decent job.

Now, you might ask: Why are American health care costs so high? Why is that? Why are American health care costs so high? Well, there are a lot of reasons for that. Essentially, it is waste. It comes down to waste. There is a lot of waste in the American system, and this legislation, among other things, is designed to root out a lot of the waste.

What is some of the waste? I am not going to go into great detail, but I am struck with an article written by Dr. Guandi on June 1, 2009, in the New Yorker magazine comparing El Paso, TX, with McCallum, TX. What conclusion did he reach? This is an article that many in the health care industry cite because most people think this fellow got the nub of the issue right.

Health care costs in El Paso are about half per person as compared to health care costs in McCallum, TX. They are both border towns so it has been adjusted for immigration and so forth. The outcomes in El Paso are higher. People do better in El Paso than they do in McCallum, TX.

Why, one might ask. The basic conclusion of this article is that it is because of the way we in America reimburse doctors and hospitals and providers. It is a way which allows a culture in a community to spend a lot of dollars on health care, if it wants to, and it is a way it allows a culture in a community to spend fewer dollars and focus more on a patient, if it wants to. That is the culture of a community. That is because we pay providers in America; that is, doctors, hospitals, the pharmaceutical companies, medical equipment manufacturers, and so forth, on the basis of quantity and volume, not on the basis of quality.

So there is a bias in the system. Doctors want to do the right thing, but there is a bias for a doctor to order an extra procedure. There is a bias to order an extra drug for this or that. There is a bias to get this new equipment, and I might say, too, though it is awfully technical, but when we reimburse hospitals there is something called DRGs, the DRG purp, and it is according to procedure in a hospital, but it does not include the medical equipment. So there is no real fix on what is the cost of that medical equipment. So the medical equipment manufacturers can charge virtually what they want, and they charge a lot.

We have read lots of stories about how you can go to Walmart and get the same little small whatever it is for about one-tenth of the cost that a hospital is going to charge, and it is because the providers are purchasing through DRGs. That is an example of a lot of the waste that occurs in the system.

Let me give another example. I think there are excessive procedures in America. You can do a lot with anecdotes, but this is one that I think gives some indication of one of the problems we face in America.

I know a doctor, he is a neurosurgeon, and a very reputable, very good one. He said to me: MAX, you know, there is another neurosurgeon group that wanted me to join their practice. So I went to talk to them. We talked a while. I have my own practice, and they have their practice. After a while, the negotiations kind of cooled a little bit. Why? It turned out the group who was seeking to have my friend join them did an audit on my friend's neurosurgical practice, and it was that audit which kind of cooled the ardor of the group having my friend join them. Why? Well, the group said: Our hit rate is 2 to 1, and your hit rate is only 20 to 1.

Those were the exact words they used—''hit rate.'' What does that mean? That means in the practice of the several neurosurgeons, for every two patients they see, they perform one procedure. They have a hit rate of 2 to 1. My friend's hit rate is 20 to 1. For every 20 patients he sees, he performs 1 procedure. Those doctors in that group love procedures. They want to do everything under the Sun. You have a back pain, it is an operation, a procedure, and all that; whereas, often you don't have to have the most expensive procedures.

But our system in America, because it compensates doctors and hospitals on the basis of volume and quantity, has a bias toward excessive procedures. That is one reason we have waste in America today. Nobody disputes that. It is one reason we have waste in America today.

Something else. There is something called the Atlas study by a guy named Jack Wennberg. This is from a few years ago. He looked at health care costs across the country, and what did he conclude? By the way, this study has not been refuted in any significant way over the years. He concluded basically—and I am exaggerating now—if a person lives, say, in a Wheat Belt State, say Montana, the Dakotas, or the Northern Plain States, that person's health care costs per person are roughly one-half of what they would be if that person were in a Sun Belt State—you know, Miami, Denver, Los Angeles, Phoenix, or Dallas. The outcomes in the Wheat Belt States versus the Sun Belt States are better. People have better outcomes; that is, they are cured better, faster than are people in the Sun Belt States where the cost is twice as much per person.

Well, you might ask, why is that? The reason is because, basically, it is supply driven; that is, in the South there are a lot more doctors per person. There are a lot more hospitals per person. People like to live in the South. They like the sunshine weather. When you have more doctors and more hospitals, that is supply driven, and that tends to push up costs because those doctors and those hospitals want to do things. They want to order procedures for their patients, to make them worthwhile, and that is what happens.

Now, most doctors around the country, including the South, are good doctors. They want to do the right thing. But I can tell you, I have run into individuals—one cataract surgeon, an ophthalmologist, told me—and I couldn't believe it because he was very upset—he was only getting paid $2 million a year. Basically, he had people come in and rotated people in his office to do more cataract procedures—more cataract—and he was upset that he was only getting paid $2 million a year.

So this health care bill is trying to address that basic problem, and it is called health care delivery reform. We are going to move slowly toward reimbursing doctors and hospitals a little more on the basis of quality as opposed to quantity. It is hard to measure quality. How do we measure quality? It is hard, very hard. But there are some provisions in this legislation—which have been criticized by people unfairly—designed to help both the doctor and the patient have a better idea of what the right procedure is and how to get the highest quality health care. That is what it is designed to do. There are lots of names for it—bundling, ACOs, and all kinds of things—but that is the whole purpose of it.

The key is this: It is not at all intended to tell the doctor or the patient what to do, as has been claimed. It is not that at all. Rather, it is just the opposite. It is to help the doctor and the hospital have better, more information so the doctor and the patient can decide for themselves what procedures should next be performed or not. It is more information to the patient, it is more information to the doctor so the patient and the doctor can make their own decision.

There are implications by some on the other side of the aisle that this legislation destroys or significantly undermines the doctor-patient relationship. There is not a whit of truth to that. It is just the opposite. It helps with information to the doctors and information to the patients so they are

in a lot better position to know what they should and should not do.

I have talked to a lot of doctors. They want to learn more. Right now, the drug rep comes into their office and pedals this drug, and the doctor wonders: Gee, is this the right drug? We are trying to get a little more objective source of information so that the doctor and the hospital and the patient have better information.

Let me go back to the earlier point. I mentioned that health care costs, according to the Dartmouth study, are much lower in the Northern High Plains States than the Southern States. The Congressional Budget Office—people don't like this because it is the Congressional Budget Office. People on one side of the aisle may not like it because it is the Congressional Budget Office. But they concluded that if the entire country's health care system were applied, nationwide, in the way that it is applied in Wheat Belt States; that is, Montana and other Northern High Plains States, the cost of health care in America would be reduced by 29 percent. Remember, the outcomes in the Wheat Belt States are better than are the outcomes in the Sun Belt States.

I said earlier that we spend $2.5 trillion on health care. Thirty percent of $2.5 trillion is a lot of money. What is that—north of $800 billion a year? I do not stand here to say we are going to save all that money, but I am saying that is some indication of some of the waste that occurs in the current system. Others will say there is waste because too many doctors have to practice defensive medicine. I do not deny that. I think too many docs do have to practice defensive medicine, and that has to be addressed. But that is waste. That, by and large, is waste. It must be addressed.

I know there are other Senators who wish to speak, but there are a couple of points I want to make.

Preexisting conditions is really a big deal. In my State of Montana, about 425,000 people have preexisting conditions. That is nearly half the population. That means that without health care reform, most of those 425,000 would not get quality health insurance. They would not get health insurance—certainly not quality health insurance. They may get it, but they will have to pay too much in premiums to get coverage.

This legislation moves us toward that day where a health insurance company cannot deny coverage based on preexisting conditions. We have already done it for kids. We have a pool for kids. In a couple of years, all Americans will be able to get quality health insurance. They will not be denied coverage based upon preexisting conditions.

What is the consequence today of denial based on preexisting conditions? Part of it is people do not have health insurance, but also it is this: In my State of Montana—this is true in all States—a lot of people go to the emergency room. They go to the doctor—they get hit by a truck or get cancer—and they don't have insurance. If you don't have insurance, what do you do? You go to the ER, that is what you do. You have a good ER doc, and he or she takes care of you, and you see another doc.

If you can't pay the hospital bill because you don't have insurance, what happens? You get the care. But the cost of the doc, the ER doc, and the other physicians and the drugs in the hospital—somebody has to pay for it. So who pays? All the rest of us who have health insurance, we pay. It is all transferred to the rest of us who pay. Our health care bills, our premiums, are higher today because of the people who do not have health insurance. It is called uncompensated care. In Montana, the bill is about $2,100 a year—the premium in Montana, $2,100, family health care premium in Montana, due to uncompensated care. If people had health insurance, if the whole country had health insurance, we would not have that cost transfer to the rest of us who have to pay for you.

Then you say: Gee, how do you get those other people to pay for health insurance? That is one of the questions that comes up in this bill. It is an honest question. This bill says two things. People must have health insurance. They can do two things. If they are poor, they can go to Medicaid. That is expanded a little bit. Then there are issues such as, that costs too much, aren't States having to pay big bills, and so forth. The answer is, there is no increase in bills to the States for 3 years. Then the match is reduced from 100 percent down a little bit—that is after several years—which is much higher in Federal dollars than it is for other Medicaid. We can have that discussion and figure out ways to help States legitimately needing help. But still it is more insurance for people because if they need health care, those bills are not passed on to the rest of us.

The other way is to give assistance to people who cannot afford health insurance. It is through a rebate in the Tax Code. That is where a lot of the money goes. But it is clear that some people who would have too much money to qualify for Medicaid but not enough to buy health insurance are going to need some assistance, so this legislation is designed to help those people get assistance, and the wealthier they are, the less assistance they get. Some say that is why this bill costs so much.

I think it is important to remind people here that according to the Congressional Budget Office—again, the neutral group that we trust. Nobody questions their integrity. It says this bill does not cost a thin dime. A lot of people like to say it is $1 trillion. It does cost $1 trillion, but it raises $1 trillion, so on that basis it doesn't cost anything. The dollars are raised because the rates we pay providers are cut back a little bit. There are also some fees on some of the providers. That is true. That is true. That is how this bill is paid for.

But let's remember, almost all those providers, all those people who are paying a little higher taxes, and all those groups whose reimbursement rate is a little lower favored the bill. They are in favor of it. You might ask, why in the world do they favor this bill? The answer is, because more people have insurance. If more people have insurance, their margins might drop a little, but their volume will increase. They can make money. They figure they are going to make money under health insurance reform. Hospitals, pharmaceutical, medical equipment manufacturers, most of the insurance industry, you name it, they think they can make some money.

I don't want to take too much of my colleagues' time here, although I do have one other point, and that is Medicare. It is stated on this floor: This hurts Medicare. It takes money out of Medicare. That is a red herring—a red herring in the sense that somebody says something that on the face of it is true, but it is irrelevant to the main point. It is true that reimbursement rates to providers is a little lower, but it is also true that this legislation extends the life of the Medicare trust fund by about 120 years. The trust fund under this legislation is extended. The life of the trust fund is extended by 12 years compared to what it would be before this law was enacted. Some people want to repeal that. They want to cut back the life of the Medicare trust fund.

What else do they want to cut back with repeal? Repeal gives many seniors—4 million Americans I think is the number—a drug benefit in the doughnut hole of $250 a year. In my State of Montana, it is 9,000 Montanans. After a period of time, that doughnut hole will be closed, so seniors will not have to pay for excessive costs on prescription drugs. Repeal would repeal that. Repeal would say: Oh, all you seniors, 4 million seniors, we are going to send you a $250 bill. We want you to pay $250, in effect, for drugs. We don't want you to get any break. That is what repeal does. I don't think Americans want health care reform repealed—certainly those 4 million seniors do not want it repealed.

I have a lot to say. I will finish up. All I ask is this. We are going to have this debate, regrettably, for about a year until the Supreme Court finally decides. I ask that we all stick with the facts. Stick with the facts and don't indulge in histrionics, scare tactics, and so forth. ''Just get the facts, ma'am,'' because facts generally control. You can't change facts. The fact is, what does CBO say? There are lots of facts here. I urge us to stick with the facts. We could argue what they mean, but let's stick with the facts. Let's not manufacture the facts. You can't manufacture facts and have a good-faith debate. I assume this is going to be a

good-faith debate, so let's stick with the facts.

I have one more small thing. A person once stood here years ago in the Senate—it was Mike Mansfield from Montana. He was majority leader in the Senate for 17 years. No other leader served for as many years as Mike Mansfield. I ran across a statement by him which he gave in 1989 to a bunch of wide-eyed students. I can't remember exactly what he said, but the main point of it is this—he was a very reasonable guy, revered in Montana—in all efforts to be constructive, you have to listen. Listen very well, very closely to the other person's point of view. He went on to say: You are not always right. They are not always wrong. The more you listen and the more they listen, you will see where you are not right and you will see where they are not wrong. You also see where you are right and they are wrong. But you have to listen to try to find that common ground where somebody is right and somebody is not right in an objective sense of the term and then use that information constructively and with knowledge and with good faith.

I ask all of us to do just that.

The PRESIDING OFFICER (Mr. FRANKEN). The Senator from South Carolina.

Mr. DEMINT. Mr. President, I ask unanimous consent that at the conclusion of my remarks, Senator JOHANNS be allowed to speak.

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

Mr. DEMINT. Mr. President, I think any American who heard the explanation of what ObamaCare does for Americans will realize that the complexity of the health care system, the importance of the patient-physician relationship cannot be managed from the Federal level. I had difficulty really determining exactly what was being said there.

I do want to talk about health care, but before I do, I need to make a couple of comments about the FAA perimeter rule that is part of the discussion to which the health care amendment will be attached.

The perimeter rule is an antiquated policy adopted in the 1960s that prohibits aircraft flying in and out of Reagan National originating or departing anywhere beyond an arbitrary 1,250-mile limit. Congress imposed this limitation five decades ago in an attempt to help the Dulles Airport in Virginia when it was first being opened. The rationale was that the best way to ensure growth at Dulles was to limit the growth at National Airport, and so, by federal fiat, a short-haul airport was created at National and a long-haul airport created at Dulles. At the time, Congress assumed government could create an efficient aviation system and the government would best decide prices, routes, and schedules.

The perimeter rule is outdated today. Americans out West want to fly directly into downtown DC. Travelers from downtown DC do not want to go to Dulles to fly to the west coast. The government needs to do away with the perimeter rule, just as it did with the regulation of the aviation system long ago.

Dulles is now an international airport and can easily compete with National or any other airport in the country. The Federal transportation policy should be based on competition and consumer need, but the existing perimeter rule is denying consumers choice in air travel and frustrating market forces that could accommodate these consumers.

Consumer choices in the markets should govern the schedule and flights out of Reagan National, not the Federal Government.

This week, President Obama gave a speech about health care—or actually I guess it was last week now. The speech was at a fancy hotel here in Washington. He told jokes to make everyone laugh and sad stories to endear his audience further to his cause.

The President said, as he has many times before, his law will lower the cost of health care. President Obama knows how to give a good speech. He also knows how to tell it like it isn't. While President Obama was busy selling his policies on the stump, others were busy analyzing the real effects of his health care law. It is not limiting cost.

We have heard some of the figures given by the Democrats here from the Congressional Budget Office. But we have to expose that they are playing with numbers. If you tell the Congressional Budget Office to take $500 billion from Medicare, which is already bankrupt and cannot pay doctors to see patients, you take $500 billion and call that ''savings'' that are created by ObamaCare, that is part of where they get their money. The other part is to raise taxes on a lot of health care products and services and call that new revenue creating by ObamaCare.

Any thinking American knows you cannot create a trillion-dollar new health care entitlement and it actually saves us money. When the Congressional Budget Office looks at our whole health care spending at the Federal level, it tells us, without all of those funny assumptions, that the Federal spending on health care is going to double over the next 10 years. That is not saving us money.

This is the same office that found, without these funny assumptions, that ObamaCare would cause premiums to rise an average of $2,100 per year for families in the individual market. That is telling it like it is.

It was not that long ago that some of the country's largest insurance carriers sent a letter to their enrollees warning them that ObamaCare was going to drive up the cost of premiums. They told it like it is. The Obama administration did not want this information to get out. So the Department of Health and Human Services sent a letter back to the insurance carriers saying their claims were not true, and HHS would have zero tolerance for this type of misinformation. They want to keep on telling it like it isn't.

Richard Foster, the Chief Actuary for Medicare, an independent economic expert, recently testified before the House Budget Committee. He was asked if it was true or false that Obama's health care bill would lower cost. A true-or-false question. He said: I would say false more than true. He told it like it is. False more than true is a very polite way of saying no, it will not lower health care costs. That claim is false.

President Obama also promised that if you would like to keep your health care plan, you can keep it. Richard Foster was also asked if those who liked their health care plans would be able to keep their coverage. He said: Not true in all cases.

It certainly is not true if you live in one of the 34 States where health insurance insurers stop selling child-only policies. It is not true if you live in Colorado and have Aetna Insurance. Politico reported Monday evening that the health insurance carrier was pulling out of the individual markets. Many Americans will lose their health plans with ObamaCare.

But you can keep your health care plan if your union or company got one of the 733 ObamaCare waivers so far. The waivers cover almost 2.2 million people. You can get your health care or you can keep it if you are a member of the six chapters of the Service Employees International Union which got waivers, and whose political action committee spent more than $27 million helping Barack Obama get elected, or if you are one of the 8,000 members of the United Food and Commercial Workers Union that got waivers. Their PAC has spent millions helping Barack Obama and Democrats get elected.

These are the unions that supported cramming ObamaCare down the throats of the rest of America. Even though labor unions represent less than 7 percent of the private workforce, they have received 40 percent of the waivers. They do not want the health care they want other Americans to have to accept. Most Americans do not play these political games. They do not have lobbyists and PACs. But I think they should all get a waiver too.

I think we should name this repeal bill that we will vote on today the Great American Waiver. Every Republican in the Senate is committed to repealing this bill. Every American gets a waiver when we repeal this bill. Soon, we will have a vote to repeal ObamaCare here in the Senate. I strongly urge my colleagues to follow the House in repealing it and returning it to the sender in the White House.

I am aware the President currently in the White House might want to veto our repeal. There is, however, going to be a Presidential election in 2012, and this health care bill, this health care

law, is going to be a defining issue in that election. 2012 is 2 years before the law will fully be implemented. We can get a supermajority to overturn his veto in the next election or we can get a new President who will support its repeal. I think both outcomes are possible. Let's all go on record now showing where we stand. I suspect there are some Democrats who might want to repeal this law before voters repeal them. The question is, do they have the courage to break with their party?

For now, the President wants us to think his law can be fixed by modifying it slightly. It cannot be fixed. Trying to fix it with a few good ideas is like pouring a few glasses of fresh water into a polluted river. ObamaCare cannot be fixed by tinkering with its provisions, because the basic premise is flawed.

This law is actively creating a government-controlled system that relies on high taxes, less choices, and bureaucrats making health care decisions for Americans. This is exactly what we are opposed to and why we insist on a full repeal. A recent analysis by the Center for Health Transformation found it will give the Secretary of Health and Human Services 1,968 new powers. Last year the Joint Economic Committee found that ObamaCare created 159 new Federal programs and bureaucracies to make decisions that should be made between patients and their doctors.

If the Democrats and Federal bureaucrats are permitted to control our health care system, our Tax Code will look simple by comparison. Worst of all, in the rush to pass this legislation, none of its proponents cared if it was unconstitutional. They were not going to let the Constitution get in the way of their health care takeover. Even now, when asked about the constitutionality of the bill, the Secretary of Health and Human Services has said: I am leaving those arguments to our legal team from the Department of Justice.

So far their legal team is losing. Two judges have told it like it is. ObamaCare has been ruled unconstitutional by judges in Virginia and Florida. The Virginia court held that the individual mandate requiring every American to purchase government-approved health insurance was unconstitutional. The Florida court ruled the entire bill was unconstitutional because of the individual mandate included in it. In his decision handed down on Monday, Florida District Judge Roger Vinson compared the law to a finely crafted watch in which one of the pieces is defective and must be removed.

But what happens to ObamaCare when you remove that one piece, which is clearly unconstitutional? The rest of the law falls to pieces—as the judge might say: The watch will not work. Vinson wrote: ''I must conclude that the individual mandate and the remaining provisions are all inextricably bound together in purpose and must stand or fall as a single unit.''

An unconstitutional law that touches the most important personal decisions Americans ever make must not stand. We must repeal the bill in its entirety. Because at the very heart of it, which makes all of the other parts work, that very heart, that individual mandate, violates the highest law of our land.

It is already failing Americans. Health care costs and premiums are going up, despite the false assumptions we hear on the other side. Choices and consumer control over the health care system are going down. By continuing to follow a failing plan, the government is planning to allow our health care system to fail.

Obama's broken promises are going to create a broken future for our country. If we do not fully repeal this bill, it is going to add nearly half a trillion dollars in new health care taxes and raise the Federal budget deficit by more than $500 billion in the next 10 years, and nearly $1.5 trillion in the next decade.

Yet the President says this is going to save us money. We know this so-called Affordable Health Care Act for America does not live up to its label. We must repeal this bill and implement commonsense solutions that will lower the cost of health care for consumers and make health insurance available to everyone, even with preexisting conditions.

We should allow Americans to choose affordable plans across State lines, and we should end frivolous lawsuits that drive up costs, and give equitable tax treatment to those who do not get insurance from their employer. ObamaCare does none of this. The facts and figures tell it like it is. President Obama tells it like it isn't. It is time for Congress to tell it like it is and repeal ObamaCare.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. JOHANNS. Mr. President, I had an opportunity during the comments of my colleague Senator DEMINT to sit here and listen to those. I wish to start my comments today by complimenting Senator DEMINT. Those were very thoughtful comments.

Many of my friends on the other side of the aisle are now acknowledging the problems with the health care law. It was a fascinating process, last September and October as we were leading up to the November elections, to see Members running to be on the other side of the aisle and saying, well, I would have done this differently, and if I get there, I will do that differently.

One such provision designated for repair is my legislation to repeal the 1099 reporting mandate that is in the legislation. To be clear, I have never argued that that was the start of the unraveling of the health care bill. I do not believe that for a moment. What I would say is this: That provision should have never been in the health care law.

I am very pleased to report today that that legislation, after two attempts to try to get it repealed, now has the support, bipartisan support, of 61 Senators. The President mentioned repealing this provision in the State of the Union Address.

While there is bipartisan agreement on this provision that it needs to be taken out and repealed, the rest of the 2,700-page bill is still bursting at the seams with flawed provision after flawed provision. Months and months ago, as this bill was making its way forward, each one of us individual Senators had an opportunity to decide: Can this bill be changed enough to be saved? The conclusion I reached is there were no amendments that could change this bill enough that I could ever support it. It is fatally flawed and you cannot repair the problems.

The catch phrase these days—the catchy slogan—is that we will repair this bill. Well, this bill is beyond repair. We cannot tinker around the edges. We cannot just kick the tires and put some air in them. A good detailing job on this bill will not save it. Even a major overhaul cannot get this bill back on the road. It needs to go back to the factory. This bill is a lemon. It is simply beyond repair. That is why it is important for all of us to support Senator MCCONNELL's amendment to repeal the health care bill in its entirety.

Let me start out and say what courts are now acknowledging: This is an unconstitutional piece of legislation. The underlying foundation of the health care law is predicated on a false premise: that the Constitution somehow allows us—us, here in Congress—to demand of every private citizen that they buy a government-approved product or face a penalty.

Let me repeat that. The premise of this legislation—the false premise, the unconstitutional premise—is that somehow we, as elected representatives, possess the constitutional power to force every individual in America to buy a government-mandated and approved product or face a fine. That is an unconstitutional premise.

Recently, this fundamental flaw was exposed by court rulings in Virginia and Florida. As a lawyer, I have read both of them, first word to last word. I just finished reading the Florida decision yesterday. These courts, in thoughtful opinions, found that this so-called individual mandate was simply unconstitutional.

Judge Vinson, in his Florida ruling, said:

> If Congress can penalize a passive individual for failing to engage in commerce, the enumeration of powers in the Constitution would have been in vain for it would be ''difficult to perceive any limitation on federal power'' and we would have a Constitution in name only.

You see, according to Judge Vinson's ruling, the entire health care law is unconstitutional because it is predicated upon the individual mandate. President Obama has argued that. Members have argued that on the floor. Now there is

this attempt to extricate from that argument, and it will not work.

The law will continue to be debated in other courtrooms, but I believe we are looking forward to a day when the Supreme Court of the United States says to Congress: You went too far. You went beyond the Constitution of this great Nation.

However, the health care law is flawed, even beyond this congressional overreach, this unprecedented congressional overreach. The health care law double counts dollars, threatens the health care infrastructure of this great Nation, and adds more individuals to a system I am very familiar with as a former Governor: the broken Medicaid system.

There is not a Governor in America who would come before any hearing of Congress and argue that the Medicaid system is anything but broken.

This bill is also paid for by over $500 billion in tax increases and over $500 billion in real cuts to Medicare.

Regardless of the claims to the contrary, Medicare cuts simply cannot be counted twice. They cannot simultaneously reduce the deficit, extend the solvency of Medicare, and then pay for this open-ended entitlement.

Well, I am sure any American out there would see the fallacy of trying to say to them: Well, you can spend the same dollar twice. You can, on one hand, pay for your mortgage and, on the other hand, use the same dollar to make the car payment. No American would believe that. You see, only in Washington could you get away with such Enron-type accounting. It is simply budget hocus-pocus.

Even the administration's own CMS concludes that the law's Medicare cuts ''cannot be simultaneously used to finance other federal outlays . . . and to extend the trust fund.''

I have long made the assertion that if Congress makes reductions in the Medicare Program, then those dollars need to stay in the Medicare Program, to shore up a program that is running out of money, not to pay for a new health care entitlement. Instead, here is what we end up with. These cuts to Medicare are going to have long-term consequences to seniors' access to physician and health care services.

Let me focus on my own State for a moment. Nebraska home health agencies. Under this bill, in just 5 short years, two-thirds of our home health agencies will be operating in the red.

Nebraska nursing facilities, already stretched to the limit, will have to endure $93 million in cuts. Does anyone want to argue that is not going to force the closing of nursing homes in Nebraska? Of course it will.

Hospitals and hospice—major reductions in funding. Mr. President, 35,000 Nebraskans who like and receive the advantages of Medicare Advantage are going to see reductions in their benefits.

If Nebraskans are going to endure these cuts, and others across the country do the same, they should at least have the security of knowing that the sacrifice they are being asked to endure is going to improve the Medicare Program.

If all the tax increases and all the Medicare cuts were not enough, the law's projected cost completely ignores the $115 billion it will cost to implement the legislation.

Around here, billions of dollars are thrown around. We, all of a sudden in the last 2 years, added new words to our vocabulary, ''trillions.'' A program is not big enough unless it has a trillion-dollar pricetag anymore. Well, let us remind ourselves that those are hard-earned dollars to somebody out there trying to make a living.

This is not about funding trillion-dollar programs. This is about poor individuals in this Nation who are struggling to get by, nearly 20 percent of whom are underemployed or completely unemployed.

All these hidden costs will drive up the pricetag even more for this ill-advised statute. However, one of the most troubling aspects of this so-called reform is its massive expansion of Medicaid. It simply heaps more unfunded mandates onto State budgets. As a former Governor, I do not know how Governors are doing it these days. They are in a financial meltdown, with few exceptions, and here we are simply heaping more unfunded mandates onto State budgets that are already crumbling.

It puts—get this—16 million more people into the most broken part of the health care system: Medicaid. I can attest to the challenge of trying to provide quality health services for those on Medicaid today, not even addressing the millions to be added. Even now, our offices are flooded with frustrated individuals completely unable to find someone to provide health care services to them due to the lack of participation in the Medicaid Program.

You see, the story is this: 40 percent of doctors do not take Medicaid patients. Why? They cannot afford to. Ask any doctor, any hospital administrator in America: Could you keep your office or your hospital open on Medicaid reimbursement, and they would laugh at you. They would say: Absolutely not. We would go broke.

So what is the government's solution to that problem? Put 16 million more people into a broken system. It is not because they do not want to treat these patients, you see. They do. But the Medicaid reimbursement rates would drive them into bankruptcy.

So instead of dealing with that problem—a very serious problem in terms of access for poor people—what do we do? We burden our States with additional costs with this legislation. We saddle them with little flexibility through maintenance of effort mandates and totally disregard the big question of how all these new eligible individuals ever have a chance of finding care.

According to a recent study, the Medicaid expansion is going to cost Nebraska between $458 million and $691 million over 10 years, depending upon participation rates.

More shocking is that almost one in five Nebraskans will now be forced on Medicaid—a system where we cannot find them care. We are not unique. This is the true story in every State in the United States.

The impact on this Medicaid expansion could be profound to many hospitals because Medicaid-eligible individuals who are unable to find primary care—and there will be millions of them—will turn to the emergency ward for their care.

Recently, the Centers for Disease Control reported detailed statistics on nationwide emergency room usage. While only 14.1 percent of all households in the United States had Medicaid coverage, Medicaid patients comprised more than one-quarter—25.2 percent—of all ER visits nationwide.

This preliminary May CDC report confirmed that the uninsured do not visit the ER the most often, which is contrary to the arguments made on the very floor I am standing. This preliminary May CDC report confirmed that the uninsured do not visit the ER the most often; patients with Medicaid do. Specifically, more than 30 percent of Medicaid patients under 65 visited the ER at least once, compared to fewer than 20 percent of uninsured patients and those with private insurance.

An ER physician put it best:

> High utilization (of the ER) is no surprise; many patients have difficulty finding primary care providers who take Medicaid, so the ER is the only alternative.

So what does this new law do to solve this problem? Nothing. It exacerbates and exaggerates and compounds the problem. I could go on and on because the flaws in the law are so abundant and so severe that it cannot operate.

Let me wrap up with this thought: The people of America deserve better than this effort. The people of America deserve something better than an unconstitutional attempt to say the Federal Government knows better than you. No mechanic could get this jalopy running again. They would just scratch their head and say: Haul it to the junkyard.

This health care bill is so fatally flawed, it cannot be fixed. The only option, contrary to what happened 1 year ago, is to go back and, in a bipartisan way, work to build solutions to the health care challenges, a step at a time, for once and for all; instead of compounding problems, solve them.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. LAUTENBERG. Mr. President, I hear the requests of people on the other side of the political aisle to repeal a health reform bill that has been put in place, received majority support in the House and in the Senate when developed. Now what we are witness to

is that within a bill that is planned for the continued support for the FAA, which takes care of the conditions under which our aviation structure works, there is an amendment put in here that says: We want to repeal, recall the health care bill, the health reform bill that was signed into law by the President of the United States.

We have heard that there are challenges in court, but we hear also that there are verifications in the courts that say this bill, this act, does appear to be constitutionally sound. I am listening, and my vantage point is that I grew up in a very poor working-class family with all of the ills that follow poverty. I see America through that kind of a prism.

I see an America whose intention is to be fair, to take care of our citizens, to provide them with services, to make sure we have military forces to protect us from enemies, to make sure we have labor standards that try to make conditions healthy for working people so their health is protected as they perform their tasks. There is an implicit promise that says we are going to educate those in the early years for sure with a reasonable education. In other words, there is a distribution of the assets this country of ours holds to which almost everyone is entitled to.

We are not talking about differences in income or differences in personal material wealth—housing, et cetera—that somehow others don't have. I am not talking about that. I am a capitalist. I came up the capitalist ladder, working hard, and I will talk about that in a minute.

So when I listen to the rhetoric that is delivered here on a continuing basis about government interference in keeping people alive, keeping people healthy—why should the government interfere with people's chances to be overcome by illness or injury? I consider it an outrage that some of our colleagues want to repeal a law that is designed to improve the lives of millions of Americans.

I think the push to repeal health care reform is the worst kind of hypocrisy coming from this place and the other end of the Capitol—here with 100 people and the other side with 435 people. There are those who have voted not to have this health care reform in the first place, and now they are jumping on the opportunity to repeal a law that is designed to help people's health, to help kids grow healthily, to help families be able to maintain a degree of functioning when illness strikes their family, to provide services that increase longevity to our people. I, for one, speak well for that effort.

It is so hypocritical to me because the Senators who are advocating repeal have access to the best health plan in our country. They get to walk down the hall to a clinic with a half dozen doctors, competent and skilled people. There are health care aides who work there, professionals, and all they have to do is go in there and say: Doc, I feel something here or I feel something here or I have this swelling here, and they get care. We pay for it; not a lot but we pay for it. But it is available. It is available. It is the kind of perk, I will call it, that people across this country would be astonished to see how well we treat those who make the laws in this country, those who have the responsibility of taking care of our people, our constituents. They would be astonished to see how easy it is to go into the clinic, and—yes, we will take you. You need some surgery and we will get you over to the hospital in short form and we are going to take care of this before your disease gets the better of you.

When people here—Senators, Congressmen—get sick, they just have to walk down the hall to the Senate Physician's Office. They don't have to get in the car or anything like that. They don't know the worry or understand the worry that comes if medical bills overtake the opportunity to buy food or housing or even force people into bankruptcy.

Again, let me say this isn't simple rhetoric for me. I lived through these conditions. Yet these people who are up for repeal are fighting to take away the lifeline the health care reform law has given to families in need. I know firsthand what it is like when your family doesn't have access to basic health care. I grew up in a family of modest means in Paterson, NJ. It is a mill town. It was typically a city that received immigrants on a regular basis. My father spent his short life working in local silk mills, and he died of cancer at 43 years of age when I was still a teenager. My mother was 37 when she became a widow.

I joined the Army. I enlisted in the Army. I attended college under the GI bill. I was a soldier. I served in Europe during World War II.

As a consequence of the opportunity I had to get an education, I was able to join a couple of friends and start a company that is known across the globe. The company is called ADP. We have more than 40,000 people working around the world in more than 20 countries, three of us, from poor families. Two of them are brothers, and their father was a mill worker also. Because of the success I had in business, all my family had to do was worry about their good health and not back-breaking medical bills. But I never forgot what it was like to see my mother working so hard behind the counter of the store to pay the doctors, the pharmacies, the hospitals, to keep my father comfortable for the 13 months he was in bed with cancer, robbing him of his life on a daily basis.

That is why I was proud to vote for the historic health care reform law which is holding insurers more accountable and making our system more sustainable.

I looked at the history of the health insurers because we see the health care bills constantly taking more of the GDP. But you wonder where the health care cost increases take place. I have looked at some of the companies. For instance, I took the year 2009. It was a tough year for lots of people. Lots of bankruptcies, lots of foreclosures, lots of jobs lost in 2009.

CIGNA had profits of $1.4 billion 5 years earlier and about the same in 2009. The company's CEO got $18 million worth of salary, providing a commodity service. Humana, in 5 years, went from $270 million worth of revenues to $1.3 billion. The CEO got $6.5 million. United Health had a heck-of-a 5-year period. They started off with $2.4 billion worth of revenues in 2004, and in 2009 it went to $3.8 billion. From $2.4 billion to $3.8 billion, and the CEO got $9 million in salary, he got big kickers at the end of the year. A company called WellPoint, in 2004 they did $960 million worth of sales revenues. Five years later they did $4.7 billion. The CEO got $13 million.

I look at that as we ponder where the money has gone to pay for health care in this country. So I see one place that a lot of it goes, and that is to the insurance companies.

Some of our colleagues want to recall this bill and remove the health care protection from 30 million Americans—30 million people across this country. Almost 10 percent of our population will lose health care if we repeal the bill that is now in place and is law. The fact is, repealing the health care reform law would be an enormous step backward for our country. It would hurt seniors, children, and small businesses, and our deficit would balloon, grow larger.

Repealing this law would raise drug costs for seniors by removing from them a 50-percent discount on drugs they purchase when they are in the period of the doughnut hole. By the way, repeal of this law would serve to prevent us from totally closing that doughnut hole. Seniors across the country, listen to the truth about what is being said: The doughnut hole is going to be closed. It is roughly a $4,500 element in people's income—or cost, rather.

This repeal would also give the biggest insurance companies more power over their patients to charge outrageous fees than ever before.

This means the insurers could once again reduce benefits, stop coverage during a person's illness, and refuse to care for individuals and children stricken with preexisting conditions.

Repealing health care reform would also hurt young adults, who would no longer be able to stay on their parents' health plans until age 26. For young adults—especially new college graduates facing a tough job market—staying on a parent's health insurance is the only reasonably priced insurance option available.

If health reform is repealed, small businesses will lose tax credits for up to 35 percent of health insurance premium costs. It would jeopardize the recent growth in the number of small

businesses offering health insurance coverage to their employees.

This repeal effort is fiscally irresponsible because ending health reform would increase the deficit by at least $1 trillion when we are all looking at the deficit here and wondering what we can do to bring it under control. We cannot do it with the costs we have scheduled for health care.

Mr. MCCAIN. Mr. President, will the Senator yield for a question?

Mr. LAUTENBERG. Yes.

Mr. MCCAIN. How much longer will he be?

Mr. LAUTENBERG. About 3 minutes.

Mr. MCCAIN. I thank the Senator.

Mr. LAUTENBERG. As a country, how could we repeal this law and then look our children and grandchildren in the eye? We should be focused on getting this critical jobs bill signed into law, not refighting last year's partisan battles.

Make no mistake, Democrats are willing and eager to fix the parts of the health care reform law that might need adjustment. I, for one, would salute that kind of a review. But to repeal the entire law is an example of outrageous overreach. Instead of meeting us halfway, our colleagues on the Republican side are engaging in misguided political battles. It is wrong, and we can't allow repeal of this law which is improving the lives of millions of Americans.

I thank my colleague from Arizona for permitting me a courteous extension of time.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, I ask unanimous consent to engage in a colloquy with the Senator from Wyoming, Mr. BARRASSO.

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

Mr. MCCAIN. Mr. President, obviously we rise in support of the amendment put forward by the Republican leader for repeal of the health care bill. As we know, the House of Representatives has already acted in an overwhelming fashion. Neither the Senator from Wyoming nor I intend to go through all of the arguments we went through for nearly a year here on the floor of the Senate. In the years I have been here, I have never spent more time on any single issue, by far, than on the health care issue on the floor of the Senate.

One of the most important parts of this debate has been the overall cost—either savings or loss—if this legislation is repealed. Of course, the highly regarded Congressional Budget Office has determined that there would be an overall increase in the cost of health care in America if the bill were repealed. I think it is very important for us to recognize the valuable work the Congressional Budget Office does. They are really one of the most important parts of the decisions we make on legislation. But I think it is also very important to point out that the Congressional Budget Office makes decisions directly related to the input and the parameters and the details of legislation they are sent. The Congressional Budget Office, most appropriately, does not decide on policy; they are simply there as a budget office. So what I am saying is, garbage in, garbage out. If you are given a certain database on which to make judgments of costs, then of course you are going to come out with basically predetermined results and analysis.

One of the numerous aspects or parts of the legislation that was not taken into consideration by the CBO because of the way the legislation was written is the so-called doc fix. The doc fix, as we all know, is in compliance with a reduction in Medicare payments to doctors that was mandated several years ago. Then we found out that doctors would stop treating Medicare patients if they were deprived of the Medicare payments they needed in order to make up for the costs of the treatment they provided to Medicare enrollees. We know that every single year we have had to do the doc fix, which has not allowed the previously legislated reductions in Medicare payments to physicians. So that is an additional $208 billion over 10 years—that alone is $208 billion. Nowhere is that put into the equation.

Then we have, of course, the so-called CLASS Act, which is a poorly designed Federal long-term care program. It was inserted at a point in the debate that was never in the original bill passed through the HELP Committee.

I ask my colleague, it is a program for long-term care where people pay into the system in order to be eligible for long-term care benefits, but over time that money comes back out—not in the timeframe that was given to the CBO. There are a number of other provisions.

I ask my colleague from Wyoming what his assessment of the costs were taking into consideration the doc fix, the CLASS Act, the envisioned Medicare cuts by $500 billion, and others, which are simply not going to happen. I would be interested in the Senator's total of the costs that actually would be saved by repeal of this legislation.

Mr. BARRASSO. What we are trying to do is actually provide people with the care they need, the doctors they want, at a cost they can afford. Yet, when we look at this health care law that—remember, it was written behind closed doors in spite of the promises. That is why people were so offended and are still opposed to this. We had votes in the middle of the night, and there were all those special deals cut for Senators to get that 60th vote.

What I hear most about as I travel my State are the proposed cuts to Medicare. As the Senator mentioned, it was $500 billion. You talked about the President having a commission to look at the debt. What that commission said is that if you are going to take money from Medicare, which this law does—$500 billion—it doesn't do it to help strengthen Medicare or lengthen the life or the vitality of Medicare; it does it to start a whole new government program. It takes $155 billion from hospitals, $202 billion from the 11 million seniors on Medicare Advantage, $15 billion from nursing homes, $40 billion from home health agencies, and $7 billion from hospices.

As my colleague from Arizona said—he mentioned the CLASS Act, which has been called a Ponzi scheme that Bernie Madoff would be proud of. The President's own debt commission says repeal that because, with the way that is set up in terms of taking the money in first so they can count that as coming in, the obligations 10 years and beyond will bankrupt this country. Everyone on both sides of the aisle realizes that. The bipartisan President's debt commission realized it to the point that they put it in one of their recommendations. To hear our colleagues and the last speaker talk about the fact that this may actually help with the deficit and with the debt, anybody who looks at this over the long term and the nature of our country knows this will bankrupt the country.

I worry about the jobs in this country. We are at 9.4 percent unemployment. I know both of us as Senators are working to try to find ways to make it easier and cheaper to create private sector jobs in America. This health care law makes it more expensive and harder to create private sector jobs.

Mr. MCCAIN. Nowhere during the debate, I ask my friend, did I understand that there would be a very large use of ''waivers'' for different companies, including unions, businesses, et cetera, and already we have had well over 700 waivers granted to unions and others who have sought relief from this legislation.

I am told that only entails about 1 percent of America's economy, but isn't that quite a remarkable repudiation of this legislation? I would have liked to have heard during the debate: By the way, the Secretary of Health and Human Services is going to have to give well over 700 waivers for people so they won't have to comply with this law. And the only reason you give a waiver, obviously, is because the implementation of the law would be harmful to them. I am very interested in hearing my colleague's comments about this so-called waiver business.

Along with that, the Governor of my State has written to the Secretary of Health and Human Services to give the State of Arizona a waiver. I hope that, since the Secretary of Health and Human Services is in that business, she will grant that to my home State.

Mr. BARRASSO. I would like to see every citizen in this country get a waiver. I would like every State to have an opportunity to get waivers because last week the Secretary of Health and Human Services gave another 500 new waivers. The total now is

729 waivers. You can find them on the HHS Web site. It covers 2.2 million people.

It is interesting because before this bill was passed through in the middle of the night, labor unions publicly supported this health care law. Now there are 166 union benefit funds that are exempt and have gotten the waivers. They got the waivers. Unions now have 860,000 out of the 2.2 million waivers. Unions now have 40 percent of all the waivers even though they are only 7 percent of the private sector workforce in this country.

My question to my colleague is, if this law is so good, why do so many people who supported it in the first place now say they don't want it to apply to them? Is it, as NANCY PELOSI said when she was Speaker of the House before the election—before the election that repudiated this health care law and the way it was crammed down the throats of the American public—didn't Speaker PELOSI say that first you have to pass it before you get to find out what is in it?

It seems to me, and I ask my colleague from Arizona, that as people know more about what is in this law, it is less popular on a daily basis. Yesterday, 58 percent of Americans, in a Rasmussen poll, said they would like to have it repealed, and the numbers of people who thought all of us ought to be able to get waivers was even higher than that.

Mr. MCCAIN. I thank my colleague for his enormous contribution to this debate and his knowledge and background in the medical profession.

There is one other issue I want to mention. Of course, I was pleased to hear the President, in the State of the Union Message, say that we ought to look at the issue of medical malpractice reform. I can't tell the number of times we have tried on this floor to have at least the beginning of some kind of meaningful medical malpractice reform. I said to the Secretary of Health and Human Services at a hearing the other day that I hoped she would be making some proposals to us, to the Congress, so that we could obtain some kind of medical malpractice reform.

As we all know, sometimes as much as 20 to 30 percent of the cost of health care is accrued because of the physician's prescription for unneeded and unwanted and unnecessary tests for fear of the physician finding himself or herself in court trying to defend the treatment of a patient. That, of course, is a huge portion of the additional costs in health care in America today.

I was pleased to hear the President of the United States say he wanted to examine and visit the issue of medical malpractice reform. I know my colleague stands ready to work with him on that issue.

Mr. BARRASSO. The President said the same thing in June of 2009 when he visited and spoke to the American Medical Association. So when that issue didn't really come to the floor, as a number of us would have liked, in this health care law that was written, as I say, behind closed doors, they asked Howard Dean, then-chairman of the Democratic National Committee, why they don't include it, and he said: We can't stand up to the trial lawyers—who have such a remarkable influence on the party on the other side of the aisle.

I am hoping that the President, in his statement in his State of the Union Address, was sincere because it clearly did not follow through what he said in June of 2009 when he met with doctors from all across the country.

Mr. MCCAIN. I thank my colleague. I thank the Senator from Maryland for her patience.

I yield the floor.

The PRESIDING OFFICER (Mr. UDALL of New Mexico). The Senator from Maryland is recognized.

Ms. MIKULSKI. Mr. President, I rise today in very strong opposition to any attempt to repeal the health care reform bill. The Republican leadership has offered an amendment to repeal the Affordable Health Care Act. They are only keeping half of their promise. They went out there and campaigned—and the tea party had a teapot boiling over—and they said: We are going to offer a bill to repeal and to replace. Guess what they are doing today. One more hollow, symbolic, pander-to-the-masses amendment. Their amendment offers a repeal, but it does not offer a plan or strategy to replace. Do you know why? They have no ideas. They just want to pander to the crowd.

I want my colleagues to know that I am emphatically and unabashedly against the repeal of health care reform. But I want to say to my colleagues, as I listened to this colloquy, every Senator has the right to rewrite legislation, but they do not have the right to rewrite history or to rewrite the facts.

I heard CBO criticized and being dismissed. But yet it was the Republican Party who said we could not move anything, bring up anything, even get a Kleenex without getting a CBO score. Now they do not want a CBO score. You cannot say I want a CBO score one day and then make fun of it the next. Garbage in, garbage out.

Then second: Oh, they rewrote the bill in the middle of the night, sweetheart deals, whatever. I was on the HELP Committee. I chaired the task force on quality. I went to several hearings in an open, public forum to get the best ideas to produce the best bill. In many of those instances, very few of the other party even bothered to show up. So I am not real excited about their criticism.

Then we went into a markup of the bill, 4 weeks in the HELP Committee, open, public markups in full view and on C–SPAN. Over 300 amendments were dealt with—300 amendments. How is that secret? How is that behind closed doors? How is that in the middle of the night? We worked in the middle of the night because there were so many amendments. Fine, that is democracy. That is the way the legislative process works. But don't try to rewrite history. Don't try to rewrite facts. And if you want to rewrite the bill, keep your promise, Republican Party. If you want to repeal, then let's go to replace.

I want to hear their ideas for replacement. I challenge them right here, right now, today on this amendment. Come in with other amendments on your ideas for replacement. I want to know what it is they want to do. I want to know which parts of the health care reform they want to repeal and replace. What is it they want to repeal and replace?

How about this? No longer can big insurance deny coverage to a child with a preexisting condition. Do they want to repeal that? And with what are they going to replace it? Do they want to repeal the part where we allow young people to stay on their parents' plans until they are 26? Do they want to repeal that? And with what do they want to replace it?

We eliminated the cap on what an insurance company could pay out. Do they want to repeal that cap—if you have cancer, if you need heart surgery? And with what are they going to replace it?

I am proud of what we did in health care. It is an excellent bill. We accomplished four goals. First of all, we save and strengthen Medicare. We end those punitive practices of insurance companies. We expanded universal access. And, guess what. We came up with quality and prevention measures that save lives and save money. This is what people wanted in health care reform. I heard it all over Maryland and heard it at hearings. I had roundtables, hearings, I was in diners, I held online townhall meetings, phone calls, letters. Once they got the straight information about what we did, they liked it.

Let's go to Medicare. We extended the solvency for a decade. We closed the doughnut hole that has been so hard to swallow. Last year, more than 32,000 Maryland seniors received a $250 rebate check to help pay for prescription drugs. That is in the health care reform bill. If we repeal it, do I have to call up 32,000 Marylanders and say give it back? Give it back; we repealed. Wow, I bet that is going to go over.

These same seniors will now get 50 percent off their brand-name drugs when they hit the prescription drug coverage cap. Are we going to repeal that? And with what are we going to replace it?

Also, one of my favorite parts of this bill is ending the punitive practices of insurance companies, such as seeing a child denied coverage because of chronic conditions because of asthma or juvenile diabetes.

I also fought very long and hard, as everyone knows, for women. Did you know, Mr. President, when we began our hearings on the bill, we found out

that in many instances insurance companies charged women 25 to 40 percent more in their premiums simply because they were a woman, more than guys with the same age and same health status? Are we going to repeal that and bring back gender discrimination?

Also, we ended the despicable practice of just being a woman being treated as a preexisting condition. Another point my hearing disclosed is that in seven States and the District of Columbia, women were denied coverage for simply being a victim of domestic violence. They were abused by their partner, and they were then abused by the insurance company. Are we going to abuse them once again by repealing that provision? Not if I can help it.

Then there were other issues also related to the whole issue of prevention. We offered a prevention amendment. When they tried to take our mammograms away from us, the Democratic women took to the floor—and good guys supported this bill and we passed it: preventive measures at no cost and no deductible in order to make sure we not only had our mammograms but that there were other preventive services.

Provision after provision—are we going to go back to that? I hope not. If they are going to repeal, that is what they are repealing. They are really repealing the way we ended the punitive practices of insurance companies. They are really repealing our attempt to make sure Medicare is solvent and close the doughnut hole for prescription drugs for seniors and also get them better health evaluations. We also did other things.

I am so proud of this. We said to the insurance companies, 80 percent of what you collect has to go into health care. It cannot go into administrative costs. It cannot buy you another Armani suit or a pair of Gucci shoes or a third or fourth home or $1,000 bottles of wine when you have those conferences where you think about price fixing; you have to put it back into health care. I do not want to repeal that provision. I want that 80 percent collected to go back into health care. I think that is a good idea.

In our bill, one of the things I am proud of is that we stop big insurance from putting lifetime dollar caps on benefits. I heard from a woman in Columbia who told me her husband had reached his lifetime limit. So when he needed an EKG to deal with a longtime cardiac problem, they had to pay for it out of pocket. Even with health insurance, their health care costs still topped $17,000 a year with their annual income at $60,000. By lifting that cap, the man can get his EKG and prevent other kinds of problems.

I could go case example after case example.

Let's go to something called quality and prevention. I know that is often ridiculed. That is goosh; that is not like real medicine. I want to tell the story of a brilliant and talented physician at Johns Hopkins, Dr. Pronovost. He developed a checklist that, if followed, lowers infections that are caught in hospitals which takes lives, takes money, and extends stays.

In health care reform, we improve patient safety and help prevent medical errors. The Pronovost checklist, which we allow to occur in the bill, has now, we found out, reduced in Michigan patient deaths by 10 percent, and it has nearly had over an 85-percent effective rate at eliminating bloodstream infections.

The cost savings to both public and private insurance in Michigan has been stunning. Do we really want to repeal these measures that are saving lives and saving money?

I do not want to repeal this bill. We did a lot of good things in it. If the Republicans have ideas, then I do not think they should vote to repeal unless they have a better idea to replace what I outlined today. I challenge them: If you want to repeal, keep the other half of your campaign promise—replace. Let's put those replacement ideas out into the light of day. Let's put them out for debate and discussion and then vote. I am up to the task. I wonder if they are.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia is recognized.

Mr. CHAMBLISS. Mr. President, I rise today to urge my colleagues to repeal this highly unpopular health care law. Here is what repealing this health care bill will mean to Georgians.

First of all, the Federal Government will not be required to spend $8,470 on health care for every single Georgian every year; 176,000 Georgia seniors who are today enrolled in Medicare Advantage will not have their benefits reduced; and the $500 billion in Medicare cuts will not be used to pay for new programs under this law; around 2.1 million Georgia households making less than $200,000 will not have to pay higher taxes to fund this monstrous bill; 70 percent of small employer purchasers will not face higher premiums; small businesses employing 50 or more people and 8,000 Georgia construction companies with five or more employees will not have to pay higher health care costs or be subjected to new penalties due to government mandates.

Under this law, hundreds of thousands of additional low-income Georgians will become eligible for Medicaid in 2014. That is going to result in an estimated $1 billion in new expenses for my State to fund that program. How are we going to fund that $1 billion? We are a State that has to have a balanced budget every year, and we are struggling right now. Our Governor and the legislature are making tough and hard decisions cutting expenses to balance the budget this year.

Under this bill, they are going to have to come up with another $1 billion. They are going to have to raise taxes, raise tuition costs at our universities. Where are we going to get it? We do not know the answer to that, but that is what this bill would require.

While States work to prepare balanced budgets in anticipation of Medicaid expansion, they will not be given the flexibility to make prudent market-based decisions to improve their fiscal outlook. The Governor of Georgia has put forward proposals such as ending Medicaid coverage of dental, vision, and podiatry treatment for adults. These are painful decisions that States are being forced to make, but the health care law requires States to maintain eligibility levels for beneficiaries in order to keep their Federal Medicaid dollars.

Reimbursement from Medicaid is already so low that a majority of doctors will not see Medicaid patients. States are left with little options other than further reducing payments to providers or raising copayments for beneficiaries.

The Federal Government should not be hindering States' flexibility in dealing with their individual budget issues. This is not an area where the Federal Government should be impeding on the sovereignty of our States.

America's deficit is the single biggest issue facing our country today. Repealing the health care bill means that our deficit will not increase by an estimated $2.6 trillion when this bill is fully implemented over a 10-year period, and it would also prevent that same $500 million in cuts coming from Medicare to pay for entitlements that would do nothing but exacerbate our budgetary woes.

My constituents in Georgia, and citizens all across this country, have made it clear that they want Congress to repeal this legislation and work to lower health care costs and insure Americans through commonsense solutions that are not negotiated behind closed doors. We need a law that replaces this law and that actually reduces health care costs and enacts insurance reforms immediately.

Americans should be allowed to buy insurance policies across State lines; small businesses should be allowed to pool resources and offer more affordable insurance to workers; we need to limit baseless lawsuits against doctors; and we should expand health savings accounts.

Furthermore, in light of recent judicial decisions in Virginia and Florida, it appears the law may not be upheld in the courts. I applaud the decisions reached by Judge Hudson and Judge Vinson that Congress does not have the authority to force Americans to either purchase health insurance or pay a penalty for not doing so. That provision of law, obviously, is ultimately going to be decided by the Supreme Court.

I plan to vote on repealing this law and working with my colleagues on both sides of the aisle to start the process over, to make sure the next time we do it in the open and not behind closed doors and that we get it right.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. PRYOR. 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. PRYOR. Mr. President, I thank my colleague from Oklahoma. I know he has been gracious enough to allow me to speak in front of him. My speech today, hopefully, will be fairly short, but I do want to raise something that I think is of critical importance to the country.

(The remarks of Mr. PRYOR pertaining to the introduction of S. 256 are printed in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

Mr. PRYOR. I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma is recognized.

Mr. INHOFE. Mr. President, there has been some confusion, moving around the time. While I was supposed to be here earlier, let me ask unanimous consent that I be allowed to speak in morning business for such time as I will consume.

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

Mr. INHOFE. I say to my friend from Arkansas who just spoke, I know a little bit about the program you have. In fact, the Senator is fully aware my daughter Molly is a marketing professor at the University of Arkansas, who has talked about this very concept. I do not know why all the successes have gravitated to northwest Arkansas, but it seems that they have. Maybe this has something to do with it. I look forward to following through with the Senator on this program.

I wish to mention a couple things I have been wanting to talk about, but I am here actually to describe two amendments I have to the FAA bill.

First, I would like to say publicly how proud I am of the new attorney general, Scott Pruitt, that we have in the State of Oklahoma. He is taking the leadership in suing to determine the constitutionality of the government-run health care. We are doing that currently in the State of Oklahoma. I am looking for some great results from that.

As I look at this, sometimes you have to ask the very basic questions. If you are talking about a government-run system, something that doesn't work in Sweden or Denmark or the UK or Canada, why would it work here, when we have all these members of Parliament coming over saying: Why are you insisting on going to something that is a dismal failure at the same time we are moving toward a much more successful health delivery system, the model for the whole world, and that is what we have in the United States.

I have to say also, when I look and listen to people talking about the debt and the deficit and the problems we have, I think it is ludicrous that we can go back and try to act like Bush had these great deficits. If you take the deficits during the 8 Bush years, add them all up and divide by 8, it came out to $247 billion each year. Now we have a President who has in just 2 years accumulated almost $3 trillion—six times the deficit that was there under the Bush administration. When people keep saying something over and over that is not true, they assume people will eventually believe it. In this case, I believe the American people are so concerned about the spending, the unprecedented spending, the unsustainable spending of this administration, this President and his majority in both Houses, they are up on this issue.

Before I get to my two amendments, I wish to mention one other aspect I was going to have as an amendment to the FAA bill. Unfortunately, there was not time to put it together, so I will be doing some sometime this summer, but I wish to serve notice. I have the distinction, I guess you would say, since the retirement of Senator John Glenn, I am now, I believe, the last remaining active commercial pilot in the Senate. When I look at the FAA bill, I have a lot of interest in it.

I had an incident that occurred to me on October 20 of this year when I was flying my twin-engine airplane into a field in south Texas. It was called Cameron County Airport, a noncontrolled field. I experienced something that is going to make me go back and revisit to see if perhaps what happened to me, if it happens to someone else, people in the FAA would be just as generous as they were with me.

Before I tell you what happened, I have to say the FAA could not have been better. They could not have been more cooperative. I sat down and talked with them about the incident. I will tell you what happened. I was flying some passengers in one of my planes, a twin-engine airplane, into Cameron County Airport. This happened to be a nice day. It was a VFR—visual flight rules is what that means—so I didn't have to have control with the controllers on the way down. However, as a precautionary measure, what I always do, I talk to them anyway. So when you go down straight south from Tulsa, OK, to Cameron County Airport, you fly right over Corpus Christi. That is about 120 miles north of the Cameron County Airport.

Because they have a lot of training down there—they have the Navy guys, the training that takes place—it is always safer, when you are flying around down there with a lot of kids who may only have 30 or 40 hours, to get on control so they are watching you. When you get on a control, in this case it is an approach control, they give you a squawk so you know—they know who you are, where you are, how fast you are going, how you relate to the other traffic in the area. So I got on Corpus Christi approach and I said: This is Twin Cessna 115 echo alpha. I will be coming south on VFR, descending through 15,500 to go to the Cameron County Airport.

Halfway down they handed me off—this is the terminology that is used—to the FAA controller down there in the valley. This is way down South. A lot of the people back East here do not understand that Texas, when you get down to the southern tip, that is farther south than Miami, FL. It is way down there.

We went down and they handed me off to what they call valley approach. Valley approach took me all the way down to Cameron County Airport, turned me loose—and I am trying to get the recording so I know exactly when it was—to land at the Cameron County Airport. This is the FAA.

The problem is, when I went ahead and landed—by the time I got everything in landing configuration, it was too late to go around. We are going below the blue line, as the saying is, so I had to land when there were workers on the runway.

I say to my friend from Iowa, the way they normally preclude something from happening, as he well knows, is they have you on their radar. They know you are there. But they publish NOTAMs, that is Notice to Airmen. Before you fly into any place, you check the NOTAMs to see if there is construction on the runway, if there is any kind of problem. Of course, we checked and there were no NOTAMs that day for Cameron County Airport, but there were people working on the runway.

I wish to offer legislation, and I will include in the legislation a requirement that NOTAMs are published where they can be found by the pilot. In this case, the NOTAM that came out that there is someone working on the airport did not come out until November 2 and this was October 20, so I had no control over it. I am not blaming anyone. I am saying they need to be in a conspicuous place where that will happen.

The second problem I see that affects general aviation is everything we do when we talk to a controller is recorded, and the public should have access to these recordings. I know it is a difficult thing. I have requested this, now, since way back in October and have not yet received it. I am going to try to set up a system where that is available to everyone.

Then, last, because even though no action was taken—I didn't violate anything and everything turned out fine; I did study procedures and all that—but the bottom line is, all during that process, someone, a bureaucrat, could have taken away my license. Here I have more hours than most American airline pilots. I fly, on average, probably 4 hours a week still to this day. That would be taking away a major part of my life and that is how serious it is.

Many years ago, about 10 years ago, the greatest pilot in America, named Bob Hoover—he is a tremendous pilot, up in years, actually considerably older than I am—and they actually took away his license. This is called an emergency revocation. I authored a law to require a type of an appeal, appellate process. We passed it. I think a similar thing should be afforded to all members.

Again, I wish to say the FAA could not have been more cooperative and more thorough, but I think we need to change the rules. We will probably have to do it legislatively. I plan to do that during the summer.

My two amendments. The first is one I think most people, when they understand it, will appreciate; that is, they are attempting, it is my understanding—right now there is a rule that is pending. It is not part of this legislation directly but in a way it is because, with my amendment, we would be able to preclude this from happening. The air carriers are scheduled airlines and unscheduled. The unscheduleds—they are called charter airlines and other types of airlines—they are under a different FAR, the Federal Aviation Regulation, part 21, but it is a subpart S. Subpart S says, if you are an unscheduled airline, you are not restricted to the same crew restrictions they have for a scheduled airline. There is a reason for this.

The reason is this. A scheduled airline, they are out there every day, and they adjust their schedules for crew rest time. A charter does not have that opportunity. So they may go maybe three or four times what the crew's rest would be and then have to take a longer flight. This does affect the military. Right now, if you are flying blood into Afghanistan, it is flown in by charter airlines. These airlines will take it down to Qatar and then go in probably on a C–17.

To go from Ramstein down to Qatar and back is longer than they can take without crew rest or, if they take it into Afghanistan, that charter flight would have to do crew rest actually in Afghanistan—maybe in Kabul. Obviously, they cannot leave a civilian plane there under some of those conditions. So the only choice, then, is we would have to use some of our lift capacity of the C–17s to do that.

The problem we are having right now, our C–17s are so overworked, our crews are overworked, so I believe that exemption should continue to be in place and we will be trying to pass this amendment. I am going to try to get in the queue. This is actually our amendment No. 7.

The other amendment I have I am very sensitive to because I have participated in these programs. There are a lot of voluntary organizations, volunteer pilots—I have done it at my own expense, helping heart patients get around different places, flying in to help people out. A lot of pilots are very generous with their equipment and time and money and they do this. What I want to do is get them a release from some of the liability to which they would otherwise be exposed. In other words, these people are doing this at their own expense, on their own time, but they are also exposing themselves to major lawsuits.

These are the two amendments. That happens to be amendment No. 6. I will be trying to get that in the queue after tonight's vote, so perhaps we will be voting on it sometime between now and Tuesday.

With that, I appreciate the patience of my friend from Iowa and I yield the floor.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. HARKIN. Mr. President, if there is one clear message that voters sent in the last election, it is that they want Democrats and Republicans in Congress to cut out the bickering and the partisanship and to focus like a laser beam on boosting the economy, creating jobs, and reducing the deficit. So I find it absolutely astonishing that the Republicans' No. 1 priority, indeed their obsession in these opening weeks of the new Congress, is to launch bitter new partisan attacks on the new health reform law, in an attempt to repeal it in its entirety, something that would cost hundreds of thousands of jobs, and add $240 billion to the deficit in the next 10 years.

It would be sufficient to oppose this reckless amendment strictly on budgetary grounds. As I said, it would add $240 billion to the deficit in the first decade. Nearly $1 trillion would be added to the deficit in the second decade, if we repeal the Affordable Care Act.

The sponsors of the repeal amendment have proposed no offsets whatsoever. So for all of the Republicans' crocodile tears over big budget deficits, their first action in the new Congress is to propose adding nearly $¼ trillion to the deficit over the next 10 years, and over $1 trillion in the second 10 years.

The Congressional Budget Office is our only objective nonpartisan referee when it comes to budget projections. CBO has told us in no uncertain terms that the McConnell amendment, the repeal amendment, will add $240 billion to the deficit this decade. The Republicans' response is to attack the credibility of CBO, the Congressional Budget Office, and to claim that the hundreds of billions in budget savings, thanks to new health reform law, are based on ''gimmicks.'' That is complete nonsense. The budget savings in this new law are real. If anything, CBO has underestimated the savings that will come about, especially as a result of the robust wellness and prevention provisions in the new law, provisions that will keep Americans healthy and out of the hospital in the first place.

I would simply add that if the savings in the new law were based on gimmicks, then those gimmicks would surely show up by the second decade of the law's implementation. That is the nature of gimmicks; they eventually get exposed. But the savings in the new law actually skyrocket in the second decade to nearly $1 trillion. So to wildly assert that the savings in the new health reform law are based on gimmicks is flat wrong. It is irresponsible.

Let's be clear. The Republicans' obsession with repealing the new health reform law is not based on budgetary considerations, it is based strictly on ideology. They oppose the law's crackdown on abuse by health insurance companies, and they oppose any serious effort by the Federal Government to secure health insurance coverage for tens of millions of Americans who currently have none.

We all remember William Buckley's conservative motto, sort of the father of the, I would say, modern American conservative movement. William Buckley said once that: The role of conservatives is ''to thwart history, yelling 'stop.' ''

In 1935 Franklin Roosevelt and the Congress passed Social Security, providing a basic retirement security for every American. Republicans fought it bitterly, and 75 years later they are still trying to undo it and privatize it. In 1965, President Johnson and the Congress passed Medicare, ensuring seniors access to decent health care. Republicans fought it bitterly, and 45 years later they are still trying to undo it and privatize it. To quote another famous Republican President: Here they go again.

By the way, notice that the Republicans are no longer even pretending to offer a realistic comprehensive alternative. They used to talk about ''repeal and replace.'' Now they are just talking about ''repeal.'' As always, the Republican approach to health reform can be summed up in five words: Pray you don't get sick.

So make no mistake, the fight to provide access to quality affordable health care for all Americans has only just begun, it looks like. The same ideologue who came up with the big lies about the death panels and pulling the plug on grandma are rolling out their latest campaign of misinformation.

The good news is that this time around the dynamics of the debate have shifted. Just as I long predicted, as people learn more about the great things in the Affordable Care Act, the benefits and protections that are now guaranteed by law, support for health care reform is growing steadily as time goes by and people learn more about what is in it.

A year ago, we were bogged down in the messy, frustrating politics of passing a bill. This time around the law is the law, and what is at stake is crystal clear: Are we going to put the health insurance companies back in the driver's seat, once again free to discriminate based on preexisting conditions, free to cancel your policy if you get sick, free to cut off payments? Are we going to revoke access to health insurance for more than 30 million Americans? Are we going to add hundreds of billions of dollars to the deficit by wiping out all of the savings of the Affordable Care Act? Are we going to impose higher taxes on up to 4 million small businesses that are eligible for health care tax credits thanks to this new health reform law?

I also want to rebut the extreme ideological attacks on the individual mandate in the new law. Republicans claim that this is somehow an assault on freedom. Let's look at it another way. It is certainly an assault on an individual American's freedoms when someone goes without insurance and they show up in the emergency room and they stick other Americans with their emergency room bill. How about that freedom? Shouldn't I be free, shouldn't you be free, from having to pay for someone because they did not have insurance and they show up at the emergency room, which is the most expensive form of health care, and now we have got to pay the bill? What about that freedom?

The individual mandate is just common sense, and that is why so many Republicans supported it in the past. Senator John Chafee's reform bill in the early 1990s included an individual mandate. It was supported by a number of Republicans, some of whom are still here. Republican Senator GRASSLEY, my colleague from Iowa, Senator HATCH, Senator LUGAR, all supported that individual mandate. More recently, the original Wyden-Bennett bill—that is Senator Bennett, a Republican from Utah—included an individual mandate. It was supported by Senators ALEXANDER, CRAPO, CORKER, and GRASSLEY.

As we all know, the individual mandate was a critical piece of Republican Governor Mitch Romney's health reform in Massachusetts. As I said, it is just common sense. By eliminating free riders and putting everyone in the risk pool, we keep rates down for everyone, and it is the only way that people with preexisting conditions are not left out in the cold.

So it comes down to this, as we learned—I was watching in the last few weeks the HBO series, now on DVD—about John Adams. What the early colonists finally realized is that they could enhance their freedom, they would have more freedom, if they stuck together, if they worked together, if they joined together.

The same is true here in health reform. When everyone is covered and no one is left out, we enhance an individual's liberty. So health reform is all about freedom, freedom from the fear that if you get sick, you will not be able to afford a doctor; freedom from the fear that a major illness will lead to financial ruin. These are the practical freedoms that matter to Americans.

I cannot tell you how many people have come up to thank me and other sponsors for passing the Affordable Care Act. They tell me how it has personally affected their families in profoundly positive ways. Let me first tell you about Sarah Posekany of Cedar Falls, IA.

She was diagnosed with Crohn's disease when she was 15 years old. During her first year of college, she ran into complications from Crohn's, which forced her to drop classes in order to heal from multiple surgeries. Because she was no longer a full-time student, her parents' private insurance company terminated her coverage, and 4 years later, she found herself—are you ready for this—$180,000 in debt, and was forced to declare bankruptcy. Sarah was able to complete one semester at Hawkeye Community College but could not afford to continue. Because of her earlier bankruptcy, every bank she applied to for student loans turned her down.

With the new health law, people like Sarah will be able to stay on their parents' health insurance until they are age 26. This is a real person. This is a real story. These are real people. So they want to repeal this? They want to tell Sarah: Sorry, we cannot help you any, and we cannot help other young people like you stay on their parent's policies until they are age 26.

We can consider the case of Eleanor Pierce, also of Cedar Falls, IA. When her job with a local company was eliminated, she lost her health insurance. She had the option of purchasing COBRA insurance, but it was completely unaffordable. So she searched for coverage on the private individual market and was almost universally denied access because of a preexisting condition of high blood pressure. The plans that would cover her came with premiums that she could not hope to afford without an income. So Eleanor, at age 26, suffering from high blood pressure, had no choice but to go without insurance and hope for the best. ''Hope for the best'' is no substitute for regular medical care. One year later, Eleanor suffered a massive heart attack. When all was said and done, she had racked up $60,000 in medical debts. So real people, real problems, and real solutions.

We need to get beyond the ideological obsession and listen to ordinary Americans, victims of the old broken sick care system. Americans have a clear message: The new law has important new benefits and protections; do not take those protections away. Nearly half of nonelderly Americans have some type of preexisting condition such as high blood pressure, arthritis, heart disease. The new law outlaws the denial of coverage based on preexisting conditions. The McConnell amendment on repeal takes that away. The largest health insurer in California used technicalities to cancel the policies of women who got breast cancer. The new law outlaws the practice of cancelling policies when people get sick. The McConnell amendment takes away that protection and restores the right of health insurers to return to that despicable practice. The new law prohibits insurers from imposing lifetime limits on benefits. The McConnell amendment sweeps that away. The law allows parents to keep adult children on their policies until age 26, as I spoke about with Sarah. The McConnell amendment takes that away.

I want to briefly mention the destructive impacts the McConnell amendment would have on my State of Iowa. One, it would raise taxes on more than 260,000 Iowans by taking away tax credits to help them purchase health care coverage. More than 8,300 young adults would lose their insurance coverage on their parents' health plans. Tens of thousands of Iowa seniors would face higher prescription drug prices and once again have to pay a copay for preventive services, such as colonoscopies and mammograms, which now they can get without a copay. And, of course, the 1.9 million Iowans with private coverage would once again be vulnerable to a whole range of abuses and discriminatory practices by the health insurance industry, like cutting you off if you get breast cancer or putting a lifetime cap on it or an annual cap.

In addition, I want to mention that the new health care reform law dramatically remedies the discrimination against Iowa, my State, and a number of other States in terms of Medicare reimbursement.

A little background. Under a very complicated Medicare formula, doctors in Iowa and a number of States were paid less for their services than their colleagues elsewhere for the same service. Under the formula, for example, Iowa physicians are reimbursed less than doctors in Louisiana for the same procedure.

As part of the new health care reform bill, I joined with Congressman BRUCE BRALEY, Congressman LEONARD BOSWELL, and Congressman DAVE LOEBSACK on the House side to negotiate a compromise that provides an immediate $800 million to address geographic disparities for both doctors and hospitals, as well as written guarantees from Health and Human Services Secretary Sebelius for further action to reform Medicare reimbursement rates. This great achievement is wiped out if the McConnell amendment passes.

In addition, thanks to the new law, midsized hospitals in Iowa—we call them the so-called tweeners. They are not big enough to have economies of scale. They are not small enough to be put into the small-hospital category.

They are sort of in between, but they are important providers of health care to so many communities in Iowa and other States around the Nation. Well, thanks to the new law, we will see greater Medicare reimbursement to these midsized hospitals in Iowa and other States. The 2-year fix will cover fiscal years 2011 and 2012. It will aid these low-volume hospitals, some of which have struggled to keep their doors open. The fix was included in the new health care reform law, the Affordable Care Act.

At the heart of the reform mission was an effort to decrease the number of uninsured and increase access—access—to affordable care. The law does just that and will ensure every Iowan access to quality health care, which these midsized community hospitals provide. Again, that goes away if the McConnell amendment prevails. We fought very hard to get that compromise to protect these tweener hospitals—wiped out by the McConnell amendment.

Finally, I want to mention the many millions of Americans who will be denied health coverage if the McConnell amendment passes. The Republicans apparently reckon that middle-class Americans who already have health insurance do not care about those who are not so fortunate. I could not disagree more strongly. I believe Americans do care about the uninsured, and they are well aware of the devastating human costs of repeal. Nearly 45,000 Americans die each year in part because they do not have health insurance.

With the landmark law, we are ensuring at long last that every member of our American family has access to quality, affordable health care as a right and not a privilege—as a right and not a privilege. I believe the American people, even those who have good private coverage understand—understand deep down—that it is not right in our society for 30 million Americans to go without health insurance coverage and the devastating effects it has on those individuals and their families when they do not have that health insurance coverage. So the American people are not going to allow the Republicans to take away this great humanitarian achievement.

I urge my colleagues to oppose the McConnell amendment. It blows a huge hole in the budget deficit. It destroys hundreds of thousands of jobs. It repeals the Patients' Bill of Rights, allowing health insurers to return to the same old abusive and discriminatory practices. It revokes health insurance coverage for tens of millions of Americans. Instead, let's listen to those voices of the American people who have cried out for so long—for so long—for health reform. Let's get rid of the ideological obsessions.

If there are things that need to be fixed, we can fix them. I have said many times that the health reform law is not the Ten Commandments, written in stone for all eternity. It is a law. We pass laws. No laws are perfect, and sometimes you have to make changes. We make changes in laws all the time. We are about to make a change in part of the health care reform law now dealing with small businesses. Fine. These things need to be adjusted and worked on as we go ahead. They should be done in a nonideological and hopefully bipartisan fashion. But to propose that we repeal everything—everything; repeal it—makes no sense.

Let's move forward to build a reformed health care system that works not only for the healthy and the wealthy but for all Americans.

Mr. President, I mentioned in my remarks about how we had changed the law for Medicare reimbursement to benefit certain Iowa hospitals, and because of that, many of the hospitals in Iowa were going to get a bump up in their payments this year. I have a chart here. I did not have time to get it put on a poster. For example, St. Luke's Hospital in Cedar Rapids will get an additional payment this year of $794,841—this year. That will be taken away by the McConnell amendment, by the way. Trinity Regional Medical Center, in Webster County, will get $434,913 additional this year, taken away by the McConnell amendment. Mercy Medical Center will get $584,883, in Iowa City, taken away by the McConnell amendment. We worked hard to get these payments to help these hospitals that are under duress and not able to serve people who are in their communities. We are able to get this additional money to help them survive. Yet the McConnell amendment would take it all away.

Mr. President, I ask unanimous consent to have an article by James Q. Lynch that was in the Cedar Rapids Gazette and also a chart showing the reimbursement to Iowa hospitals under our new Medicare rules for 2011 printed in the RECORD at the end of my remarks.

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

(See exhibit 1.)

Mr. HARKIN. Finally, I just say, for those of us in Iowa, in a small, rural State, with a lot of midsized hospitals, with a lot of people uninsured—and quite frankly, we are not in the upper echelons of income in the United States—for us this health care law provides immediate protections, immediate benefits, and promises even more benefits as we get to 2014 and beyond. It would be a devastating blow to my constituents in Iowa to have this health care reform bill repealed. That is why I so strenuously urge all my colleagues to oppose the McConnell amendment.

Mr. President, I yield the floor.

EXHIBIT 1

MEDICARE REIMBURSEMENT CHANGES WILL BENEFIT IOWA HOSPITALS, DOCTORS

(By James Q. Lynch, July 1, 2010)

A proposed change in Medicare reimbursement could increase payments to Corridor hospitals by more than $4 million next year.

Under changes expected to be finalized later this month, reimbursement for Medicare services would increase payments to St. Luke's Hospital by $794,841 and to Mercy Medical Center by $584,883. In Iowa City, the University of Iowa Hospitals and Clinics could see an increase of $2.3 million in 2011 and Mercy Hospital could get a $509,898 boost.

At the same time, a rule change on reimbursement to doctors could boost their Medicare payments by 5 percent beginning next year.

''This will mean a great deal to Iowa hospitals that have been struggling for many years,'' according to 1st District Rep. Bruce Braley, a Waterloo Democrat. He is part of a group of U.S. House members who have sought to move Medicare away from payment plans that resulted in geographic disparities that ''punished health care providers in Iowa that provide high-quality care and get low reimbursement rates.''

REIMBURSEMENT TO IOWA HOSPITALS UNDER PROPOSED MEDICARE RULES

Hospital	County	2011 Payment
Marshalltown Medical & Surgical Center.	Marshall	164,967
St. Anthony Regional Hospital	Carroll	104,979
Unity Hospital	Muscatine	74,985
Trinity Regional Medical Center.	Webster	434,913
Iowa Lutheran Hospital	Polk	479,904
Mercy Hospital	Johnson	509,898
Mary Greeley Medical Center	Story	479,904
Skiff Medical Center	Jasper	104,979
St. Lukes Hospital	Linn	794,841
University of Iowa Hospital & Clinics.	Johnson	2,399,520
Mercy Medical Center—North Iowa.	Cerrogordo	1,004,799
Mercy Medical Center—Cedar Rapids.	Linn	584,883
Iowa Methodist Medical Center.	Polk	1,709,658
Mercy Medical Center—Des Moines.	Polk	2,129,574
Broadlawns Medical Center	Polk	44,991
Spencer Municipal Hospital	Clay	164,967
Lakes Regional Healthcare	Dickinson	74,985
St. Lukes Regional Medical Center.	Woodbury	374,925
Grinnell Regional Medical Center.	Poweshiek	89,982
Mercy Medical Center-Sioux City.	Woodbury	779,844
Continuing Care Hospital at St. Luke's.	Iowa	Less than .0001%
Total		12,507,499

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. PAUL. Mr. President, I ask unanimous consent that Senator ISAKSON be recognized to speak following my remarks.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. PAUL. Mr. President, today we will vote on repealing President Obama's Federal takeover of health care. This vote will be not only to repeal the specifics of this legislation but to reassert that we operate under constitutional restraint.

When this bill first came up, many on the other side sniffed and were incredulous that we would mention the Constitution. Many on the other side said the Constitution—they really had not even comprehended that the question would be asked, ''Where do you get the authority under the Constitution to do this?'' Well, interestingly, we do still operate in a society with constitutional restraint, and the courts have now decided that the commerce clause does not mean you can do anything.

The commerce clause, though, for the last 70 years has gotten larger and larger. I used to joke that you can drive a truck through it now, it is so big. I also used to joke that if my shoes were made in Tennessee, they could regulate my walking in Kentucky.

The commerce clause—the expansive definition and understanding of it—has been supplying no restraint to this body. But I think this court case and I think this bill is about so much more than health care. It is about whether we live and operate with constitutional restraint of government.

This has been going on for a long time. It started with Wickard v. Filburn back in the 1940s, where they told a farmer he could not grow as much wheat as he wanted to.

He wanted to grow 20 acres of wheat, and the government said: You can only grow 10 acres of wheat.

He said: Why?

They said: Well, because of the interstate commerce clause, we can tell you how much you are going to grow.

He said: Well, I am not going to sell it to anybody. How am I engaged in commerce? I am just going to feed it to my livestock.

They told him that by not selling it, he could indirectly affect the price of wheat between the States. It was a ludicrous argument then, and it is a ludicrous argument now.

My hope is that out of this case, as it moves forward to the Supreme Court, maybe we will see a Court that takes a step toward overturning Wickard v. Filburn. I think that would be the most important case in the last 70 years in the Supreme Court, if we do it. Will we get there? I do not know. But listen to what the Founding Fathers said about this. Many people say: Oh, the general welfare clause says we can do this or the commerce clause says we can do this. Madison wrote that we would not have enumerated these specific powers and given them to the Federal Government if we intended for there to be no restraint.

Recently, in the two Federal court decisions, the judges made a point of saying that if you can regulate inactivity—basically, the nonact of not buying insurance—then there is no aspect to our lives that would be left free from government regulation and intrusion.

So I think this court case is incredibly important, more important even than the specifics of the health care bill. There are many reasons we should have opposed the health care bill and still should, but really No. 1 among them is that we need to have a government that operates under the Constitution and operates under a commerce clause that was intended to promote free trade between the States and was never intended to allow a government to grow so large and so invasive that it could intrude into every nook and cranny of our economic lives.

With regard to the specifics of the health care bill, there were some problems in health care. As a physician, I have seen some of the problems. But do you know what the No. 1 complaint I got was? It was the expense of health insurance, the rising expenses. The Federal takeover of health care did nothing to that. In fact, it has already increased the expenses to those. You see premiums rising.

But when you see problems, there are two directions to go. We had problems in health care, but you could say: Do we need more government or less government? From my perspective as a physician, I saw we already had too much government involvement in health care. I saw that what we had going on limited competition. You need more competition in health care if you want to drive prices down. So you need to allow insurance to be sold across State lines. You need to allow competition in prices.

One of the surgeries I did was LASIK surgery, where you correct someone's eyes so they do not have to wear glasses anymore. No insurance covers it, and you would think: Well, gosh, maybe this body will get together and force people to buy insurance for LASIK surgery. It is good. It is a great thing. Well, do you know what. Without government getting involved, competition drove the prices down on LASIK. So the prices were driven down because the consumer was involved. The same way with contact lenses; you can buy a contact lens for 4 bucks, maybe 3 bucks. It used to be $20 or $30 a contact. Competition works.

So what we should have asked ourselves when we looked at this health care debate is—yes, there are problems. Yes, we can agree portability was a problem. Yes, we can agree preexisting conditions were a problem. But we should have said: Do these problems exist because there is too much capitalism or too little capitalism? I would argue there is very little capitalism at all.

I do cataract surgery also. Do you know what. I charge the exact same price as every other doctor in my town, every other doctor in the State, and every other doctor in the country because the prices are set in Washington by a central committee. That is not capitalism, and that is why health care is broken.

We need to get back to the fundamentals, and we need to say: Why does capitalism work in nine-tenths of the economy but doesn't work in health care? Well, maybe it is because we are not allowing capitalism to operate in health care.

Today's vote on repeal is very important. There is great symbolism to this because we have to say: Yes, we operate as a body under the restraint of the Constitution, but there is also a message about economic systems. The American economic system is capitalism, and we should be proud of it. We should try to inject capitalism into more enterprises and not less capitalism. We should not have such great faith in government that government has all the answers because government is notoriously inept and inefficient at most of the things it does.

I rise today to support the repeal of the President's takeover of health care. I hope the Democrats will reconsider. I understand some of them are reconsidering.

I yield back the remainder of my time.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAKSON. Mr. President, first of all, I commend the Senator from Kentucky, Mr. PAUL, for his remarks and particularly his reference to the Constitution. When I read the decision of Judge Vinson in Florida, it read a lot like the CONGRESSIONAL RECORD of December 23 of last year when we were on the floor right before Christmas Eve debating whether to pass the Affordable Care Act. Judge Vinson was clear and precise both on his ruling on the commerce clause as well as recognizing the necessary and proper clause nor the general welfare clause can substantiate requiring people to make the decisions that the health care bill requires.

I am going to vote for the amendment by Senator MCCONNELL to repeal the Affordable Care Act. I wish to repeat the reasons I stated a year and a half ago on the floor of the Senate as to why I believe that. First of all, it has little or nothing to do with affordable care, in my judgment, and we have seen in the 13 months since its passage and the 9 months since its signing increase after increase in costs, both in terms of insurance premiums as well as the application of the law to the practice of medicine. So it is not about affordable care; it is about care going up in its costs.

Secondly, if you look at the way in which the bill ostensibly claimed it paid for itself, it shot big holes in America's health care future, taking $500 billion out of Medicare to begin with, reducing the reimbursement almost in its entirety for home health care which, in a State such as Georgia with many rural people, is the primary way in which health care is delivered to them, and the assessment of taxes, whether it be on hearing aids and medical devices or the 3.8-percent surtax placed on earned income for those people making more than $200,000 or families making $250,000.

It is appropriate to start over, but by starting over it doesn't mean we delay dealing with the problems Americans face with their health care. It may mean we, in fact, accelerate it beyond what this bill would have done if it is carried out to its entirety.

When we had the meeting at the Blair House a year and a half ago in the middle of the health care debate, when the President and the Democratic leadership sat down across the table from the Republican leadership and for 4 hours engaged in a discourse over the differences in the two ideas, it became quite clear what the majority wanted

to do. They wanted to change the paradigm and put the government in charge of health care in America.

That is why every provision in the bill, from the fines for not buying insurance to the provisions of reimbursement, drives government to be the decisionmaker and the controller, just as the distinguished Senator from Kentucky talked about the price of health care today. The price of health care begins and ends with the assessment of reimbursement made in Washington, DC.

So, No. 1, we do need to change the paradigm and get back to a capitalistic-type system and a competitive system. For example, repealing the barrier on interstate sales of health insurance and having a national marketplace. Allow affiliated groups or similar groups to join together and compete across State lines as a larger risk pool like independent contractors, like the profession I came from, real estate agents, who are not employees, who don't have the benefits of ERISA coverage but bound together could compete with IBM or any other company in buying insurance as a group with a large enough risk pool to reduce the cost of their premiums and raise their coverage.

It is very important to realize that the real solution to health care, both in terms of its costs as well as a healthy America in the future, is the way we practice wellness and disease management. Those are the types of programs we can then begin to incentivize now to raise them in their practice and lowering in the outyears the cost of health care and begin to get our arms around what is right now a spiraling contributor to the deficit and to the debt.

But most importantly of all, the fact that over 70 waivers have been issued by Health and Human Services already is proof the bill is flawed, and it is proof its continuation up until its beginning in 2014 is going to be nothing more than making other exceptions for other groups for trying to make a bill that is designed to fail work. It won't happen. It should be repealed.

I commend the leader on his amendment, and I will vote for it this afternoon.

I yield the remainder of my time.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. COATS. Mr. President, it was my understanding that another member of the Democratic Party was going to speak at this time, but not seeing him, I think I will just go ahead and deliver my presentation.

As a candidate for the Senate during this past year, I met with many Hoosier families and small business owners, as well as health care providers, patients, doctors, and all those involved with concerns about where this health care process was going to go. Everywhere I went, from Lake County to Fort Wayne to Indianapolis, Muncie, and down to Evansville—all across the State I heard a resounding plea to overturn the costly and intrusive health care law that was passed by this last Congress and signed into law by the President.

The issue for these people was not whether we needed to address issues of health care, whether it was quality, cost-effectiveness, or access; the issues for them were two things: One, they resented the process where a massive bill, which many did not fully understand or grasp the implications of, was forced through these Chambers and passed hours before Christmas. The rules were bent to try to move the bill through the process, and it became a policy which was not supported on a bipartisan basis but yet a policy that affected virtually every American.

If experience tells us anything, it is that massive changes in policy need bipartisan support to be acceptable if they are going to be effective. The majority of people I spoke to about the health care plan that is now in place believe it is fatally flawed and needs to be repealed so we can start over with a much more cost-effective, efficient, affordable health care plan.

Those who have listened to the people express their views on this particular issue have come to the conclusion that their voices were not heard, as they expressed throughout the deliberation of this; that Congress wasn't hearing what they were saying. The results of November—I think with this issue being central to the election—ratified that. So I urge my colleagues in the Senate to listen to the American people and repeal the law that is before us, a health care law that raises taxes, penalizes businesses, straps States with costly mandates, and increases premiums for American families.

Recent polls show a significant majority of Americans want the President's health care law to be repealed, and they want Congress to start over and put together a plan which does not cost the taxpayers a lot of money and will not provide the access and the care and the quality Americans are looking for.

We know more than half the States, including my State of Indiana, have joined in lawsuits challenging provisions of the constitutionality of the law that will be settled by the Supreme Court in due time. But I believe we must take this opportunity now to overturn the law and start over.

Let me address some of the consequences to my State of Indiana and to Hoosiers if we do not repeal the current health care law. Hoosier families will clearly face higher premiums. Nonpartisan budget experts from the Congressional Budget Office reported that individual health insurance premiums will increase by $2,100 per family as a result of this new law. If we do not repeal the health care law, 50,000 low-income Hoosiers will be dropped from the Healthy Indiana Plan. This was the plan implemented by our Governor and our State representatives and senators, an innovative plan that addressed the real problem of low-income Hoosiers not qualifying for other support. This plan put in place a proposal for health savings accounts. The program has been so popular that it now includes more than 50,000 participants.

Unfortunately, as a result of the health care law, the State may need to terminate the Healthy Indiana Plan and place its participants into Medicaid. This is just one example of a provision of law enacted at a Federal level that denies units of government—States, localities, and others—from innovating and bringing about sensible, market-based solutions to problems they face.

The one-size-fits-all Federal health care law basically says to those States and those innovators: No, we know better. We will tell you what to do regardless of what the cost is or regardless of how effective your program is. Our Governor had negotiated savings for prescription drugs for low-income recipients, but this law prevents that type of innovation and progress made on the state level.

If we do not repeal the health care law, Hoosier taxpayers will bear a heavy burden. The law will force Indiana to expand Medicaid, enrolling approximately one of every four citizens in the program. According to an actuarial analysis by the Indianapolis-based Milliman, Inc., Indiana will have to absorb an estimated $3.6 billion in new costs over the next decade if the 1.5 million eligible Hoosiers enroll in Medicaid, which they may under this plan. That burden is passed on to Hoosier taxpayers, and our State, frankly, cannot afford to do that.

The report also predicts that Indiana would have to spend more than $300 million on new administrative costs alone. So with States already facing budget cuts, there is no doubt these costs will either be passed on to taxpayers or the State will opt out of the plan and turn people over to the exchanges and to the control of the Federal Government.

If we don't repeal the health care law, Hoosiers will see a decrease in the quality of service of care. I met with physicians, health care providers, and hospital administrators at sites all across the State. I heard a very common concern: The new law will jeopardize the quality of care for patients.

The health care plan cuts reimbursement dollars for hospitals and providers at a time when they can least afford it. These cuts simply exacerbate the dire shortage of doctors and nurses and will result in less advanced care for people in need, less personal attention from providers, and fewer choices for patients.

If we do not repeal the health care law, Hoosier businesses will suffer. The President's health care overhaul hits our job creators with harmful mandates and regulations, mountains of paperwork, and countless taxes. The new

law requires businesses with 50 or more people on staff to pay a $2,000 tax per worker if the employer does not offer an acceptable health insurance plan for its employees.

If I heard one thing more than any other thing from business owners, it was that this law will drive them to make employment decisions that are adverse to the benefit of those seeking employment. Companies that were in the 45-to-50 range of employees, or even less, have basically said if the choice comes down to whether to hire new employees or whether to outsource or whether to use technology to replace those employees, they will do so to prevent going over 50 employees and being forced to offer insurance or pay a penalty.

An arbitrary line drawn at 50 basically puts the job creators of this country—the small- and medium-sized businesses—in the position of having to decide whether to take on the mandated tax burden of the Federal Government or simply not go forward and hire over that particular limit, forcing them to find other ways to produce their product without added employment.

At a time when we are facing 9-plus—nearly 10 percent in many areas—unemployment, putting a law into place on a nationwide basis that discourages businesses from hiring is simply the wrong thing to do.

Other businesses may find it more cost effective—and many have told me they would drop workers from their health insurance plan and pay the fine instead. Turtle Top, a shuttle bus maker located in New Paris, IN, found that dropping health care coverage for employees and paying the Federal penalty would generate a savings in the six-figure range for the company. That is a story repeated over and over. The law dictates that it financially benefits some companies to drop their insurance plans and shift coverage for employees over to the Federal taxpayer.

In fact, the administration's own estimates revealed that more than 6,000 pages of regulations mandated by the law could force half of all employers—as many as 80 percent of small businesses—to give up their current health care coverage within the next 2 years.

One burdensome regulation is the 1099 provision. I believe we are going to vote on that amendment, and I hope it passes. This is one of the many egregious, unexpected consequences of pushing a law through without fully understanding the law or the implications of the law. Rather than beginning a piecemeal approach to de-construct this approximately 2,100-page bill, I believe it is expeditious for us to repeal and start over.

The medical device tax particularly impacts my State. It adds a 2.3-percent sales tax on medical devices. This is an industry in the State of Indiana that probably is one of our top manufacturers, is making a profit, and is hiring people. Yet it will be arbitrarily taxed as a way of helping to pay for the cost of the health care bill. Cook Medical, a medical device company in Bloomington, IN, expects that the new health care law will cost the company $15 million to $20 million per year. This is a company, along with Biomet, Zimmer, and other medical device companies, that had the deep pockets because they were producing products that the world wanted to buy. They were one of our export leaders, and because they were making profits at a time when the Federal Government was looking for money to pay for other aspects of the health care plan, they simply added a 2.3-percent sales tax on the devices, to a total of about $20 billion.

The health care law devastates Indiana businesses. At a time when nearly 1 out of every 10 individuals today in Indiana is looking for a job, Congress should be focused on a way to encourage private sector growth and job creation, not stifle it.

Our health care system in America has problems, but restructuring it with a one-size-fits-all, government-run plan that increases taxes, raises premiums, and hits businesses with penalties is not the right thing to do.

Congress needs to repeal the current law and start over with a step-by-step approach that reduces the skyrocketing costs of care.

Listening to Hoosiers over this past year, I created a list of 10 priorities that Congress, I believe, should focus on when we start over on health care:

One, allow competition to cross State lines. We need to improve access and the quality of care by increasing competition and allowing consumers to purchase health insurance across State lines.

Encourage innovation. I talked about the innovation taken away from our State through this law.

Eliminate frivolous lawsuits and include liability reform. Passing a health care bill without liability reform part of it—when all of us know defensive medicine is forced upon doctors and providers at hospitals through frivolous lawsuits and without a sensible process of providing for those who clearly are victims of malpractice—undermined the credibility of what Congress was trying to do and what the American people and the health care providers were looking for.

Improving Medicaid and the SCHIP program.

Allowing for the immediate creation of association health plans for small businesses.

Incentivizing and rewarding healthy lifestyles.

Expanding health savings accounts, not reducing them.

Advancing the use of electronic medical records, while retaining privacy.

Increasing cost transparency.

Retaining our promises to our military personnel veterans and their eligible family members.

Those are all components of the more detailed plan I outlined this past year in Indiana.

Most important, I believe the underlying principles to ensure that our health care system is one that preserves personal freedoms and puts individuals in control of their own health care decisions is critical to addressing the next bill we take up.

Let's take this opportunity now and listen to the patients, listen to the health care providers, the physicians and listen to the job creators and small business owners and then let's listen to the American people who sent us here to represent them. Let's repeal this law and let's start over.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. NELSON of Florida. Mr. President, it seems to me that what we ought to be doing with regard to this law is fixing it instead of repealing it. We ought to be focusing on fixing it instead of focusing on repeal. Already, unanimously, it seems, people have embraced different parts of this law as certainly necessary. You could go down the list. Twenty-six-year-olds can now stay on their parents' health insurance policies. Health insurance companies can't go off spending all kinds of money on all kinds of jet airplanes and vacations. They have to deliver, on large group insurance policies, 85 cents of health care out of the $1 of premium paid—85 percent.

Then, of course, you can't have a health insurance company cancel you in the middle of your coverage. Who in the world would not embrace this in the law; that is, you can't have some silly kind of reason that you are not going to give health insurance to a patient because they had a preexisting condition when, in fact, they had a skin rash, and that is an excuse.

There is a lot in this law that is good, not the least of which is that there are 35 million people out of the 45 million who are uninsured in this country who, come 2014, will have private insurance, private exchanges, called health insurance exchanges, in each State, to which they can go and shop for health insurance. If they can't afford it because they are somewhere between that and the rate at which they are eligible for Medicaid or they are up to 400 percent of the poverty level for a family of four, they will have some assistance from the Federal Government so they can purchase that private enterprise exchange insurance. If you can bring 35 million people into the health insurance system, what happens to it? If they have health insurance, they start getting preventive care. That means you avoid what happens now, which is they don't have health insurance, they avoid going to the doctor because they can't afford it, and they wait until the health problem turns into an emergency. Where do they end up? They end up in the emergency room, which is the most expensive place now, with a full-blown emergency, and the laws of the 50 States require the emergency rooms to treat

those people. Guess what. Who pays? All the rest of us pay.

So if you can bring 35 million people out of the 40-some million uninsured Americans into the health insurance system, you bring down the per-unit cost that all the rest of us pay, which is tacked onto the health insurance premiums we pay. Because when the hospital picks up the tab, who do you think pays? It is distributed right out to the health insurance system, and the rest of us end up paying. So there is a lot of good in here. What we ought to do is fix it. We should not repeal it.

There is another issue that has arisen in this great debate we are having, which is of historic proportions, on what is going to happen to this law that was passed in this body by a 60-vote margin. What has happened is there have been a lot of lawsuits filed. In two cases, Federal district judges have ruled the law is constitutional. In two other cases, Federal district judges—this is the lower court of the Federal court system—have ruled it is not constitutional. Of course, we have had action by the legislative branch, the other House, the House of Representatives, which has voted to repeal the law. Now here we are with the issue in front of us on which we will vote later today.

Well, doesn't anybody conclude that this matter is going to the Supreme Court to decide if this law is constitutional? When the Supreme Court decides, regardless of what we have done or what we haven't done, the Supreme Court decision is going to discard political and partisan interests. So isn't it in our commonsense interest if we would come here and join together in a resolution to petition the Supreme Court to have an expedited review of this case?

Typically, what happens with these two for and two against, that will work its way up through the court of appeals, and that will take another year, year and a half, and then it will get to the Supreme Court. That will take another year, year and a half. Why don't we expedite the matter? Why don't we express our intent to have an expedited review by the Supreme Court?

I have filed such a sense of the Congress—a resolution—and its passage might prevent people from arguing back and forth over this law for the next several years. Everybody in this country that will be affected would have an answer, and they deserve an answer. Therefore, I urge the Senate to consider adopting the resolution asking the Supreme Court to step in and decide quickly whether the current law meets the constitutional test.

My preference is that we fix the law, that we not throw it out. I don't want to go back to the days of the insurance companies dropping people because they get sick or depriving seniors of help getting their prescription drugs. But because the matter ultimately is going to be resolved by the Nation's highest Court, I think we ought to take a commonsense approach on this resolution. I urge my colleagues to adopt it.

Mr. President, I see no one else is on the floor seeking recognition. I will just add that another commonsense component in this law that certainly means don't repeal it is the assistance that is given to senior citizens.

That assistance is in the form of help with the cost of their prescription drugs. The Congress passed, and it was signed into law years ago, a prescription drug benefit, but that benefit was only partially assisted by the Federal Government, and senior citizens had to pick up a big part of the tab. This law closes a lot of that gap, what is commonly referred to as the doughnut hole. We do not want to take that away from senior citizens. I certainly think that is going to stand the constitutional muster.

There is another part of this law that is so beneficial as well, and that is, are we not concerned about the deficit, are we not concerned about how we are going to get our country back on a road toward balance of our deficit so that we have a balanced budget? What this law does, which seems to me common sense that you do not want to repeal it, it saves the Federal Government, according to the Congressional Budget Office, a nonpartisan, highly technical economic team, $250 billion over the next 10 years and in the second 10-year period would save up to $1.2 trillion to the Federal Government.

There are plenty of reasons that we ought to fix it instead of repealing it. I urge my colleagues—and I see my dear friend from the State of Nevada came in. Before he came in, I had urged us to consider a sense-of-the-Congress resolution to have an expedited appeal to the U.S. Supreme Court.

Mr. President, I yield the floor.

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

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

The Senator is recognized.

Mr. ENSIGN. Mr. President, I rise today in support of the amendment offered by the Republican leader to repeal what I believe is an unconstitutional government takeover of our health care system. Make no mistake, we all want to improve access to affordable health insurance for all Americans, including those individuals with preexisting conditions. Unfortunately, this health reform law is not the right prescription.

Over the past year, I have spoken with tens of thousands of Nevadans about this bill. They were very clear when they said that this law is not the cure for our broken health care system.

This law imposes new burdens on most Nevadans and most Americans. It requires that every American citizen purchase health insurance coverage. Those who fail to buy health insurance that meets the minimum requirements are subject to financial penalties.

Two weeks ago, I received an e-mail message from Tommy Felt, a Boy Scout in Las Vegas. This is a picture of Tommy. He is 12 years old. He attends Molasky Junior High School, and he is working to earn his Citizenship in the Nation Merit Badge.

Tommy's e-mail stated:

> I'm really concerned that the bill will damage our country. I think it is unconstitutional for the government to force citizens to buy health coverage. Also, I believe that the hidden costs in this bill will drive our country much deeper into debt. My dad says that this bill will lead to the elimination of Senior Dimensions and Medicare Advantage plans for our seniors.

I wish that more than half of my colleagues would heed the words of this young 12-year-old.

I could not agree with Tommy more. I, too, am also concerned that this health reform law will destroy our health system in our country. I am also concerned about the unprecedented overreach of the government's demand that every American purchase health insurance just because they live in America.

A judge in Florida, as we have all heard, ruled that the entire health care law is unconstitutional. Let's ask the question, Is it really Constitutional for the government to tell all Americans they must buy health insurance coverage? What is next? What personal liberty or property will the Congress seek to take away from Americans next? Will the government mandate what cars we are allowed to drive or what food we feed our children? Where do we draw the line? Or will we even draw one at all?

After all, the Constitution is about enumerated powers, the specific powers given to the Congress. This bill blows the lid off those enumerated powers.

I have spoken at length about the unconstitutional provision and even raised a Constitutional Point of Order before the Senate voted to pass this reform bill.

As I previously mentioned, earlier this week, a Florida judge ruled the individual mandate unconstitutional and even went so far as to say that the whole bill is unconstitutional because the mandate cannot be separated out. In December 2010, a Federal judge in Virginia also struck down the individual mandate as unconstitutional.

We know it could take several years for this case to reach the Supreme Court of the United States. My good friend from Florida, Senator NELSON, talked about expediting that procedure—which makes a lot of sense—so that we do not have to wait several years for the Supreme Court to reach its decision. The administration should ask for that. The administration has the right to bypass the Court of Appeals and go directly to the Supreme Court. In the meantime, because it

may take several years, we should act to repeal this law before we begin to suffer under its tyranny.

Now, going back to Tommy. His e-mail addresses the significant costs associated with this health reform bill. Tommy has every right to be concerned. In fact, every American should be concerned. Spending in this country has continued to spiral out-of-control. The health reform law is only adding to our financial demise. Unless we repeal it, the law will further exacerbate the cost of health care, explode our deficit and debt, and forever alter the relationship between the government and the American people.

We hear from the other side that this bill is going to reduce the deficit because there are $500 billion in cuts to Medicare as well as tax increases. By the way, the Congress could repeal those cuts in Medicare and often does. The other side also used fuzzy math when this bill was being debated. A lot of the savings in Medicare were counted twice. That is why a study by the Republican side of the Senate Budget Committee said that this bill would actually increase the deficit in the first 10 years by $700 billion.

Let's have some common sense. Do you think you can increase the Medicaid rolls by 16 million people in America and actually cut costs? Does that make sense to anyone? Increase the Medicaid rolls, which are paid by the Federal Government and the States, and then say we are actually going to decrease the deficit? That defies common sense.

Many small business owners in my State have already seen a dramatic increase in their health insurance premiums. This bill was supposed to bring down costs. It is doing exactly the opposite.

I have met with many companies across our State. At least three large companies I've met with tell me they are considering, because of the costs, dropping their health insurance and paying the $2,000 fine per employee. It makes sense to them. They can pay their employees a little stipend, they can put their employees on the government system, and they are money ahead.

With businesses struggling just to make it today, this decision could be the difference between staying in business or not. They are looking at huge increases in their premiums, or paying the fine and putting people on the government system. That is one of the reasons I think this bill is going to massively increase the Federal debt.

This law does not help the typical Nevada family who purchases insurance in the individual market either. In fact, in traveling the State, I met with Nevadans who are already seeing increases in their premiums. Those who purchase insurance plans in the individual market could see a 10- to 13-percent increase in their premiums because of this bill. But some of the small businesses that I have talked with are already seeing increases this year around 15 to 30 percent. A few of the small businesses are seeing increases around 8 or 9 percent, but most of them are in the 15- to 30-percent range.

In my State, unfortunately, about 70 percent of all the health plans provided by businesses will not meet the minimum requirements that will be mandated by the government starting in 2014.

In Tommy's e-mail to me, he also mentioned Medicare Advantage. There are more than 100,000 Nevada seniors who choose a Medicare Advantage plan. These Nevadans are not better off because of this reform. Their extra benefits actually will be reduced by more than half.

This bill does not help middle-income workers in Nevada either. Our hard-working hotel housekeepers, casino restaurant workers, airline workers, teachers, and police officers now look forward to collectively sharing the burden of the $200 billion tax on health insurance holders.

Many American workers will pay for new taxes and penalties with reduced wages and lost jobs. Oh, and by the way, there are also new taxes on prescription drugs, clinical lab work, and medical devices that will also get passed on to the American people.

Simply put, I believe this health care bill is a job killer. My State cannot afford to lose more jobs. We have 14.5 percent unemployment in my State, and 9.4 or 9.6 percent across the Nation. We cannot afford to lose more jobs.

I am sure many of us have heard the phrase that the devil is in the details. Truer words could not be spoken when talking about this health care reform bill.

We know when Democrats passed this legislation that they gave enormous discretion to the Secretary of Health and Human Services. But I do not think any of us could have fathomed that the 2,000-page bill would generate potentially up to 20,000 new pages and regulations.

I have printed off many of the rules and regulations as well as the bill itself. Look at the size of this stack, and they are not even close to being done writing all the regulations. I challenge any company or any American to try to understand this bill and its regulations. It is virtually impossible. It takes a team of lawyers and health care experts to even come close to understanding all the implications of this bill.

According to my staff's calculations, so far there are about 6,200 pages of regulations. As I mentioned before, this could go to at least 20,000 pages. It is safe to say that the devil is in the details with this health bill.

The American people are going to learn more about the unintended consequences of this legislation as more and more of these regulations roll out. Remember last year when NANCY PELOSI said, We have to pass the bill so we can find out what is in it. We may be able to find out what is in the bill if you are able to understand it when you get through reading it all. I wonder how many people in this body have read not only the legislation but the rules regulations. It is absolutely daunting.

This health care reform bill is an over 2,700-page bill full of new taxes on Americans, funding cuts for programs they rely on, and raised premiums, which is why we should be repealing this bill. Instead of doing so, however, this administration is granting special waivers to various provisions in this law. These waivers are basically exceptions to the rules, and they allow organizations to circumvent the standards required in this health reform law. If waivers are needed, isn't that proof the health care reform bill is problematic? Isn't it proof this health care reform bill isn't working, or are special interest waivers a greater priority than the plight of the American people? It is interesting to me that some of the biggest supporters of this law have been working behind the scenes so they can obtain special waivers to get out of complying with this law so that they will not be held to the same standards as businesses in Nevada.

Nevadans are not behind this bill. The American people are not behind this bill. But there is no doubt that we need to improve health care in the United States. What is the primary problem with health care in the United States? The new Senator from Kentucky said it best: It is too expensive to buy health insurance in the United States. This bill does nothing but make that problem worse.

The people of this country did not sign up for the kind of change that brings with it billions of dollars in new taxes and a potential loss of their current insurance coverage or the choice to decide which coverage they have. The American people don't want a bureaucrat coming between them and their doctor.

Now, turning my attention back to taxes just for a moment, this bill alone ensures that hard-working Americans hand over even more of their paychecks each month to the government. It is funny how reforming health care means more money for Uncle Sam.

There is a new surtax on investment income—which, yes, does include a gain on home sales—which has many Nevadans infuriated.

There are new limits on the use of flexible spending accounts, which concerns many Nevadans who use these accounts to fund exceptional medical costs, even though President Obama promised that people could keep their current health care plans.

There is also a new tax on certain employer-provided health care—the so-called Cadillac plans. There are taxes on drug companies, medical devices, indoor tanning services, and the onerous 1099 reporting requirements for small businesses that, apparently, even President Obama opposes now.

President Obama said in his State of the Union Address that we need to fix parts of the bill that need fixing and move forward. Well, I believe this whole bill needs fixing. So let's repeal it and replace it with real health care reform that actually attacks cost, the No. 1 problem in health care in the United States. We can go back to the drawing board, take the best ideas from both sides of the aisle, and put together a health reform bill that will take us into the future.

Republicans have come up with many ideas on ways to fix the Nation's broken health care system. The answer is not unbearable taxes, unsustainable growth of the government, or paying for a brandnew entitlement program.

Those aren't the qualities of comprehensive health reform. They are the qualities of a terrible policy that will lead to devastating results for Americans and our health care system, which is the best in the world. There is a better way. It will take time, but if we can change the way Americans think about health care, then we can create a better system.

Imagine a system where Americans get to keep their choices in health care and where they are allowed to buy insurance across State lines. Imagine a system where there is transparency, where you know how much your doctor's visit will cost and how much your surgery will be. Ask yourself: When was the last time you went to a doctor's office and got a written estimate? In this third-party payer system we have, where someone else is paying the bill and you are receiving the service, the doctors don't care what you think of the cost. So there is no transparency in today's system. We need to have a system that is transparent, where you can shop around for the best value for your money.

Imagine a system that rewards individuals for engaging in healthy behaviors. Imagine a system where you are not punished for having a preexisting condition. Imagine a system that allows small businesses to pool their purchasing power together to provide health insurance to their employees through small business health plans.

Imagine a system where doctors can practice medicine to heal patients instead of practicing medicine with the goal of not being sued. And imagine a patient-centered health care system instead of an insurance-centered system or a government-centered system, which is what we have today.

These are all standards we should work toward. We cannot afford to settle for this bill.

I believe this bill will bankrupt our country, our families, and our neighbors.

We simply cannot survive with this agenda of taxing and spending away our future. We can't survive it; we can't afford it.

Mr. President, I believe we should repeal this bill: all of its pages, all of its regulations, all of the regulations to come. I believe we should work together—not as Republicans, not as Democrats—as Americans to address the primary problem in health care in this country: the cost. It is critical for the future competitiveness of American business, and it is incredibly important for the quality of health care and for the future of our citizens as well.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. BEGICH). The Senator from New York.

Mr. SCHUMER. Mr. President, I rise in strong, vehement opposition to the amendment offered by the minority leader, Senator MCCONNELL, to repeal the health care reform law.

First, I would say to my good friend from Nevada, yes, we would like to work together to further reduce costs, but this bill does reduce costs significantly. The CBO has said in no uncertain terms that repeal would balloon the deficit by $230 billion in the first decade and more than $1 trillion in the second decade. That is because the law smokes out a good deal of the waste, the inefficiency, and the duplication that we all know is part of our system.

That is the place where we have to continue to work together. Our country delivers the best health care in the world, but it is also the most inefficient. We spend 17 percent of our GDP on health care. The next highest spending country is only 10 percent. Under the reformed law, we will begin the first large step in keeping quality care but getting costs under control.

If my colleagues on the other side of the aisle said: You know, you are right; we have to reduce costs, we have a better way and they offered a bill on the floor, well, then, maybe we would take a look at it. But they are silent. It is very easy to sit there and say repeal, but what would they put in its place?

The reason this amendment will be so easily defeated today is because a budget point of order says if you are going to raise the deficit $230 billion in the first decade and $1 trillion in the second, you better find out where that money is coming from. The other side is silent, not a peep about where that money would come from. So that makes one feel this is sort of for show. Let's wave the flag for some of our hard-core supporters who definitely want repeal, but there is nothing in its place.

The old mantra the other side seemed to have—some of them—of repeal and replace is gone. It is now repeal and we have nothing to replace it with. That does not meet with the favor of the American people. In fact, the number who are against repeal is growing. Only about one-fifth of those who say they want to see the law changed want full repeal. Only 20 percent of the public wants full repeal. If those numbers are correct, and I believe they are, that means almost certainly that a majority of Republican voters don't want full repeal.

The bottom line, Mr. President, and particularly in this area of health care, is that talking about deficit reduction is a lot easier than doing it. That fact is evidenced by the amendment my friend, the leader from Kentucky, will offer. That is why a budget point of order is the appropriate response, and that is why this will be defeated rather handily.

In later days maybe my colleagues will come up with parts of the bill they wish to change. We will be open to it. Today Senator STABENOW is offering an amendment to change the 1099 section of the law. She has worked with people on both sides of the aisle. I know Senator JOHANNS has been a leader, the Republican from Nebraska. We are going to pass that today. So the idea that we are unwilling to change any part of this law is belied by what we are doing on the Senate floor.

We want to work together. But somehow, when we get a repeal amendment—repeal the whole thing, no substitute, no answer to how to deal with the debt—one wonders what this repeal is all about.

Furthermore, why is the American public becoming more favorable to this law as we go through this debate? That is what the polling data has shown. Well, I would give two reasons. First, many of the horrors that were bandied about as the law was being put together are proving not to be true.

I will never forget that last summer someone came to me, a gentleman from Long Island, and he said: Senator SCHUMER, I am a Democrat. I have voted for you in every election, but I am not going to vote for you again.

I said: Why?

He said: I hate the health care law.

I said: What do you hate about it?

He said: I am going to lose my health care benefits on Labor Day.

I said: What is your profession?

He said: I am a New York City firefighter. He lived on Long Island, but he was a New York City firefighter.

Well, anyone who knows even a little about the health care bill knows that a New York City firefighter will not lose their benefits on Labor Day or any other time under this provision. But this poor man had listened to some talk radio and they had convinced him he was going to lose his benefits.

But that is all fading. I haven't spoken to the gentleman since. I don't know his name. I just met him at a summer street fair. But he has found his benefits are just as good today as they were on the day before Labor Day, so it is pretty logical to suppose he would have said repeal the law a year ago but wouldn't say so today.

But there is another reason, and probably an even more important reason, this law is gaining support as people learn about it, and we owe some thanks to our Republican colleagues because they have given us a second chance to make a first impression. Most who looked last year said the messaging—rightly or wrongly, falsely or truly—was done better by the opponents than by the proponents of the

law. But now, as people look at the law, they are learning about the many good things in the bill.

I daresay that most of my colleagues on the other side of the aisle want to keep those good things. I would be quite certain that the vast majority of Americans would want to keep those things, and the polling data backs that up.

So when you say repeal, when you just use a hatchet and not a scalpel, you lose all the good things, many of which are in effect today. So I would ask my colleagues on the other side of the aisle who support repeal: Do you support increasing prescription drug costs for our Nation's seniors? Thanks to this law, the so-called doughnut hole—which was created in the prescription drug plan of 2003 under George Bush—will be fixed. Seniors who fall into this doughnut hole—which says when they pay about $2,500 for drugs, the government will help them no longer—will now get a 50-percent discount on their medications. This first year that will amount to a savings of $550 for the average senior.

When you are a senior on a fixed income, $550 is a nice amount of change, and that will help a whole lot of people. The discount keeps increasing every year until the last crumb of the doughnut hole is gone.

I will admit that is a mixed metaphor because a doughnut hole, by definition, has no crumbs. But good try, staff. Excellent work, in any case. It sounded very good to me too.

But in these times, these savings aren't exactly chicken feed. They will make a huge difference for seniors. The average senior, when the doughnut hole is fully eliminated—crumbs and all—will save more than $2,000 a year.

How about the provision that helps young people? Every one of us knows of instances where young men and women get out of college or get out of high school and they go into the job market. Oftentimes those new jobs they are seeking do not provide health care. That happens quite often. It is a new job, it is a low-paying job, they are just starting out. I know—I have spoken to many young people like this, and their parents—there is a lot of anguish. Does that young person who maybe has a job that pays $25,000 or $30,000 a year pay $1,000 a month for health care for himself or herself? They cannot afford that.

On the other hand, to go without health care insurance—yes, they are young and healthy but God forbid they have an accident, go to the hospital, come up with some unusual and rare and expensive disease. What are they going to do? This keeps lots of young people and their parents up at night. This new bill solves that problem because you can stay on your parents' health care insurance, should they have it, until you are 26. By then you are in the labor force a little bit longer and the likelihood of your employer giving you health care is somewhat greater. Do my colleagues on the other side of the aisle want to take that away? If so, what are you going to put in its place? What are you going to tell the young people, 22 and 23 and 24 and 25 and 26, to do?

Then there is another provision that I think is worth keeping—preventive medicine. We all know one of the big problems with our health care system as opposed to some of the others in some of the other western countries is we do not do enough prevention. So instead of a disease being nipped in the bud, making the patient healthier and costing the system a whole lot less, it waits and waits. Those of us who put this health care bill together realized that and said early detection saves not only lives but billions of dollars. In this health care bill Medicare will provide a free wellness checkup once a year for every senior citizen. If there is a little bit of illness, they can nip it in the bud.

We all know the earlier you detect cancer or heart disease or diabetes or emphysema, the better chance of curing it and the less expensive to cure it. This is going to save billions of dollars. Just giving certain tests at these wellness checkups will save people themselves money but, more importantly, save the Medicare system money, a lot of money. It is important for the people to save their money too, of course. This makes a great deal of sense.

A mammography can find breast cancer before it metastasizes. A simple blood test can find prostate cancer before it spreads. What are my colleagues on the other side of the aisle going to say to seniors? What are they going to say to the Medicare system, which is trying to get more effective by getting involved in early detection and prevention? Forget it? That is what you are doing when you vote for repeal. You have nothing in its place.

How about the small business tax credit? My dad was a small businessman. He had a little exterminating business. I know how small businessmen struggle. My father truly never became happy until he left the business. Now, praise God, he is 87 and he is a much happier guy than he was, even at 60, struggling in that business. One of the dilemmas that small business people face is the high cost of medical care for their employees. They want to provide it, A, because they want their employees to be healthy, B, because they like most of their employees, and C, because they want to keep the employees from going somewhere else if they are good—but it costs so darned much. Here is what is in the bill. If you are a small business that makes less than $1.2 million and you have 25 or fewer employees, you get a 35-percent credit, going up to 50 percent in 2014. That is a huge help to small businesses that are already providing health care for their workers, and a great incentive for small businesses that are not already to do so. Hundreds of thousands of small businesses in my State alone will benefit from this. What, my friends on the other side of the aisle, are you saying to those small businesses? What are you saying to their workers? Go at it alone? Because you want to repeal it but you have nothing—nothing—to replace it.

There is one more provision I want to speak of. There are so many good things in this bill. No matter how much you don't like some of the bad provisions—and I know that is genuinely held by some of my colleagues—to just repeal it and get rid of the good stuff makes no sense, in my judgment. We have all heard the horror stories of insurance companies—when you go to them after you, your spouse, your kid has an illness and you say: Thank God, I have insurance—the insurance company deliberately, or maybe not but anyway they say: Mr. Smith, you did not check off that little box on page 17. You did not dot that I or cross that t. You are not covered.

We all know the intent was to cover it. We all know the insurance company was happy to take the premiums even without that dotted I or crossed t or checked box when the family was healthy and money was coming in. But now all of a sudden they say bye-bye. This bill does not allow that to happen.

The kinds of rescission I talked about are banned. What are we saying, not just to the families who have experienced this but to every American family with insurance who worries about this? What are we saying to them? Again, you have nothing in its place because you are repealing, not replacing, even though people said early on that is not what they are doing.

I have one more point before I conclude. We are willing to work with you. The Stabenow amendment on the floor of the Senate shows that. I would have drafted it a different way and there will be a Levin amendment that I would prefer. But either way we are going to address the 1099 issue. Many people on your side of the aisle, many people on our side recognize that was a mistake. Not every bill is perfect. We are not digging in and saying we have to have the bill exactly as written and exactly as drafted. But you are doing the inverse—you are saying we have to have no part of this bill because if you wanted to retain parts of it you would have had an amendment on the floor saying take these parts out and keep these parts in. But you are not. Why? Your guess is as good as mine. But it is a lot easier to tear down than create, as we learned when we did the health care bill. But you have an obligation, unless you believe there should not be a health care system or we ought to go back to the system without any changes in the law that we have, which nobody liked. It is not fair.

In conclusion, No. 1, this bill reduces the deficit. The repeal increases the deficit and there is no money there to make up for those funds that the bill would bring in by cost cutting and by

fees. No. 2, there are lots of good things in the bill that probably my colleagues would support but they get rid of them with no replacement—nothing. Nothing for the seniors, nothing for the 21- to 26-year-olds, nothing for the people who are treated poorly by their insurance companies. And, No. 3, we want to work with you. There are some changes we could work together on in the bill, not only 1099 but walking farther down the road of reducing the inefficiencies in the system, the high cost, the waste, by still preserving good care for the people who get it. That is something that would lend itself, particularly in these times of high deficits, to bipartisan support and working together.

Today, simple repeal, again, it may feed some red meat to the minority in this country. It is a small minority, if you believe the polling, who say repeal it. But the responsible job of a legislator, whether you agree with this bill or disagree with this bill, is not to repeal but to improve. That is not happening today.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Mr. President, I rise in strong and vehement support of the amendment of Senator MCCONNELL to repeal the health care reform law as now constituted, and I will support replacing it with reforms that truly provide Americans with access to quality, affordable health care, reduce skyrocketing health care costs, and put our Nation on a more sustainable fiscal path. These good goals can be achieved. But this current bill does not do it.

I am pleased to see my colleague say he would accept some amendments, but the Johanns amendment he referenced was voted on twice last year. When the Democrats held a significant majority in this body they voted it down. After seven new Members have been added, many of them elected on a promise to repeal this bill—virtually everyone on the promise to repeal this bill—we now have agreement to change the 1099 reporting requirements, which is about one-thousandth of 1 percent of what is significant about this legislation. Indeed, if Senator SCOTT BROWN had been elected a month or so sooner, the bill would not have been passed on December 24, the day before Christmas.

The truth is, the American people have never supported this bill. Polling numbers show they still do not support this bill. The Democratic health care legislation was sold as a package that would reduce insurance premiums by $2,500 dollars per family. We were told that repeatedly. It was also supposed to reduce the Federal deficit, and immediately create 400,000 new jobs.

Sadly, none of these promises were met. They were all false. The claims were attacked on this floor by sophisticated people who pointed out how these matters were not going to be achieved, and they have not been. They were false then, and they are false now.

Instead, the new health care law will cause health care spending to rise over the next decade. Americans will see dramatic increases in their premiums. That is a fact. The Federal deficit will increase by an additional $700 billion. This bill does not reduce the deficit, and the law's expensive mandates, penalties, and tax hikes will lead to job losses and layoffs that will damage our economy. The last thing we need to do now is to have employers lay off people because of surging health care costs, as is happening. Talk to small businesses in your community to confirm this.

As our Nation's reckless fiscal policy and surging debt bring us ever closer to a tipping point—a debt crisis that could substantially damage our country, as it has others around the world—respected economists have stressed the need for Congress to reduce Federal spending and contain mounting health care cost. But rather than tackle these problems that threaten the long-term stability of our Nation, the new health care law exacerbates our fiscal crisis by creating a new, open-ended entitlement, a monumental new entitlement program and by introducing $2.6 trillion in new spending. Tell me how we can spend $2.6 trillion and not increase our country's debt.

Entitlements today are hammering our budget. They are surging our deficit. Entitlements are dangerous things. The last thing we need to do is create a new entitlement program that is not going to have restrained spending. According to the Congressional Budget Office, our official analysts appointed by the Democratic majority, says that the health care law will cause insurance premiums in the individual market to soar by 10 percent to 13 percent; for American families, translating into a $2,100 increase in their costs for purchasing health care coverage by 2016. That is huge.

Another $2,100? That is a stunning development, and it is the exact opposite of the promises for the bill. CBO determined that. Total health care spending in the United States consumes already 17.3 percent of GDP, and we have felt that was too high. It is the largest of any industrialized nation in the world. But under this new law, the national health care spending will approach 20 percent of GDP by the end of this decade.

Sadly, many supporters of the health care law continue to perpetuate the myth that repealing this law would increase the deficit. My friend, Senator SCHUMER, said: Repeal the law, and the deficit will go up. A thorough examination of the law pulls back the curtains and exposes the deceptive budget gimmicks to reveal its true cost.

First, our Democratic colleagues double counted $398 billion in Medicare costs and taxes, $29 billion in Social Security taxes, $70 billion in new long-term health care premiums to pay for the new health care spending—all double counted money. It is the largest false accounting scheme, I suppose, in the history of the world.

Think I am exaggerating? December 23—the night before this health care bill was finally passed 60 to 40, 60 Democrats, 40 Republicans—I called the Congressional Budget Office and Dr. Elmendorf, selected by our Democratic colleagues to be the Budget Director. This is what he said: The key point is, savings to the HI trust fund—that is the hospital insurance trust fund of Medicare—under the health care bill would be received by the government only once, so they cannot be set aside to pay for future Medicare spending and, at the same time, pay for current spending on the other parts of the legislation or on other programs.

This bill was cutting Medicare benefits and raising Medicare taxes. They did not use the money to strengthen Medicare, which is heading to insolvency. They took the money and spent it on a new program. Actually, they borrowed the money from Medicare. But it was not the Treasury's money to spend on new programs.

The way it was written, the CBO score double counted the money. It is this money that they are counting to say this bill actually creates a surplus. Without this money, there is no surplus.

Since Medicare is going into deficit, they are going to call their debt instruments, their bonds from the Treasury as they go into deficit. By the way, the U.S. Treasury pays Medicare interest on the money they borrowed from them to start this new program. Soon that money is going to be gone. We are going to have to borrow money on the open market to fund this new entitlement, and the new entitlement is going to cost far more than is currently estimated.

Over the 10-year budget window, the Congressional Budget Office reports point out how the law was doctored to start certain revenue enhancements, taxes, and so forth now, but only starting the expenditure programs in 2014. Why is that important? Well, they got a score from CBO of what it would cost over 10 years. So you get income for 10 years and you get expenditures for 6. This plus the double counting of the money and several other gimmicks might look pretty good, which is how they say this is creating a surplus. But it is not a surplus.

As the ranking member on the Budget Committee, I am stunned by how difficult and how challenging our current financial situation is. We have to do something about it. We need the President to help us and lead, but he is not, so it looks like Congress may have to tackle it.

The former Director of the CBO, Douglas Holtz-Eakin, an economist who understands budget gimmicks and has seen them for many years, cowrote an article in the Wall Street Journal in January that eliminates any confusion about the law's impact. I am disappointed that Members of our Senate are still coming down here to suggest that repeal of this law is going to adversely impact our deficit. I am stunned to see this continue to be repeated.

This is what Dr. Holtz-Eakin, a highly respected individual, said in the Wall Street Journal in January. The article is entitled, ''Health Care Repeal Won't Add to the Deficit.''

He said this:

Repeal is a logical first step towards restoring fiscal sanity.

Fiscal sanity. He goes on:

How then does the Affordable Care Act magically convert $1 trillion in new spending into painless deficit reduction? It is all about budget gimmicks, deceptive accounting, and implausible assumptions used to create the false impression of fiscal discipline. Repeal is not a budget buster, keeping the Affordable Care Act is.

This Dr. Douglas Holtz-Eakin, former Director of the Congressional Budget Office. There is no question about it. That is a stunning thing. A poll by the Kaiser Foundation and Harvard University released last week revealed that the American people are seeing through these ploys. They have heard these talks before, and they are not buying it. Sixty percent of the country believes the health care law will increase the deficit over the next 10 years, while only 11 percent think it will lower the deficit.

So, colleagues, give us a break, would you? The American people are not going to buy this argument. I wish it would not be repeated. But the President continues to say it himself. Clearly, the American people, once again, show they are wiser than their government leaders in many instances.

The final point I would like to make about the health care law is its debilitating impact on jobs. The expensive mandates and penalties included in the health care law, coupled with rising costs of insurance facing families and businesses, are costing us jobs right now, and it will continue to do so in the future.

I will just add, I had meetings with small business groups in Phenix City, AL, and Jasper, AL, with 10 or 15 individuals. Every one of them told me, without question, this health care law would cause them to reduce their employment. We do not need to be reducing employment; we need to be increasing employment.

This bill is a job killer. It is indisputable. Over 6,000 pages of regulations have been written. Economic estimates indicate that repealing the law that threatens our economic recovery would save 700,000 jobs. It is imperative that Congress repeals this law. Yes, we need to start and continue to work on things we already agreed on, such as preexisting conditions, interstate competition, and other things that we all agreed on and could agree on to make health care better. That is not the massive Federal entitlement program that funded by dubious gimmicks imposed on the American people against their will and damaging to the American economy.

We cannot allow this. It will be repealed, in my view. I know my time is up. I will just conclude by saying, we had a new election. A lot of people took that issue to the American people. I think their voice was clear. The American people are not happy with Congress, which did not listen to them and passed the bill against the public's wishes. They expect Congress to reconsider it, eliminate it and start over with new legislation.

Their message is clear, and that is what we need to do. I urge my colleagues to support Senator MCCONNELL's amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, it is very hard for me to understand how anyone could be voting to repeal the entire health care bill. Because when you do that, among other things, what you are saying is that we will continue the odious practice by insurance companies of denying health care to people who have preexisting conditions.

For 8 years under President Bush, more and more people lost their health insurance, the cost of health care soared, and our Republican friends had virtually nothing to say on health care.

Now that a bill has been passed, which I am the first to agree is not the best bill we could have passed—and I will tell you why. It has its share of problems which should be remedied. But to say right now, when 50 million Americans have no health insurance, when States all over this country are wrestling with huge budget deficits, which no doubt will result in millions more being thrown off health insurance, to say we should retreat to where we were is beyond comprehension.

Second of all, for my Republican friends to say let's repeal health care, there are millions of families who now are beginning to be able to include within their own health care plans their sons and daughters, up to the age of 26. Goodbye to that. Furthermore, in a nation which ends up spending more on health care, almost double per person, compared to any other nation on Earth, we have put in the health care reform bill billions of dollars for disease prevention.

We are, as a nation, very weak in terms of trying to keep people healthy, trying to keep them out of the hospital. We spend a fortune on people after they are sick. In this bill, we have made some significant steps forward in terms of disease prevention, wellness, which is very cost effective in terms of health care dollars, not to mention human pain and suffering.

In that regard, I am proud to have worked with a number of other Senators in doubling, in that bill, the number of community health centers in America, which are providing the most cost-effective primary health care that is provided in this country, keeping people out of emergency rooms, keeping people out of hospitals, giving them access to primary health care, dental care, low-cost prescription drugs, and mental health counseling.

In the midst of an extraordinary crisis in terms of primary health care, where everybody recognizes we do not have enough primary health care doctors or nurses or technicians, we tripled funding for the National Health Service Corps, and it is already working effectively in getting doctors and dentists and nurses and other practitioners into underserved areas. All that would be undone. I think that makes no sense whatsoever.

Now, to my mind, what we have to do is not to repeal this bill but to make it a better bill. I will give you one very specific suggestion that I have worked on now for over 1 year. Senator WYDEN has worked on this, others have worked on it. That is to say, that if a State in this country, the State of Vermont, the State of Alaska, any other State, can maintain the high standards for quality health care and coverage that the national health care bill did, then that State should be given significant flexibility to perhaps do it in their own way and do it more cost effectively.

I should tell you that in the State of Vermont, our new Governor is a supporter of a Medicare-for-all single-payer program. There are other States that want to move in a different direction, maintaining high standards but doing it perhaps in a different way than has been proposed by the national legislation.

In my view, they should have that right. And if Vermont is effective in doing what I believe we could—providing quality health care to all of our people in a cost-effective way—I suspect other States around the country can learn from Vermont's experience. I think that is a positive step forward.

The beauty of our Federalist system: 50 States—every State has a good idea. I think if we maintain standards that are high and give States flexibility, this can improve the health care reform bill we passed last year. But killing this whole bill makes no sense to me at all.

SOCIAL SECURITY

Mr. President, I also want to say a word on an issue which is getting more and more attention; that is, Social Security.

In my view, Social Security has proven itself to be the most successful social program in American history. Over a 75-year period—and this is really extraordinary; we take it for granted, but it is an extraordinary success story—in good times and in bad times, Social Security has paid out every nickel owed to every eligible American. And it does that with a minimal administrative cost.

Despite its strong record of success over the last 75 years, Social Security now faces unprecedented attacks from Wall Street, from many of my Republican friends, and from some Democrats. I have to be very clear: If the American people are not prepared to stand up and fight back, we could begin to see the dismantling of Social Security this very year.

Let me cite the facts with regard to Social Security. I know when we watch TV tonight there will be some guy up there saying: Social Security has gone bankrupt. Social Security is collapsing. That is absolutely untrue. There has been a significant number of misstatements regarding Social Security. Here are the facts that nobody denies.

No. 1, according to the latest report of the Social Security Administration, Social Security will be able to pay out 100 percent of all benefits owed to every eligible American for the next 26 years. Now, you tell me how a system is going bankrupt—we have a lot of problems in this government, and our country faces enormous problems, but when you can pay out every benefit owed to every eligible American for the next 26 years, do not tell me this is a program in crisis or going bankrupt. After 2037, Social Security will be able to pay out 78 percent of promised benefits. Do we have to deal with that over the next 26 years? Yes, we do. But it is not a crisis, and this Senator will do everything he can to oppose any effort toward privatization, any effort to raise the retirement age, any effort to lower benefits.

Second point. Everybody is concerned about the deficit crisis we face—a $14 trillion national debt. How much has Social Security contributed to the deficit and the national debt? How much? Well, not one penny. Not one-half a penny. Social Security is funded by the payroll tax. Social Security has a $2.6 trillion surplus. That surplus will go up. To attack Social Security because of the deficit crisis is grossly unfair.

Do you want to know why the deficit went up? We are in the middle of a recession. We fought two wars in Afghanistan and Iraq and forgot to pay for those wars. We gave hundreds of billions of dollars in tax breaks to the wealthy; bailed out Wall Street; Medicare Part D prescription drug program, written by the insurance companies—all unfunded. Those are the reasons you have a deficit. Social Security has nothing to do with it.

So I would suggest that in the midst of all of this financial instability that is out there, with the middle class shrinking and poverty increasing and people really worried about their retirement years, one of the most significant things we as a Congress can do is stand up and say: We are there. We are going to protect Social Security. We are not going to cut it. And we are going to make it stronger so that, while it has done a great job for the last 75 years, it will continue to do a good job for the next 75 years.

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

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. VITTER. Mr. President, I rise today in strong support of the McConnell amendment No. 13 that would completely repeal President Obama's, in my view, unconstitutional health care bill. Of course, I was an active participant in the debate last Congress about ObamaCare and fought that tooth and nail. The day after it passed into law, I introduced a freestanding measure to repeal it completely. The first day of this new Congress that I could file bills, I reintroduced that measure. Of course, for all those reasons, I certainly support this amendment that accomplishes that important goal.

Let me begin by responding to the suggestions of my distinguished colleague from Vermont. Everybody who wants to repeal this law, including me—we do not want to do away with the idea that you should not be shoved off insurance because of preexisting conditions, that you should not have portability, you should not be able to meet those obligations. We do not think that at all. We are, however, for complete repeal for a very simple reason.

What is wrong with this bill, what is wrong with ObamaCare is not one detail here and one comma there, it is not at the periphery of the plan; it is at the heart of the plan, it is the essentials, it is the core of the plan. We can and should and must pass significant reforms such as protection for individuals with preexisting conditions. That is why we have introduced those measures. We have advocated those measures in a targeted way. That does not mean we can or should or must preserve the whole of ObamaCare, which has significant problems at the core of that gargantuan bill.

Let me mention four of those core problems from my point of view.

The first is—maybe most fundamental, most basic—there are important elements at the core of ObamaCare that are flatout unconstitutional. Even if they were not unconstitutional, they would be unwise because they are a dramatic expansion of the power and role and authority of the Federal Government.

The most obvious is an absolute mandate in the bill, a mandate from your Federal Government that every man, woman, and child in the United States must buy health insurance.

This is unprecedented. There has never been a mandate like that from the Federal Government or any level of government. There has never been this forced purchasing of a product in the private marketplace.

Some people bring up the comparison with car insurance, but that is not a close comparison at all because at the State level that is not a forced mandate; that is simply saying: If you want the right, the privilege of driving a car, which is not some constitutionally guaranteed right, then part of the deal is you have to cover the damages from any accident. So that is not a good comparison.

So this absolute mandate that every man, woman, and child in the United States go out and purchase health insurance, purchase a product in the private marketplace, is unprecedented, and for that reason it is unconstitutional. It is an unprecedented expansion of the power and role and authority of the Federal Government.

In the last few days, there have been hearings—quite late to the hour, but there have been hearings in the Senate in the committees about the constitutionality or unconstitutionality of ObamaCare. Of course, this central question came up. I found the response of some of the witnesses at the hearings who favored ObamaCare or advocate for ObamaCare pretty startling on this point. One Senator in the committee asked them: Well, if we can mandate constitutionally that every American man, woman, and child buy health insurance, why can't we pass a law that says obesity is a real problem in this country—which it is—and therefore we are going to mandate that every man, woman, and child in America eat certain vegetables and certain healthy foods every day? Do you know what the response was from this advocate of ObamaCare? Well, I don't think you can mandate that they eat the food; you can only mandate that they buy the food. Great. Very reassuring. To me, that is not an argument for the constitutionality of ObamaCare; that is a clear argument for the unconstitutionality and danger of the ObamaCare Federal power overreach.

There are many other aspects of ObamaCare which also pose serious constitutional problems. My point is, these are big problems, and they are not minor details which we can tweak with amendments. They go to the heart of this gargantuan bill.

Similarly is the dramatic expansion of government and the cost of that expansion. Instead of controlling and lowering health care costs, ObamaCare is expanding government and expanding health care costs. In fact, the Senate Budget Committee estimates that the bill will cost $2.6 trillion for the first 10 years of full implementation. All of that new spending does not lower health care costs, and there are multiple sources affirming that. Yet President Obama continues to claim that the act will ''slow these rising costs.'' Maybe he did not see that CMS's Chief Actuary, Richard Foster, said that overall national health expenditures will increase by a total of $311 billion over the next 10 years under the law. Now, when the CMS Actuary was asked directly if President Obama's health care bill would hold down unsustainable medical costs just last week, that Actuary replied: ''I would say false.''

Last year, CBO also confirmed our concerns about the bill's inability to contain costs, stating, ''In CBO's judgment, the health legislation enacted earlier this year does not substantially diminish that pressure.''

In addition to increased costs for the government and present and future taxpayers, health insurance premiums will increase for Americans and their

families. In fact, the CBO estimated that premiums will increase by $2,100 even though at least candidate Obama promised to lower premiums by $2,500 per family.

So that big expansion of government and cost and health care costs, including taxes and health care premiums, is another big problem. Again, this is not a minor detail which we can fix with a perfecting amendment, with a few tweaks to the bill. This goes to the core of the entire plan.

Another fundamental issue which goes to the core of the entire plan is the fact—and I think it is a well-established fact—that the ObamaCare plan will cost us not just money, not just increased taxes, not just increased health insurance premiums, it will cost us jobs. That should always be worrisome, but it should be particularly worrisome as we stand here today and debate this in a horrible economy, as we are trying to come out of the worst recession since the Great Depression of the 1930s. Again, this is not just any period of time; this is a time of prolonged historic unemployment.

This bill costs us jobs, and this bill absolutely decimates job creation. The bill taxes jobs and places more burdens on job creators. For instance, the National Federation of Independent Business, representing thousands of American small businesses, including many in Louisiana, my home State, said:

> If new taxes, new mandates and new government programs in PPACA—

That is the ObamaCare bill—

> remain intact the law will stifle the ability to hire, grow and invest. . . .

In addition to the often-discussed 1099 paperwork nightmare for small businesses, the bill also includes a pay-or-play mandate on job creators. This complicated new tax penalty imposes a tax on businesses with more than 50 workers if they do not offer coverage or do offer coverage but workers elect to decline that benefit. Yet again, this is a fundamental problem with the bill that goes to the heart of the bill, not the periphery. This aspect of the bill will have many dire consequences. First, because the $2,000 penalty for not offering insurance is less than the $6,100 average employer benefit contribution, businesses are actually given an incentive to drop coverage. So there is a concrete money incentive, a major money incentive for businesses to drop coverage and actually push workers off good coverage many have right now.

Second, businesses that are able to grow and hire more workers may choose not to create jobs and to stay under the 50-employee threshold to avoid all of these disincentives and difficulties.

Because of all this, the nonpartisan Congressional Budget Office concluded that the bill ''will encourage some people to work fewer hours or to withdraw from the labor market.'' It also said: On net, it will reduce the amount of labor used in the economy. Is that what we want to encourage in any economy but particularly in a horribly down economy? We are trying to come out of the worst recession since the Great Depression. Do we want to reduce labor opportunity in our economy?

These are stunning conclusions that so many of us warned against during the debate—conclusions the majority of Americans feared. Taxing American job creators and sticking businesses with more government compliance requirements and costs is absolutely the wrong approach, particularly in a down economy.

Finally, there is another core concern which I share with so many others in this body that again goes to the heart of the bill. It is not a minor debate. It is not something we can solve with a perfecting amendment. It is not at the periphery. It is not changing a comma, changing a sentence. It is at the heart of the bill; that is, the bill contains at its heart over $500 billion in Medicare cuts—yes, over $½ trillion in cuts to Medicare. These cuts aren't invested back into Medicare. They don't help Medicare stay solvent. They don't help Medicare survive or stay solvent longer. They don't help fix the looming Medicare challenge. They are stolen from Medicare to pay for brandnew stuff for other people in ObamaCare.

These Medicare cuts directly impact seniors, and one study shows that the massive cuts to Medicare Advantage will hit Louisiana seniors particularly hard. A study by the Heritage Foundation shows that Louisiana seniors enrolled in Medicare Advantage plans lose more than any other State in the Nation because of the Obama health bill. The report says that projected enrollment in Medicare Advantage will drop by over 125,000 Louisianians—62 percent—and benefits will be cut by $5,000 per beneficiary.

So this bill takes away benefits and choices for seniors not to fix Medicare, not to preserve Medicare, not to preserve its solvency for longer, but steals it from Medicare, steals it from seniors for brandnew purposes for other folks. This directly contradicts the President's promise that ''if you like what you have, you can keep it.'' No, you can't, Mr. President. Thousands of Louisiana seniors can't. In fact, CMS's Chief Actuary also verified that the promise will be broken, confirming that Americans may lose their current health care coverage regardless of whether or not they want to keep it.

So I respond directly to my friend and colleague from Vermont by saying that we want full repeal of ObamaCare for a very simple reason: The big problems with the bill, the big problems with the plan aren't at the margin, they are at the core, and the big problems can't be fixed with a perfecting amendment, with changing a comma, changing punctuation, revising 1 or 2 or 5 or 10 sentences. The big problems are at the core of the plan, starting with a mandate from the Federal Government—unprecedented—that every man, woman, and child in America needs to go into the market and buy a particular product.

That is why we demand repeal, that is why we will continue to pursue repeal until it happens, and that is why we will replace this huge burdensome bill with targeted reforms such as protecting folks with preexisting conditions, such as reimportation, such as generics reform and other measures to reduce prescription drug prices, such as allowing American citizens to shop for health insurance across State lines and to pool together through their small businesses, through other means, through association health plans.

Thank you, Madam President. With that, I urge all of my colleagues to come together. Let's repeal this very problematic plan, and let's start anew with focused, targeted reforms that the American people have been asking for.

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

The PRESIDING OFFICER (Mrs. HAGAN). The clerk will call the roll.

The bill clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Mississippi.

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

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

Mr. WICKER. Madam President, I rise today in support of the McConnell amendment to the FAA reauthorization bill.

What we have this afternoon actually is an opportunity to show the American people that we are listening to them. The American people want the ObamaCare law—the affordable health care law, as it is known—to be repealed and replaced with something less expensive, with something workable. Polls show this, the individuals with whom we speak when we go home tell us this, and this vote will be an opportunity for us to show them we are listening.

I have heard some of my colleagues come to the floor this week and suggest that this massive, 2,000-page, tax-increasing, job-killing bill is, in fact, just what we need. I would suggest there are a number of facts that indicate otherwise. The other side would have us believe that without this health care law, this country is going to fall off the tracks and the world will virtually come to an end. They try to cite one or two popular proposals that are in this law, which, of course, could be enacted after repeal practically by unanimous consent, and ignore the fatal flaws in the law.

The former Speaker of the House, NANCY PELOSI, during the consideration of this act in the House and Senate, famously told a grassroots group that had come to Washington, DC: We need to hurry up and pass the bill so you can find out what is in it. Well, indeed, since the passage and signing of

the law of ObamaCare, every day the American people are finding out something new that is in the bill that they don't like. As a matter of fact, it turns out that Members of the House and Senate who voted for ObamaCare also did not know precisely what was in the bill and certainly did not anticipate the ramifications of this massive, ill-advised law.

Under the new law, it is absolutely a fact, and we know this, that Medicare will face over $500 billion in cuts, and senior citizens have a right to be concerned. Future senior citizens have a right to be concerned about these cuts. They include $155 billion from hospitals, $202 billion from Medicare Advantage, $15 billion from nursing homes, $40 billion from home health agencies, and $7 billion from hospice.

Cuts from these Federal expenditures in Medicare are to pay for the new ObamaCare legislation.

Everyone agrees that Medicare needs to be made more solvent, and we need to work on Medicare. But these reckless cuts will only make Medicare's problems worse.

Another thing Americans have found out about this affordable health care law which is being implemented even as we speak is that the law falls short of the President's goal of controlling runaway costs. In fact, it raises projected spending.

Last week, in his State of the Union Address, President Obama said the health insurance law we passed last year will slow these rising costs. This is simply not true. To support my assertion it is not true, I cite the President's own Actuary. CMS reports that, in fact, spending will be increased by about 1 percent over what it would have been over 10 years. That increase could get bigger, of course, the report points out, since the Medicare cuts I have pointed out may be unrealistic and politically unsustainable, according to the report. CMS said, overall, national health expenditures under the health reform act would increase by a total of $311 billion and that health expenditures will be 21 percent of the gross domestic product by 2019.

But it is not just the government bean counters who are worried. Here is what the National Federation of Independent Business said:

> Small businessowners everywhere are rightfully concerned that the unconstitutional new mandates, countless rules and new taxes in the health care law will devastate their business and their ability to create jobs.

That is the National Federation of Independent Business. The National Association of Manufacturers says that manufacturers remain adamantly opposed to the employer mandates and to the Medicare hospital insurance tax increases. These employers who are faced with incorporating the first round of health care changes are grappling and having difficulty with how to comply with the long list of new rules.

These are not scare tactics. These are not unwarranted fears by a confused public. These are people who work with health care every day and are telling us that this Congress has made a mistake. In fact, there are already real consequences of this health care reform law.

Abbott Laboratories said it is cutting about 1,900 jobs. It is just a fact. The job cuts come ''in response to changes in the health care industry, including U.S. health care reform and the challenging regulatory environment.'' That is simply a fact. It is not conjecture.

Blue Shield California Health Insurer recently stunned individual policyholders with a huge rate increase, effective March 1, seeking cumulative hikes of as much as 59 percent in premiums for tens of thousands of their customers. That San Francisco-based Blue Shield said the increases were the result of fast-rising health care costs and other expenses relating to the new health care law.

Again, just a fact, Madam President. It is also an absolute certainty that State taxes are going to go up, and they are going to go up big time unless we repeal this health reform law.

In my State of Mississippi, the legislation will cost the State $1.7 billion over 10 years, including $443 million in year 10 alone. From fiscal year 2014 to fiscal year 2020, the massive expansion of Medicaid will cost Mississippi taxpayers $225 million to $250 million extra each year. Our Governor—one of the staunchest opponents of tax hikes I have ever heard of—has stated that this law will certainly force the State of Mississippi to increase its taxes unless it is repealed. Again, these costs are simply facts. They result from the mandate.

Madam President, there is also bipartisan opposition to this law. We didn't see much bipartisan support for its repeal in the other body, and I was disappointed by that. But when you get off of Capitol Hill and out to individuals, it is not a Republican or Democratic issue. There is a bipartisan American opposition to this law.

I have repeatedly quoted former Governor Phil Bredesen, a Democrat of Tennessee, someone who ran as a Democrat in his State successfully twice and ran as the standard bearer for his party three times—a loyal Democrat who, of course, called this law the ''mother of all unfunded mandates.''

After the law was enacted, he wrote an op-ed in the Wall Street Journal on October 21, 2010. I ask unanimous consent that it be printed in the RECORD.

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

[From the Wall Street Journal, Oct. 21, 2010]

OBAMACARE'S INCENTIVE TO DROP INSURANCE

(By Philip Bredesen)

One of the principles of game theory is that you should view the game through your opponent's eyes, not just your own.

This past spring, the Patient Protection and Affordable Care Act (President Obama's health reform) created a system of extensive federal subsidies for the purchase of health insurance through new organizations called ''exchanges.'' The details of these subsidies were painstakingly worked out by members of my own political party to reflect their values: They decided who was to benefit from the subsidies and what was to be purchased with them. They paid a lot of attention to their own strategies, but what I believe they failed to consider properly were the possible strategies of others.

Our federal deficit is already at unsustainable levels, and most Americans understand that we can ill afford another entitlement program that adds substantially to it. But our recent health reform has created a situation where there are strong economic incentives for employers to drop health coverage altogether. The consequence will be to drive many more people than projected—and with them, much greater cost—into the reform's federally subsidized system. This will happen because the subsidies that become available to people purchasing insurance through exchanges are extraordinarily attractive.

In 2014, when these exchanges come into operation, a typical family of four with an annual income of $90,000 and a 45–year-old policy holder qualifies for a federal subsidy of 40% of their health-insurance cost. For that same family with an income of $50,000 (close to the median family income in America), the subsidy is 76% of the cost.

One implication of the magnitude of these subsidies seems clear: For a person starting a business in 2014, it will be logical and responsible simply to plan from the outset never to offer health benefits. Employees, thanks to the exchanges, can easily purchase excellent, fairly priced insurance, without pre-existing condition limitations, through the exchanges. As it grows, the business can avoid a great deal of cost because the federal government will now pay much of what the business would have incurred for its share of health insurance. The small business tax credits included in health reform are limited and short-term, and the eventual penalty for not providing coverage, of $2,000 per employee, is still far less than the cost of insurance it replaces.

For an entrepreneur wanting a lean, employee-oriented company, it's a natural position to take: ''We don't provide company housing, we don't provide company cars, we don't provide company insurance. Our approach is to put your compensation in your paycheck and let you decide how to spend it.''

But while health reform may alter the landscape for small business in unexpected ways, it also opens the door to what is a potentially far larger effect on the Treasury.

The authors of health reform primarily targeted the uninsured and those now buying expensive individual policies. But there's a very large third group that can also enter and that may have been grossly underestimated: the 170 million Americans who currently have employer-sponsored group insurance. Because of the magnitude of the new subsidies created by Congress, the economics become compelling for many employers to simply drop coverage and help their employees obtain replacement coverage through an exchange.

Let's do a thought experiment. We'll use my own state of Tennessee and our state employees for our data. The year is 2014 and the Affordable Care Act is now in full operation. We're a large employer, with about 40,000 direct employees who participate in our health plan. In our thought experiment, let's exit the health-benefits business this year and help our employees use an exchange to purchase their own.

First of all, we need to keep our employees financially whole. With our current plan,

they contribute 20% of the total cost of their health insurance, and that contribution in 2014 will total about $86 million. If all these employees now buy their insurance through an exchange, that personal share will increase by another $38 million. We'll adjust our employees' compensation in some rough fashion so that no employee is paying more for insurance as a result of our action. Taking into account the new taxes that would be incurred, the change in employee eligibility for subsidies, and allowing for inefficiency in how we distribute this new compensation, we'll triple our budget for this to $114 million.

Now that we've protected our employees, we'll also have to pay a federal penalty of $2,000 for each employee because we no longer offer health insurance; that's another $86 million. The total state cost is now about $200 million.

But if we keep our existing insurance plan, our cost will be $346 million. We can reduce our annual costs by over $146 million using the legislated mechanics of health reform to transfer them to the federal government.

That's just for our core employees. We also have 30,000 retirees under the age of 65, 128,000 employees in our local school systems, and 110,000 employees in local government, all of which presents strategies even more economically attractive than the thought experiment we just performed. Local governments will find eliminating all coverage particularly attractive, as many of them are small and will thus incur minor or no penalties; many have health plans that will not meet the minimum benefit threshold, and so they'll see a substantial and unavoidable increase in cost if they continue providing benefits under the new federal rules.

Our thought experiment shows how the economics of dropping existing coverage is about to become very attractive to many employers, both public and private. By 2014, there will be a mini-industry of consultants knocking on employers' doors to explain the new opportunity. And in the years after 2014, the economics just keep getting better.

The consequence of these generous subsidies will be that America's health reform may well drive many more people than projected out of employer-sponsored insurance and into the heavily subsidized federal system. Perhaps this is a miscalculation by the Congress, perhaps not. One principle of game theory is to think like your opponent; another is that there's always a larger game.

Mr. WICKER. Madam President, among other things, Governor Bredesen, who was still Governor at the time, said:

Our Federal deficit is already at an unsustainable level, and most Americans understand that we can ill afford another entitlement program that adds substantially to it. But our recent health reform has created a situation where there are strong economic incentives for employers to drop health coverage altogether. The consequence will be to drive many more people than projected—and with them, much greater cost—into the reform's federally subsidized system.

The Democratic-elected Governor of Tennessee criticized this act. He pointed out other facts that are wrong. In his subsequent book on the subject, Phil Bredesen also criticizes the health care law, saying it will cause deficits to go up, costs to continue increasing, employers to drop coverage, State costs to increase, governments to grow, and will make our current problems worse.

''Obamacare is not what the doctor ordered,'' according to Governor Bredesen.

My time is limited. I could go on and on, and Members of the Senate and House could and will go on and on as we face this issue, if we don't win it today.

The facts are there. This is a terribly flawed piece of legislation. Facts are stubborn. The consequences have already started to mount up. Opposition is strong. Support for repeal is strong and bipartisan, and for those reasons I will vote in favor of the McConnell amendment when we consider it later today.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Madam President, I can't say with any certainty anything about the critics of the government's affordable health care plan, except one thing: Each of the critics on the Republican side of the aisle of what they call government-administered health insurance—every single Senate Republican critic is currently protecting his or her family with government-administered health care. In other words, what is good enough for their families should not be good enough for the rest of America.

As a show of good faith, I think the Republican Senators should come to the floor today and say: Not only are we going to vote for repeal of health care reform, we are going to show our personal commitment by walking away from the Federal Employees Health Benefits Program, a government-administered health insurance program. I would admire them so much if their actions as Senators reflected their speeches on the floor. But they don't. They are denying to the rest of America what every single Member of Congress has available today to protect their families. That, to me, is indefensible.

A judge in Florida this week decided that this Affordable Health Care Act was unconstitutional. Before we get carried away with that decision, step back. This law has been challenged 16 times in Federal courts. Twelve courts have dismissed the challenges on procedural grounds, saying the person who filed the suit didn't have standing in court. Four of the Federal courts decided it on the merits. Two of the Federal courts decided it was a constitutional law, and two said it was unconstitutional.

You say to yourself: Wow, two Federal district courts said this law was unconstitutional. Aren't you worried? Well, I don't take anything for granted, but I do understand a little bit of history. What other laws in America were found unconstitutional by lower courts and then constitutional by the Supreme Court? Anything significant? Social Security was found unconstitutional; then the Supreme Court said, no, it is constitutional. The Federal minimum wage law was found unconstitutional by a lower court, and the Supreme Court said it was constitutional. The Civil Rights Act of 1964 was found unconstitutional by a lower court, and the Supreme Court said it was constitutional.

Let's not get carried away with lower court decisions that are clearly split on this issue. We had a hearing in the Judiciary Committee today that I chaired where we had constitutional experts from across the United States. There was a lot of difference of opinion between Democrats and Republicans. I think the case is clear and strong that we have the power, under article I, section 8 of the Constitution—the enumerated powers of Congress—to regulate commerce.

Is there anybody on the Republican side who will stand here and argue that the health care industry, which represents 18 percent of the economy of America, is not commerce? Of course it is. Then, of course, we have the authority in that same section to pass laws necessary and proper, to carry out the responsibilities and authority given us.

Here is what we are trying to do. We are trying to make sure everybody in America has health insurance. We say to the 83 percent of Americans who currently are insured: You don't have to worry about this argument. You already have health insurance. For the 17 percent who are uninsured, many of them are people who have preexisting conditions and have been denied coverage or they can't afford it. Some are people who, frankly, cannot afford coverage even if they don't have a preexisting condition.

This law moves us to a point where more Americans will be covered with health insurance. We say those who can afford health insurance, and don't buy it, will pay a tax because of that decision. Is that heartless? Is that a Federal mandate on people who want to be left alone? If they were just being left alone, that is one thing, but human experience teaches us that these people who want to go it alone—don't bother me, I am on my own—will get sick someday. When they go to the hospital, they will be treated. When they can't pay for their treatment, do you know who will pay? All of the rest of us. Everybody else paying health insurance premiums has to absorb the cost of those who are freeloading on the system. It is not fair.

It used to be that conservative Republicans preached personal responsibility. When we put personal responsibility in this law, all of a sudden they don't like it. I think personal responsibility still counts. I believe it is clearly constitutional to include it. I have listened to some of the arguments about repealing this law. I heard the Senator from Mississippi say how bipartisan the support is for it. I would have liked to have asked him how he explains the fact that four out of five people in America—80 percent of Americans—oppose repeal. They don't think the law is perfect. Many say improve it if you can, but 80 percent oppose repeal.

The signature issue for the House Republicans, and now the Senate Republicans, is the repeal of affordable health care. It would be devastating if we did. The first thing you will notice, if you read the amendment—three pages—filed by Senator MCCONNELL, the Republican leader, is that on the second page he manages to include the Statutory Pay-As-You-Go Act of 2010, as passed and printed by the House of Representatives. Unless you are a person who follows closely what is going on around here, you may not know what that says.

What it says is that Senator MCCONNELL wants us to ignore the fact that repeal of the Health Care Act will add $230 billion to our national deficit over the next 10 years and more than $1 trillion in the decade after that. A party that comes to the floor every single day telling us of their passionate determination to end our deficits and address our debt with the McConnell amendment will add $230 billion to our national deficit over 10 years and $1 trillion more in the next 10 years.

This is a budget buster amendment. This will add more to the deficit in one fell swoop than any single thing we have done in Congress in the time I have served. And it is being offered by the party of so-called fiscal responsibility.

When we talk about premium increases currently taking place under health insurance policies across America, I understand it. We have all lived through it. We have seen it. Businesses see it all the time. There is a provision in our Affordable Health Care Act which addresses that issue that would be repealed by the McConnell amendment. The provision is called medical loss ratio. It says a health insurance company has to spend 80 to 85 percent of premium dollars on actual health care. They cannot take it away in advertising, in administrative costs, in salaries and bonuses for their CEOs.

One of the things that will happen if the Republicans have their way and repeal health care is that health insurance companies will be allowed to raise premiums at any level as quickly or as much as they want without being held to this medical loss ratio.

That may not be the worst thing, though. Any person in America who has been raised in a family where someone in the family suffers from what is known as a preexisting condition knows that you always live in fear that you will not have health insurance and fear that if you have to go out and buy it on the open, public market, you will never be able to afford it.

This law that Senator MCCONNELL and the Republicans want to repeal today says no health insurance company in America can discriminate against anyone under the age of 18 who has a preexisting condition. That is something any parent would appreciate. You never know if that beautiful son or daughter of yours is going to have problems with asthma, diabetes, cancer, or mental illness. And you certainly want that child, that love of your life, to have health insurance coverage.

Senator MCCONNELL and the Republicans want to repeal the protection for families who have children with a preexisting condition. That is fact. It is not as though they are offering exclusions and saying: No, no, we will keep that. They eliminate the entire law with this 3-page amendment. They eliminate the protections.

How about protections for those who get diagnosed with a serious illness and health insurance companies cutting them off completely, putting a cap on the amount of money they will spend to provide for medical services and treatment, saying at some point they are going to eliminate their policies altogether because they failed to make a disclosure on the application form? It happens too often.

In my State, we sadly lead the Nation in what is called rescissions—health care insurance companies that cancel coverage when people get seriously ill. How would you like to be in that predicament? How would you like to face a serious illness that keeps you awake at night tossing and turning about whether you are going to live or die and then fight the insurance company in daylight hours in the hopes they will cover the prescriptions and treatment you need to stay alive?

That is a reality addressed by the Health Care Act, a reality that will be repealed by Senator MCCONNELL and the Republicans' efforts today. Those are the real results of what they want to do. It is not about who wins the political debate and has the largest cheering section when it is over. It is about real life changes.

How about senior citizens under Medicare? Many of them struggle to pay for prescription drugs. Even with the Medicare prescription drug plan there is a gap in coverage called the doughnut hole. We start to close that gap and say to seniors: If you have expensive prescription drugs, we are going to make sure ultimately they are covered completely from the first of the year to the end of the year. Now there is a gap in the coverage.

The Republicans and Senator MCCONNELL want to repeal that provision of the Health Care Act which provides for seniors not only more coverage for their prescription drugs, but also an opportunity for an annual physical and the kind of preventive care they need to stay healthy, strong, and independent in their homes for a longer period of time. That is what Senator MCCONNELL and the Republican Senators want to do with the repeal of this law.

What about job creation? The Senator from Mississippi talked about one company cutting some employees. I am not sure of the particulars in that company, but one of the things we did in this law was to take a look at tax subsidies to medical device and pharmaceutical companies, if they were duplicative or overly generous, to make sure they got closer to a reality of what a company needs in incentives to grow. It is true some of those tax subsidies were eliminated and some of the companies were not happy about it. The bottom line is we were trying to make sure that health care is affordable. We cannot afford to provide massive subsidies to profitable companies on an unlimited basis.

This bill the Republicans want to repeal will crack down on fraud in Medicare and Medicaid. It will simplify paperwork for private insurers, it invests in prevention, it creates a pathway for generic biologic drugs, and tests new ways to pay health care providers to reward value rather than volume.

If the law is repealed, we will have fewer jobs and higher costs for families and businesses. The No. 1 complaint of Illinois small businesses across our State is the cost of health insurance. If the Republicans have their way and repeal this law we passed, the cost of health insurance will grow, the cost to businesses will grow, the number of employees will shrink.

A 1-percent or 1.5-percent growth in health care costs above the rates under the new law will prevent employers from creating 2.5 to 4 million jobs over the next 10 years. Talk about a job destroyer.

The Republican repeal amendment does just that. Repeal means going back to the same broken system we have had for so long with insurance companies once again free to overcharge families and businesses to protect their corporate profits and CEO bonuses; the same broken system with workers seeing their paychecks shrink as more and more of their hard-earned wages are deducted to cover skyrocketing premiums; the same broken system with seniors being forced to shoulder the full cost of prescription drugs in the doughnut hole; and the same broken system with small businesses closing their doors and laying off workers because they cannot afford the crushing cost of health insurance.

The Republican claim that this health care bill is a job killer is just plain false. The economy has been gaining private sector jobs since President Obama signed the bill a year ago after losing jobs for a long period of time before. Since the President signed the bill, we have created more than 1.1 million private sector jobs. By contrast, in the 10 years before health reform was enacted, we lost 3.3 million private sector jobs.

Average real incomes for Americans are back on the rise after years of being stalled under the old health care system. Just this week, the Commerce Department reported that average real disposable income has risen 1.3 percent over the past year, after falling one-tenth of 1 percent in each of the previous 2 years.

I will close by saying that our hearing today before the Senate Judiciary

Committee on the constitutionality question makes it clear to me that the Supreme Court, if it follows the clear precedents that have been handed down for decades, if Supreme Court Justices who have spoken eloquently and directly on the commerce clause will view this Health Care Act in the same context, they will find it constitutional. Then perhaps we can move on. Perhaps at that point the Republicans will stop beating this drum on repealing health care, will join us in making it an even stronger bill, and will focus on creating jobs instead of killing jobs as this McConnell amendment would do.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. KIRK. Madam President, I wish to talk about two topics today, first on this health care bill and then on the situation in Egypt.

I rise today in support of the amendment to repeal the health care law. We made a mistake last year in passing this law, and a large majority of American people know it. In the face of the largest debt in our history, it was the height of folly to create a new spending program, offering subsidized health care to 30 million Americans. It is a promise we cannot afford to keep and one that our lenders may force us to retract.

Before losing our credit rating or suffering the humiliation of foreign lenders denying us new loans, we should take the decisive action now to end this entitlement. Congress should replace this mistaken law with bipartisan reforms that prohibit the government from overriding the decisions you make with your doctor, that defend your right to buy insurance from any State in the Union, and to make lawsuit reforms to lower the costs of defensive medicine.

The failed health care law now ruled as unconstitutional by two Federal courts uses the commerce clause of the Constitution to create an unlimited government that could require Americans to buy what they do not want. The very heart of the Constitution was the creation of a limited government that could only accomplish its defined missions, leaving all else to the people and to the States.

These courts are right, the law is unconstitutional. It spends over $2.6 trillion, it hurts small businesses, it cuts senior health care under Medicare, and levies billions in new taxes against our economy in the teeth of the great recession.

Recently, I visited Decatur Memorial Hospital in Decatur, IL. Their president, Ken Smithmier, warned me that the Medicare cuts required by the new health care law would cut $10 million annually from their hospital, resulting in the loss of over 200 jobs. Decatur is not alone in its troubles. In nearly half of my State's counties, hospitals are among the top three employers. They are the backbone of our local economies, and their employment would be greatly harmed by this health care law.

We made a promise to seniors who depend on Medicare that we would take care of them. This law cuts Medicare and hurts them. We should honor, instead, our promises to defend the Nation, to support seniors on Social Security and who depend on Medicare before making an extravagant promise that is irresponsible and cannot be kept under the health care law.

EGYPT

Madam President, I also wish to take this time to speak on an entirely different subject, which is what is going on in Egypt.

I entitle this discussion ''The Muslim Brotherhood: Its Leaders in Their Own Words.''

Will Egypt follow Poland or Georgia to foster a new democratic government or will it follow Iran's revolution, converting Egypt into a state sponsor of terror?

While U.S. policy should support human rights and democracy, we face the risk that the Muslim Brotherhood, the al-Ikhwan al-Muslimun, could seize power. Who is part of the brotherhood and what are its political objectives?

A detailed study shows why these questions should command the attention of the Congress and the President. With so much at stake in the Middle East, Americans must be clear-eyed about the Muslim Brotherhood and its radical Islamic agenda with a pledge of jihad against the West and the State of Israel.

The Muslim Brotherhood is the largest Islamist movement in the Middle East and is widely described as the most organized political force in Egypt. Its membership is estimated at over 600,000.

Although it claims to be nonviolent, this conservative organization, the Muslim Brotherhood, has profoundly influenced Islamic terrorist organizations such as al-Qaida, Islamic Jihad, and Hamas. One of its disciples was the prominent Islamist theologian Sayyid Qutb who provided the intellectual underpinnings of al-Qaida. Ayman al-Zawahiri, al-Qaida's second in command, was once a member of Egypt's Muslim Brotherhood.

As recently as 2004, the organization's motto was as follows:

> Allah is our objective.
> The Prophet is our leader.
> Qur'an is our law.
> Jihad is our way.
> Dying in the way of Allah is our highest hope.

The Muslim Brotherhood was founded in 1928 by Hassan al-Banna. Banna is famously quoted as saying that ''it is the nature of Islam to dominate, not to be dominated, to impose its law in all nations and to extend its power to the entire planet.''

The Muslim Brotherhood has a violent history. Back in 1946, the U.S. Army issued an intelligence report stating that the Muslim Brotherhood ''maintains commando units and secret caches of arms.''

Throughout the 1940s, the paramilitary branch of the movement carried out targeted bombings and assassinations. In 1948, the Muslim Brotherhood was implicated in the murder of Egyptian Prime Minister Mahmoud Naqrashi. In 1954, the group allegedly tried to assassinate then-Prime Minister Gamal Abdel Nasser. The government banned the brotherhood as a political party that very same year.

The Muslim Brotherhood went underground only to resurface during the 1980s. It claimed to disavow violence and attempted to win political power as a religious and social organization. It was increasingly successful with allied candidates, winning 17 seats in the Parliament in 2000 and then a stunning 88 seats, or 20 percent of Egypt's Parliament, in 2005.

The Muslim Brotherhood is not a monolithic organization, but it does maintain a leadership structure and a core set of beliefs. Its leader is called the general guide. He has several deputy guides. Below them is a guidance council, comprised of 15 to 16 senior leaders as well as a broader body, the Shura, comprised of roughly 100 members.

Mohammed Badi was elected as the eighth general guide of the Muslim Brotherhood in January of 2010. As noted by the U.S. Government's Open Source Center, Badi is ''influenced by the writings of famous Muslim Brotherhood idealogue Sayyid Qutb, and is known for his conservative views.''

In an April interview in 2010, Mr. Badi said:

> We will continue to raise the banner of Jihad and the Koran in our confrontation with the enemy of Islam. The Muslim Brotherhood still considers the Zionists to be its main and only enemy. The Jews who occupy Palestine have their eyes set on Egypt.

Two days ago, a leading member of the Muslim Brotherhood, Muhammed Ghannem, reportedly told Al-Alam Iranian news network that he ''would like to see the Egyptian people prepare for a war against Israel,'' adding that the world should understand ''the Egyptian people are prepared for anything to get rid of this regime.'' He went on to say that the Suez Canal should be ''closed immediately'' and that the flow of gas from Egypt to Israel should cease ''in order to bring about the downfall of the Mubarak regime.''

In 2007, the Muslim Brotherhood released a political platform which contained a number of indications on how this organization would govern Egypt if it came to power. According to the Congressional Research Service, the platform called for ''the establishment of a board of religious scholars with whom the President and the legislature would have to consult before passing laws.''

As noted by Mohamed Elmenshawy—the editor-in-chief of Taqrir Washington and Arab Insight:

> Reminiscent of Iran's Guardian Council, this undemocratically selected body could have the power vested by the state to veto

any and all legislation passed by the Egyptian parliament and approved by the president that is not compatible with Islamic Shari'a law.

The same document raises the important question of the Muslim Brotherhood's commitment to a pluralistic society. Despite pledges to treat minorities and women as equals, the platform allows neither to hold high public office. As stated in the platform: ''Nonmuslims are excused from holding this mission.'' For women, the post of President or Prime Minister would ''contradict her nature, social and other humanitarian roles.'' The draft also cautions against ''burdening women with the duties against their nature or role in the family.''

The people of Egypt and apparently its army are mandating the fall of the Mubarak regime. While we support human rights and democracy, we must heed the growing warnings about the Muslim Brotherhood, their leaders, and plans for taking Egypt all the way back to the 13th century. We, as Americans, have seen this movie before—in Iran, in Lebanon, and in Gaza.

To prevent a strategic reversal on the scale of what happened in Iran, the United States and her allies should do all they can to support Egypt's armies and secular leaders, ensuring no future for the Muslim Brotherhood. Egypt, locked under Shari'a law and oppressing women, Christians, and Jews, would be a catastrophic setback for progress in the Middle East. Such a state could renounce the Camp David peace accords or even start yet another war with Israel.

Decisive action and influence now will benefit the national security and economy of the United States later. The defeat of the Muslim Brotherhood and victory for Egyptian secular nationalists would be the best way to avoid war and restore economic confidence in the Middle East and the wider world.

Mr. ENZI. Madam President, I rise to urge my colleagues to vote to repeal the new health care law. Repeal is the only way we can prevent the job losses, insurance premiums increases and devastating Medicare cuts that are a direct consequence of the new health care law.

We are just now beginning to see many of the consequences resulting from this poorly conceived, hurriedly drafted 2,700 page law. Rather than taking the time to get it right, the majority rushed to enact this new law, despite the many warning signs pointing out serious flaws in the new law.

These consequences are a result of the majority willfully ignoring those who criticized their proposals and deciding that folks in Washington knew what was best for small businesses and families across the country.

One example of this kind of unintended but easily predicted consequence is the impact on child only health plans. Last week, my staff conducted a survey, and found that the new law and the regulations implementing it have caused many health insurers to stop selling child only plans.

As a direct result of the new law, insurance plans in 34 States have stopped offering child-only plans, and parents in at least 20 states are no longer able to purchase any child only plans. This is a devastating problem for parents who need to buy health insurance plans for their children.

Many parents need to buy child only plans for their children, because their jobs provide insurance for them but not for family members. Before the new law took effect, these parents could buy child only policies for their kids. Unfortunately, because of the new law, parents in 20 States no longer have this option.

For other parents the cost of getting a family plan is too expensive, and their family budget can only afford to buy health insurance for their kids. Again, because of the new law these parents in 20 States no longer have the ability to buy health insurance for their children.

I recently got a letter from a disabled Veteran in Wyoming. He wrote to tell me that because of the new law, he can't get health insurance for his kids. He gets his health care from the VA so he doesn't need a family policy. He needs a policy for his two kids. Because of how the law was drafted and then implemented, this veteran now cannot get health insurance for his children.

I discussed this issue with Secretary Sebelius at a hearing last week in the HELP Committee and her reply was that kids can enroll in SCHIP or the new high-risk pools. In fact, the veteran in Wyoming doesn't qualify for either. While some low income kids are eligible for public programs like SCHIP or Medicaid and some sick kids are eligible for high-risk pools, many children are ineligible for any of these plans, and will now go without insurance as a result of the new law.

Another unintended but easily predicted consequence of the new law is how the new law is undermining the economy and the preventing the creation of new jobs. During that same HELP Committee hearing, we also heard the testimony of Mr. Joe Olivo, who owns a small printing company in Moorestown, NJ.

Mr. Olivo told us how the new law will actually restrict his ability to expand his business and hire new workers. While he currently has 46 employees, he will do everything he can to not hire 5 more people, in order to avoid the new law's mandate to offer health insurance to his employees or pay a new tax. Small businesses across the country are being forced to make similar decisions, in order to avoid the $52 billion in new taxes that the new law attempts to place on employers.

A study by the National Federation of Independent Business estimates that the employer mandate will eliminate 1.6 million jobs at a time when over 15 million Americans are searching for new jobs, most of which are small businesses.

We need to be encouraging our businesses to grow, not discouraging them. Over the last 2 years our economy has lost almost 3 million jobs. Unfortunately, the health reform law makes a bad employment situation even worse.

Another consequence of the new health care law will be to increase the health insurance premiums paid by millions of Americans. During the health care debate, GOP Senators highlighted how the new health care law will cause millions of Americans to pay higher health insurance premiums.

In November of 2009, the Congressional Budget Office estimated that the new law will increase health insurance premiums by 10 to 13 percent. This means families purchasing coverage on their own will have to pay $2,100 a year more because of the new law.

The Joint Committee on Taxation estimates that many of the new taxes included in the health care reform law will be passed on directly to consumers. This means that each of these new taxes, including the $60 billion tax on health plans, the $20 billion tax on medical devices, and the $27 billion tax on prescription drugs, will further increase premiums for Americans.

In addition to CBO and JCT, six additional private actuarial analyses published by Oliver Wyman, PriceWaterhouseCoopers, the Hay Group, Milliman, Wellpoint and Lewin have all shown that the new law could increase premiums, with increases ranging as high as 60 percent.

Additional studies by Milliman determined that because Medicaid pays doctors and hospitals below costs, these providers must increase their costs to everyone else, thereby costing the average American family an extra $1,700 per year. Forcing 16 million more people on to Medicaid will further increase insurance premiums for many Americans, as providers try to shift the costs resulting from inadequate Medicaid reimbursements

The estimates of the law increasing insurance premiums are already being born out in the market. I heard from a small business owner in Saratoga, WY, whose health insurance premiums are going up by 30 percent.

A 30-percent increase in health insurance premiums could tip him over the edge of staying in business or closing his doors. He wrote to me to tell me that he is considering closing the doors of his construction company because he is having trouble making ends meet; he urged me to repeal the new health care law.

Blue Shield of California—a nonprofit health insurer—recently filed a 59-percent premium increase for some of their individual market plans and said that at least a portion of its increase was a direct result of the new law. They estimate premiums will increase by 4 percent to comply with the new mandated benefit.

Another unintended yet easily predicted consequence is the impact of cutting $500 billion from the Medicare Program. You can't cut a program by a $½ trillion and not expect to see decreases in covered benefits or access to providers.

Republicans understand how important Medicare is to nearly 46 million seniors and disabled Americans. We want to protect and strengthen it. We all know Medicare faces tremendous challenges in the near future.

Yet the law cuts over $500 billion from Medicare, not to strengthen Medicare, but to fund new entitlement spending. More importantly, the new law fails to address even the most basic problems with the Medicare Program, such as the broken physician payment formula.

I have already heard from seniors in Wyoming about how the new law is hurting them. A lady from Thermopolis, WY, wrote to tell me that she got a letter from her Medicare Advantage plan saying her premiums were drastically increasing because of the changes made in the new law.

She wrote say ''unfortunately, my former policy was $0. The ones available now—even the most expensive one—have fewer benefits than what I was getting for free before ObamaCare took so much money from Part C. For instance, $45 for a specialist instead of $35; $10 for a generic drug instead of $6; and up to $350 for tests, when the old policy had a flat rate of $16 for tests. I can't afford the premiums on my Social Security and am considering dropping Part B, which would save me $97 per month.''

These are real life examples of the impact this new law is having on everyday Americans. I get letters every day from my constituents asking me to repeal this new health care law that is limiting their freedoms and emptying their pocketbooks. The Senate will soon vote on whether or not to repeal the new health care law. I urge my colleagues to listen to their constituents and vote in favor of repeal.

Madam President, we need to pursue a step by step, bipartisan, approach to health reform that will reduce costs, expand coverage and allow our economy to expand. Using that process will allow us to thereby avoid the unintended consequences of this deeply flawed new law.

Mr. LEAHY. Madam President, the 112th Congress began just 1 month ago, with both sides of the political aisle voicing a renewed commitment to cooperation. It is not hard to understand why I am disappointed that at the first opportunity, Senate Republicans have chosen to manipulate the open amendment process. The Senate minority is demanding a vote on an amendment to repeal the health care reform law in its entirety—an issue totally unrelated to the bill we are considering, the FAA Transportation Modernization Safety Improvement Act, which creates jobs, makes airline travel safer and more efficient, and offers consumers a 'passenger bill of rights.'

The Senate's vote today follows the carefully staged show vote a few weeks ago by the new Republican majority in the House of Representatives. The American people have the right to know what a vote to repeal the Affordable Care Act really means. Repeal of this law would take away the rights of millions of patients and would eliminate insurance coverage for millions more, from the aging and elderly, to men and women with preexisting conditions, to the most vulnerable children.

When you boil away the rhetoric, the only alternative offered to the American people by advocates of repeal is: Don't get sick.

This amendment would turn back the clock to a time when, once again, women would have to pay more for health insurance than men, insurance companies could rescind a health insurance policy because someone gets sick, and coverage could forever be denied to someone born with a disease or ailment. In Vermont, repeal would mean nearly 2,000 young adults would no longer have coverage through their parents' insurance plans, more than 5,000 Vermont seniors would see an increase in the price of their prescriptions, and 350,000 Vermonters with private insurance could have lifetime limits slapped on how much insurance companies will spend on their health care.

Some in Congress want to drain federal spending on domestic programs while looking the other way in supporting a repeal amendment that will accelerate the health cost spiral and add to our ballooning deficit. The nonpartisan Congressional Budget Office estimates that repeal of the Affordable Care Act would boost the federal debt and deficits by $230 billion. The economic turmoil would reach beyond the overall costs of repeal by removing vital antifraud provisions I have long advocated that have helped the Obama administration recover billions of taxpayer dollars. Repealing the Affordable Care Act would remove these fiscal safeguards and reopen the floodgates to insurance discrimination, by putting insurance companies back in charge.

Opponents of the Affordable Care Act have gone to new lengths to repeat and prolong this political battle. Not only do they want to replay a 2-year long debate on a law that was enacted by a decisive majority, but some opponents are also replaying the debate in the courts. These political opponents seek to achieve in the courts what they could not in Congress. They want judges to override legislative decisions properly assigned by the Constitution to Congress, the elected representatives of the American people.

Today, the Judiciary Committee held a hearing on the constitutionality of the historic Affordable Care Act. A dozen federal courts have dismissed challenges to the law. Another four courts have heard arguments about its constitutionality; two have upheld the law as constitutional, and two have not. Legal challenges to the law are expected to reach the U.S. Supreme Court.

As I concluded during the debate on the Affordable Care Act, I have no doubt that Congress acted well within the bounds of its constitutional authority in working to secure affordable health care for all Americans through this plan that is based on the long established health insurance marketplace. The testimony we heard today from constitutional scholars makes clear that the language and spirit of the Constitution provides for such a response to a clearly established national need, as do judicial precedent and prior acts of Congress that also protect hardworking Americans in the national health care market and promote the general welfare.

The Senate should not be spending its valuable time relitigating a law that has already helped millions of Americans and will help millions more as the law is fully implemented. The American people rightly expect us to work together and make progress on so many challenges that we face today.

I will not support a return to less protection, less coverage, less fairness and higher costs. The Affordable Care Act extended health insurance to millions of families in Vermont and across the country. Those who represent the American people in Congress should stand ready to get to work for their constituents. This is not a time to cobble back together a broken system that has burdened most American households with health coverage uncertainty and crippling costs.

Mr. LEVIN. Madam President, we are here today, holding this debate, preparing for this vote, because our Republican friends believe a collection of myths. Some of them say they want to repeal a law that amounts to a ''government takeover'' of health care. Some of them say they want to repeal a bill that violates the Constitution. They say they want to repeal a law that will cut the benefits on which Medicare recipients depend. Others say they want to repeal a bill that will explode the deficit, or that they want to repeal the law because it will kill jobs.

If such a law existed, I would want to repeal it too. Thankfully, the law Republicans describe is a fiction.

The Affordable Care Act, the law Republicans want us to repeal, does not take over the health care system; it strengthens and protects our existing private health insurance system. The independent fact checkers at Politifact.com found that the law ''is, at its heart, a system that relies on private companies and the free market,'' and called the claim that government would take over the system Politifact's ''Lie of the Year.''

This bill does not violate the Constitution. Opponents claim that the individual mandate included in this bill

violates the Constitution because it requires citizens to purchase insurance; under their arguments, many other programs, including Medicare, would violate the Constitution. Perhaps that is what these opponents believe, but it is emphatically not what most Americans believe, and it is contrary to decades of legal precedent.

This law does not reduce care for Medicare beneficiaries. In fact, most Medicare recipients already enjoy expanded benefits under the Affordable Care Act. As a result of this law, Medicare beneficiaries now receive preventive care such as annual check-ups with no out-of-pocket costs, and starting last year this law began to shrink the ''donut hole'' that hits so many seniors with significant drug costs. The law strengthens Medicare by beginning to rein in the enormous costs that threaten to swamp the system in coming years, and it does so by encouraging efficiency and reducing waste and abuse, not by cutting benefits.

The Affordable Care Act does not explode the deficit. The independent, nonpartisan Congressional Budget Office has found that repeal of the Affordable Care Act would increase the deficit by $143 billion over the first decade, and by significantly more in the years to follow. It is ironic in the extreme that Senators who describe the 2010 election as a mandate to reduce the deficit could now try to add $143 billion to that deficit as their first major action of the new Congress by repealing the Affordable Care Act.

This law does not kill jobs. Again, independent observers have dismissed this claim as patently false. The independent FactCheck.org called the claim ''exaggerated and misleading'' and that Republicans have ''badly misrepresented'' findings by the Congressional Budget Office in making their arguments.

We should leave the realm of myth and discuss what the Affordable Care Act does, in fact, do.

This law protects Americans from abuses by insurance companies, such as denial of coverage for preexisting conditions or gender. It allows parents to keep children covered under their insurance plan until age 26. It requires that coverage include preventive care at no out-of-pocket cost. It limits the unilateral power of insurance companies to arbitrarily impose annual or lifetime coverage limits. Those arbitrary limits have forced families to choose between foregoing much-needed care and bankruptcy. Families will be protected from unexplained premium increases, and they will get clear, easy-to-read summaries of their options. Small businesses will receive tax credits to help them provide affordable insurance coverage to their workers. And insurance companies will be prevented from rescinding coverage when patients need it most, when they get sick.

This law is not a government takeover of health care. It is sensible, moderate reform that in the coming years will make health insurance more affordable and secure for those who have it today, and make affordable coverage available for millions of Americans who are now without it. It will reduce the deficit, protect the Medicare benefits that seniors depend on now and in the future, and help ensure that families can afford the insurance coverage they need. It is unfortunate that so many of our colleagues subscribe to the mythical notions about this law. But here, in the real world, we need to preserve and protect the Affordable Care Act.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Madam President, I ask unanimous consent that at 5:15 p.m. today, the Senate proceed to votes in relation to the following amendments to S. 223, the FAA authorization bill, in the order listed below:

Levin amendment relative to repeal of 1099, the text of which is at the desk; the Stabenow amendment No. 9, repeal of 1099; and the McConnell amendment No. 13, which is the repeal of health care reform; that no other amendments, points of order or motions be in order to these amendments prior to the votes, except that a budget point of order, if applicable, remain in order to each of these amendments, and if one is raised, a motion to waive the budget point of order be in order; that if the motion to waive is agreed to, the amendment be considered agreed to; and the Senate then proceed to vote in relation to the next amendment in the sequence; further, that the Levin amendment be subject to a 60-vote threshold for its adoption and if it fails to achieve 60 affirmative votes, the amendment be withdrawn.

Finally, that there be 2 minutes of debate, equally divided, prior to each vote; and that all votes after the first vote be limited to 10 minutes each.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

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

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

AMENDMENT NO. 28

Mr. LEVIN. Madam President, there is, I believe, overwhelming bipartisan support for repeal of the recent changes to the 1099 reporting requirement. Small businesses in my State and across the country have told us that the new reporting requirements they face under the Affordable Care Act will create an unnecessary burden that can make already tough times even tougher.

I believe there may even be a consensus among our colleagues that we should act, but I strongly oppose one of the methods proposed to address this problem. That method would undermine Congress's role in the constitutional scheme of separation of powers among the branches of government and it would abdicate Congress's responsibility to decide on the spending of taxpayer dollars. We can and we should remove the 1099 burden on small businesses. We can and we should do so without abandoning our role in determining Federal spending. The power of the purse should not be handed to the President, any President. The challenge we face is that repealing the section 1099 provision carries a cost of about $22 billion over 10 years. The mechanism that some support to meet that cost would empower the Director of the Office of Management and Budget to decide by himself which funds we have appropriated but that have not yet been obligated—which of those unobligated funds should be cut to pay the cost of repeal.

To some this may be a convenient way to relieve Congress of its responsibility to make difficult choices. To others it may be a convenient way to shift the blame for the painful impact of any cuts from Congress onto the President. But what is convenient is not always right. The Constitution places in our hands and ours alone the authority to appropriate funds. We cannot statutorily pass that buck, and we should not.

The Framers of the Constitution consciously and deliberately placed the power of the purse in the hands of the Congress. James Madison described this authority as, ''the most complete and effectual weapon with which any Constitution can arm the immediate representatives of the people.''

We do not know what programs the Director of OMB will decide to reduce under the approach that some have proposed, but I do know that what they are proposing is that this would be his decision and his decision alone. What are some areas the OMB Director could unilaterally cut? What is the universe of the potential cuts? Do we care? We surely should, because the implications for our constituents will be significant.

Disaster Relief Enhancement Funds were set aside to help States affected by natural disasters in 2008. According to the Appropriations Committee, 13 States received such funding and they all have unobligated balances. Would the Senators from those States turn over to the OMB Director the decision whether to eliminate the unobligated balances affecting their States? I would not. But that is what could happen under the proposal that is going to be considered here later.

The Appropriations Committee tells us that the EPA has $624 million in unobligated balances in the Clean Water State Revolving Fund and $343 million in the Drinking Water State Revolving Fund. In addition, there is $388 million unobligated in specific State sewer programs approved by Congress. The two

State revolving funds, $967 total, include projects in all 50 of our States. So there is a $1.3 billion target that could affect sewer and drinking water infrastructure in every one of our States. We appropriated those funds and if they are going to be cut, then we should do the cutting and not hand that power over to the executive branch, to the President's OMB Director.

According to our Appropriations Committee, the Department of Justice had a total of $1.25 billion in unobligated funds as of November 30 last year. It is probably lower now, but what is it? What programs are part of it? Do we know? Do we care? We surely should. Will the OMB Director decide to cut funding for U.S. Attorneys' investigations and prosecutions? What about U.S. Marshals, who provide security to our courthouses? Will the OMB Director decide to reduce funding for Project Gunrunner, which is focused on firearms enforcement along the Southwest border?

NASA had a total unobligated balance of $155 million as of the end of January. About $10 million of that is for Constellation, the follow-on manned space vehicle to the shuttle.

According to the Appropriations Committee, in recent years spending for the Women, Infants and Children Program, the WIC Program, has totaled more than $6 billion. Is the OMB Director going to decide to cut unobligated balances in the WIC Program? He could do so if we adopt the approach that is going to be before us after the vote on our amendment. I might agree to some of these cuts in a larger package but I would surely want to know what is in the whole package so we can adopt some priorities.

I favor the repeal of the 1099 reporting requirement and I favor paying the cost of repeal, whether through spending reductions or closing tax loopholes. But I strongly oppose paying for the repeal by abdicating our power of the purse, the power we have under the Constitution. We cannot and we should not abdicate this to the executive branch to unilaterally make spending cuts to programs we have previously enacted.

The provisions we are going to debate today but hopefully not adopt must also be understood in a larger context, one that foresees the difficult decisions ahead on how we will return to fiscal discipline. There are many, perhaps even some in this Chamber, who believe that we in the Senate and here in the Congress are incapable of making these decisions. They point out there are only two ways of lowering the deficit, reducing spending or increasing taxes, and that neither of these is popular with our constituents. They argue we will prove unable to muster the political courage to make decisions that we know will be unpopular, and there is some truth in those sentiments. Restoring fiscal balance will be painful and we are in the fiscal hole we are in because spending is popular and so are tax cuts, and we have provided plenty of both. It would certainly be easier for all of us if we could hand somebody else the authority to decide how to remedy the excesses of the past. But we cannot and should not run from this responsibility.

Justice Kennedy once put it this way: ''Failure of political will does not justify unconstitutional remedies.'' He added: ''The Constitution is a compact, enduring for more than our time, and one Congress cannot yield up its own powers. . . . Abdication of responsibility,'' he said, ''is not part of the constitutional design.''

We must not run from painful decisions. Difficult or not, only the Congress can decide how to pay for repeal of these reporting requirements. And difficult or not, only Congress can decide the larger issue of how to bring our spending in line with our revenues. If we cannot today exercise our responsibility on the finding of $22 billion to pay for the repeal of these reporting requirements, how can we expect to tackle the much larger budget deficit we face?

There is an alternative amendment which we are offering today. I, along with Senator INOUYE and others, am proposing today an amendment which will make specific decisions on spending cuts and revenue increases to account for the cost of repealing this provision. We would reform unjustified tax expenditures related to oil and gas production by large oil companies, companies that are enormously profitable with or without these tax expenditures. Our amendment will reform a loophole that provides tax credits to filers who pay taxes both in the United States and in foreign countries, and our amendment will eliminate some unintended loopholes used to avoid clearly intended rules on gift tax exemptions.

If there are better alternatives than the ones we are proposing, fine. Let's consider them. But what we cannot support is the abdication of our responsibility to make these decisions. It was the will and the wisdom of the Framers of the Constitution to give us that responsibility and I urge our colleagues not to shrink from it but to exercise it.

I will yield the floor but first I call up our amendment and ask for its consideration.

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

The legislative clerk read as follows:

The Senator from Michigan [Mr. LEVIN], for himself, Mr. INOUYE, Mr. LEAHY, Mr. SANDERS, Mr. ROCKEFELLER and Mrs. FEINSTEIN, proposes an amendment numbered 28.

The amendment is as follows:

(Purpose: To repeal the expansion of information reporting requirements under the Patient Protection and Affordable Care Act, and for other purposes)

On page 335, after line 20, insert the following:

TITLE XI—ADDITIONAL PROVISIONS

SEC. 1101. REPEAL OF EXPANSION OF INFORMATION REPORTING REQUIREMENTS.

Section 9006 of the Patient Protection and Affordable Care Act, and the amendments made thereby, are hereby repealed; and the Internal Revenue Code of 1986 shall be applied as if such section, and amendments, had never been enacted.

SEC. 1102. DENIAL OF DEDUCTION FOR MAJOR INTEGRATED OIL COMPANIES FOR INCOME ATTRIBUTABLE TO DOMESTIC PRODUCTION OF OIL, GAS, OR PRIMARY PRODUCTS THEREOF.

(a) IN GENERAL.—Subparagraph (B) of section 199(c)(4) of the Internal Revenue Code of 1986 is amended by striking ''or'' at the end of clause (ii), by striking the period at the end of clause (iii) and inserting '', or'', and by inserting after clause (iii) the following new clause:

''(iv) in the case of a taxpayer which is a major integrated oil company (as defined in section 167(h)(5)(B)), oil related qualified production activities (within the meaning of subsection (d)(9)(B)).''.

(b) CONFORMING AMENDMENT.—Section 199(d)(9)(A) of the Internal Revenue Code of 1986 is amended by inserting ''(other than a major integrated oil company (as defined in section 167(h)(5)(B))'' after ''taxpayer''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2010.

SEC. 1103. MODIFICATIONS OF FOREIGN TAX CREDIT RULES APPLICABLE TO DUAL CAPACITY TAXPAYERS.

(a) IN GENERAL.—Section 901 of the Internal Revenue Code of 1986 (relating to credit for taxes of foreign countries and of possessions of the United States) is amended by redesignating subsection (n) as subsection (o) and by inserting after subsection (m) the following new subsection:

''(n) SPECIAL RULES RELATING TO DUAL CAPACITY TAXPAYERS.—

''(1) GENERAL RULE.—Notwithstanding any other provision of this chapter, any amount paid or accrued by a dual capacity taxpayer to a foreign country or possession of the United States for any period with respect to combined foreign oil and gas income (as defined in section 907(b)(1)) shall not be considered a tax to the extent such amount exceeds the amount (determined in accordance with regulations) which would have been required to be paid if the taxpayer were not a dual capacity taxpayer.

''(2) DUAL CAPACITY TAXPAYER.—For purposes of this subsection, the term 'dual capacity taxpayer' means, with respect to any foreign country or possession of the United States, a person who—

''(A) is subject to a levy of such country or possession, and

''(B) receives (or will receive) directly or indirectly a specific economic benefit (as determined in accordance with regulations) from such country or possession.''.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by this section shall apply to taxes paid or accrued in taxable years beginning after December 31, 2010.

(2) CONTRARY TREATY OBLIGATIONS UPHELD.—The amendments made by this section shall not apply to the extent contrary to any treaty obligation of the United States.

SEC. 1104. RULES RELATING TO FOREIGN OIL AND GAS INCOME.

(a) SEPARATE BASKET FOR FOREIGN TAX CREDIT.—Paragraph (1) of section 904(d) of the Internal Revenue Code of 1986 is amended by striking ''and'' at the end of subparagraph (A), by striking the period at the end of subparagraph (B) and inserting '', and'', and by adding at the end the following:

''(C) combined foreign oil and gas income (as defined in section 907(b)(1)).''

(b) COORDINATION.—Section 904(d)(2) of the Internal Revenue Code of 1986 is amended by redesignating subparagraphs (J) and (K) as

subparagraphs (K) and (L) and by inserting after subparagraph (I) the following:

''(J) COORDINATION WITH COMBINED FOREIGN OIL AND GAS INCOME.—For purposes of this section, passive category income and general category income shall not include combined foreign oil and gas income (as defined in section 907(b)(1)).''

(c) CONFORMING AMENDMENTS.—

(1) Section 907(a) of the Internal Revenue Code of 1986 is hereby repealed.

(2) Section 907(c)(4) of such Code is hereby repealed.

(3) Section 907(f) of such Code is hereby repealed.

(d) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by this section shall apply to taxable years beginning after December 31, 2010.

(2) TRANSITIONAL RULES.—

(A) CARRYOVERS.—Any unused foreign oil and gas taxes which under section 907(f) of the Internal Revenue Code of 1986 (as in effect before the amendment made by subsection (c)(3)) would have been allowable as a carryover to the taxpayer's first taxable year beginning after December 31, 2010 (without regard to the limitation of paragraph (2) of such section 907(f) for first taxable year) shall be allowed as carryovers under section 904(c) of such Code in the same manner as if such taxes were unused taxes under such section 904(c) with respect to foreign oil and gas extraction income.

(B) LOSSES.—The amendment made by subsection (c)(2) shall not apply to foreign oil and gas extraction losses arising in taxable years beginning on or before the date of the enactment of this Act.

SEC. 1105. REQUIRED MINIMUM 10-YEAR TERM, ETC., FOR GRANTOR RETAINED ANNUITY TRUSTS.

(a) IN GENERAL.—Subsection (b) of section 2702 of the Internal Revenue Code of 1986 is amended—

(1) by redesignating paragraphs (1), (2), and (3) as subparagraphs (A), (B), and (C), respectively, and by moving such subparagraphs (as so redesignated) 2 ems to the right,

(2) by striking ''For purposes of'' and inserting the following:

''(1) IN GENERAL.—For purposes of'',

(3) by striking ''paragraph (1) or (2)'' in paragraph (1)(C) (as so redesignated) and inserting ''subparagraph (A) or (B)'', and

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

''(2) ADDITIONAL REQUIREMENTS WITH RESPECT TO GRANTOR RETAINED ANNUITIES.—For purposes of subsection (a), in the case of an interest described in paragraph (1)(A) (determined without regard to this paragraph) which is retained by the transferor, such interest shall be treated as described in such paragraph only if—

''(A) the right to receive the fixed amounts referred to in such paragraph is for a term of not less than 10 years,

''(B) such fixed amounts, when determined on an annual basis, do not decrease relative to any prior year during the first 10 years of the term referred to in subparagraph (A), and

''(C) the remainder interest has a value greater than zero determined as of the time of the transfer.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to transfers made after the date of the enactment of this Act.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. INOUYE. Mr. President, I rise today in support of the Levin amendment, which I believe is a far superior alternate to the Stabenow amendment as it currently stands. The amendment offered today by Senator STABENOW proposes to rescind $44 billion from unobligated balances of appropriated funds that are designated for specific purposes in various appropriations bills previously enacted by Congress. The Senator offers these rescissions in order to offset the loss of revenues resulting from an amendment.

This amendment is a perfect representation of what I expect to be a flood of similar amendments and stand-alone bills that seek to eviscerate the nondefense functions of the Federal Government. With the exception of the proposal from the junior Senator from Kentucky, which had the courage to list each and every cut he proposed, I expect many other bills and amendments will be blanket rescissions that leave it to the executive branch to decide how the taxpayers' moneys will be spent. These bills and amendments turn the constitutional separation of powers on its head and provide a terribly dangerous precedent.

In the specific case of the Stabenow amendment, it simply provides for generic rescission of funds, with the authority and decisionmaking on the programs to be impacted delegated entirely to the executive branch. Rescinding funds in this manner, as pointed out by Senator LEVIN, may be politically convenient as it simply cites the top line number of $44 billion, but it is also thoughtless and rash. It will serve to shelter those who vote in its favor from the righteous anger of Americans whose lives are disrupted when important and, in some cases, vital projects and programs are shut down as they inevitably will be, should the amendment be agreed to.

I can also promise that if this amendment is enacted into law, the force of these cuts will be felt in each of the 50 States, and the capricious nature of the cuts will only deepen the pain.

I know that because we are in the middle of the second quarter of the fiscal year operating under a CR. Consequently, as I explained in November, the only unobligated balances remaining outside of those for operating under a CR in 2011 are those accounts that have slow spend rates, such as construction and infrastructure accounts. That is why it is taking $44 billion in rescissions to pay for a $19 billion problem. As a result, we will be cutting deeply into our nondefense discretionary programs without congressional guidance and without any analysis of the ultimate costs and impacts. This approach is simply irresponsible.

While we cannot say with certainty what the cuts will be because the executive branch will have complete authority over what programs will be impacted, I believe the following cuts are likely: State and local law enforcement will face cuts of $200 million to $300 million in grant programs, including $82 million in Violence Against Women grants, $81 million in Byrne and other Office of Justice grants, and $10 million in Juvenile Justice grants. Cutting these grant funds will take funding from programs already expected to be awarded, and will fall particularly hard on States with large problems with crime.

A cut of $95 million from the DEA would mean halting efforts to go after and take down Mexican drug cartels, to enforce narcoterrorist investigations, and information sharing, and to address emerging technologies used by drug traffickers. The TSA stands to lose $674 million of funds to procure and install over 200 explosive detecting systems at airports across the Nation.

Finally, the U.S. Marshals would face a cut of $48.7 million, bringing an end to courthouse security equipment projects and also halting Marshals' operations in the Southwest border where they engage in activities such as tracking fugitives.

Supporters of the Stabenow amendment would claim that I am using scare tactics, painting a dark picture when the real cuts are not as devastating.

How can anyone stand here and claim we can cut $44 billion and not have it hurt our States and our constituents? This amount is equivalent to funding the entire Department of Homeland Security, which covers everything from the Coast Guard to FEMA, from the Secret Service to the Border Patrol.

No one denies that waste, fraud, and abuse exist and that we need to continue to enact reforms that will lesson waste, convict those who would defraud the government, and eliminate abuses of programs that are designed to help those who need it most. But if this amendment is signed into law, then 60 days later we will all get a harsh reminder that campaigning against waste, fraud, and abuse is not the same thing as implementing a policy that cuts billions of dollars in useful spending. These rescissions will hurt individuals, they will hurt communities and jeopardize safety of life and our security.

Let me also point out to my colleagues that if this amendment is enacted, we cannot stop rescissions of unobligated balances from a single account we may view as vital because the amendment gives sole decisionmaking power in identifying cuts to the executive branch.

I will say this again. This amendment is not in the best interests of the Senate, it is not in the best interests of our democratic priorities, and it is certainly not in the best interests of the American people.

If it is indeed the will of the Senate to eviscerate these critical programs, let's stop hiding behind generic rescissions. Let's instead support the Levin amendment, which offsets a revenue loss with a revenue gain, which eliminates unnecessary tax loopholes, and which will leave important national priorities intact.

I yield the floor.

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes of debate equally divided prior to

a vote in relation to amendment No. 28, offered by the Senator from Michigan, Mr. LEVIN.

Mr. LEVIN. Mr. President, I have just spoken on this. I ask unanimous consent that we be allowed to yield back the time on both sides.

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

Mr. LEVIN. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the amendment.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Connecticut (Mr. LIEBERMAN) and the Senator from Virginia (Mr. WARNER) are necessarily absent.

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

The result was announced—yeas 44, nays 54, as follows:

[Rollcall Vote No. 7 Leg.]

YEAS—44

Akaka	Hagan	Murray
Baucus	Harkin	Nelson (FL)
Bennet	Inouye	Reed
Blumenthal	Johnson (SD)	Reid
Boxer	Kerry	Rockefeller
Brown (OH)	Klobuchar	Sanders
Cantwell	Kohl	Schumer
Cardin	Lautenberg	Shaheen
Carper	Leahy	Stabenow
Casey	Levin	Tester
Coons	Manchin	Udall (CO)
Durbin	McCaskill	Udall (NM)
Feinstein	Menendez	Whitehouse
Franken	Merkley	Wyden
Gillibrand	Mikulski	

NAYS—54

Alexander	DeMint	McConnell
Ayotte	Ensign	Moran
Barrasso	Enzi	Murkowski
Begich	Graham	Nelson (NE)
Bingaman	Grassley	Paul
Blunt	Hatch	Portman
Boozman	Hoven	Pryor
Brown (MA)	Hutchison	Risch
Burr	Inhofe	Roberts
Chambliss	Isakson	Rubio
Coats	Johanns	Sessions
Coburn	Johnson (WI)	Shelby
Cochran	Kirk	Snowe
Collins	Kyl	Thune
Conrad	Landrieu	Toomey
Corker	Lee	Vitter
Cornyn	Lugar	Webb
Crapo	McCain	Wicker

NOT VOTING—2

Lieberman	Warner

The PRESIDING OFFICER. On this vote, the yeas are 44, the nays are 54. Under the previous order requiring 60 votes for the adoption of this amendment, the amendment is withdrawn.

AMENDMENT NO. 9

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 9, offered by the Senator from Michigan, Ms. STABENOW.

The Senator from Michigan.

Ms. STABENOW. Mr. President, we all know that small business is the engine of the economy. This amendment will address a burdensome regulation we have all talked about. We need to repeal an unnecessary, burdensome provision in the law that would require 40 million businesses in America, most of them small businesses, to file 2,000 percent more paperwork with the IRS. We have a chance to do something about that with this amendment.

I wish to thank Senator BAUCUS and his staff for their work. I wish to thank Senator JOHANNS for his work and my colleagues who are cosponsoring this amendment. I also wish to thank the 11 business organizations supporting this, including the Chamber, the Farm Bureau, the Motor & Equipment Manufacturers Association, the National Association of Manufacturers, Realtors, NFIB, the Small Business & Entrepreneurship Council.

This is an amendment that is fully paid for without raising taxes, while it protects our Nation's defense, our veterans, and our Social Security. So I would hope we would all join in supporting this effort to make a needed change that eliminates burdensome paperwork for our small businesses.

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

Who yields time in opposition?

The Senator from Hawaii.

Mr. INOUYE. Mr. President, I yield back my time. But I make a point of order that the pending amendment violates section 311 of S. Con. Res. 70, the concurrent resolution on the budget for fiscal year 2009.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, the waiver provisions of applicable budget resolutions, and section 4(g)(3) of the Statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for the purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Connecticut (Mr. LIEBERMAN) and the Senator from Virginia (Mr. WARNER) are necessarily absent.

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

The yeas and nays resulted—yeas 81, nays 17, as follows:

[Rollcall Vote No. 8 Leg.]

YEAS—81

Alexander	Blumenthal	Cantwell
Ayotte	Blunt	Cardin
Barrasso	Boozman	Casey
Baucus	Boxer	Chambliss
Begich	Brown (MA)	Coats
Bennet	Brown (OH)	Coburn
Bingaman	Burr	Cochran
Collins	Johnson (WI)	Portman
Conrad	Kerry	Pryor
Coons	Kirk	Risch
Corker	Klobuchar	Roberts
Cornyn	Kohl	Rockefeller
Crapo	Kyl	Rubio
DeMint	Landrieu	Sessions
Ensign	Lee	Shaheen
Enzi	Lugar	Shelby
Feinstein	Manchin	Snowe
Graham	McCain	Stabenow
Grassley	McCaskill	Tester
Hagan	McConnell	Thune
Hatch	Menendez	Toomey
Hoeven	Merkley	Udall (CO)
Hutchison	Moran	Udall (NM)
Inhofe	Murkowski	Vitter
Isakson	Nelson (NE)	Webb
Johanns	Nelson (FL)	Wicker
Johnson (SD)	Paul	Wyden

NAYS—17

Akaka	Inouye	Reed
Carper	Lautenberg	Reid
Durbin	Leahy	Sanders
Franken	Levin	Schumer
Gillibrand	Mikulski	Whitehouse
Harkin	Murray	

NOT VOTING—2

Lieberman	Warner

The PRESIDING OFFICER. On this vote, the yeas are 81, the nays are 17. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The motion to waive having been agreed to, the amendment is agreed to under the previous order.

AMENDMENT NO. 13

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 13 offered by the Republican leader.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. CONRAD. Mr. President, I rise to make a point of order that the pending amendment violates section 311 of S. Con. Res. 70, the concurrent resolution on the budget for fiscal year 2009.

Mr. President, the amendment will significantly worsen the deficit—a fact confirmed by the CBO in a letter to Speaker BOEHNER on January 6. The CBO letter says clearly they estimate that enacting the health care law repeal would increase Federal deficits in the decade after 2019 by an amount that is in the broad range around one-half percent of GDP for that period. The GDP for that period is $293 trillion. Mr. President, one-half of 1 percent is an increase in the deficit and debt of this country of more than $1.4 trillion.

We have heard colleagues on all sides say we have to get our deficits and debt under control. Yet one of the first measures is to explode the deficits and debt, add $1.4 trillion to the debt. That is not just irresponsible, it is reckless. I urge my colleagues to support the budget point of order.

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. MCCONNELL. Mr. President, only in Washington could you argue with a straight face that starting a new multitrillion-dollar entitlement program is going to save money. CBO could only look at the proposition that was presented to it, which frontloads tax increases in Medicare cuts and backloads benefits.

Therefore, pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(G)(3) of the Statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment and ask for the yeas and nays.

Mr. REID. Mr. President, we are going to have no more votes tonight. We have an amendment that Senator WHITEHOUSE is waiting to offer, and there are a number of other FAA-related amendments. We hope to have a productive day tomorrow. In the near future, we hope to develop a finite list of amendments so we can conclude this bill.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the motion to waive. The yeas and nays have been ordered. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Connecticut (Mr. LIEBERMAN) and the Senator from Virginia (Mr. WARNER) are necessarily absent.

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

The yeas and nays resulted—yeas 47, nays 51, as follows:

[Rollcall Vote No. 9 Leg.]

YEAS—47

Alexander	Ensign	McConnell
Ayotte	Enzi	Moran
Barrasso	Graham	Murkowski
Blunt	Grassley	Paul
Boozman	Hatch	Portman
Brown (MA)	Hoeven	Risch
Burr	Hutchison	Roberts
Chambliss	Inhofe	Rubio
Coats	Isakson	Sessions
Coburn	Johanns	Shelby
Cochran	Johnson (WI)	Snowe
Collins	Kirk	Thune
Corker	Kyl	Toomey
Cornyn	Lee	Vitter
Crapo	Lugar	Wicker
DeMint	McCain	

NAYS—51

Akaka	Gillibrand	Murray
Baucus	Hagan	Nelson (NE)
Begich	Harkin	Nelson (FL)
Bennet	Inouye	Pryor
Bingaman	Johnson (SD)	Reed
Blumenthal	Kerry	Reid
Boxer	Klobuchar	Rockefeller
Brown (OH)	Kohl	Sanders
Cantwell	Landrieu	Schumer
Cardin	Lautenberg	Shaheen
Carper	Leahy	Stabenow
Casey	Levin	Tester
Conrad	Manchin	Udall (CO)
Coons	McCaskill	Udall (NM)
Durbin	Menendez	Webb
Feinstein	Merkley	Whitehouse
Franken	Mikulski	Wyden

NOT VOTING—2

Lieberman	Warner

The PRESIDING OFFICER. On this vote, the yeas are 47, the nays are 51. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The motion to waive having been rejected, the point of order is sustained and the amendment falls.

VOTE EXPLANATIONS

• Mr. LIEBERMAN. Mr. President, I regret having missed votes to consider amendments to the FAA Air Transportation Modernization and Safety Improvement Act. I was celebrating the joyous occasion of my newest grandson's birth with my wife and children.

Had I been present, I would have voted to oppose the motion to waive the Budget Act on the amendment to repeal the landmark health care reform legislation, the Patient Protection and Affordable Care Act. This law provides health care coverage to more than 30 million Americans and also reduces the deficit. The benefits that have already been achieved by this law are substantial. Its repeal would force seniors to pay more for their drug coverage, businesses would lose valuable tax credits that enable them to provide health care coverage to their employees, and millions of Americans would no longer receive vital consumer protections from the health insurance industry. Additionally, this law extends the solvency of Medicare for 12 more years.

I have said before that a law this comprehensive would not be without flaws. I will support efforts to strengthen the Affordable Care Act and reduce the unintended consequences from it. I do not, however, support its repeal, which would not only be risky for our economy, but would have the effect of increasing the number of uninsured and causing vital programs such as Medicare to face insolvency in the very near future.

Had I been present, and consistent with my desire to continue to improve the Affordable Care Act, I would have supported both Senators LEVIN and STABENOW's amendments to repeal the form 1099 reporting requirement. This provision imposes an onerous compliance obligation on businesses of all sizes, and Congress should act quickly to remove that burden and allow businesses to direct their time, energy, and resources to growing their businesses and creating new jobs.•

• Mr. WARNER. Mr. President, I voted for the Affordable Care Act because the current health care system is simply unsustainable and it will bankrupt our Nation. This law helps lay the groundwork for containing health care costs through leveraging private sector innovation and competition to improve the quality and value of care in this country. I was unable to vote today because of a family emergency, but I wanted to register my strong opposition to Senator MCCONNELL's amendment which would repeal the Affordable Care Act.

The Affordable Care Act is already helping millions of Virginians and Americans. The law has helped lower prescription costs for seniors, including over 63,000 Medicare beneficiaries in the Commonwealth of Virginia. It has provided affordable coverage for millions of young adults throughout the country who have been able to stay on their parent's plan and stopped insurers from denying coverage to children due to a preexisting condition. Small businesses are benefiting from tax credits to cover the cost of offering health insurance coverage to their employees.

The Congressional Budget Office has stated that repealing the health care reform law would add $230 billion to the deficit and take away these immediate benefits and many other critical delivery systems reforms which currently are being implemented. Taking us back to the status quo is not an option.

This law is not perfect, nor will it be the final say in efforts to ensure that we have a quality, affordable health care system which works for American families and businesses.I have continued to push for fixes to parts of this law, including repealing the provision which placed a burdensome requirement on small businesses to file a form 1099, and will continue to pursue additional steps to further lower health care costs.

I look forward to working with my colleagues from both sides of the aisle to provide affordable, quality care to all Americans.•

The PRESIDING OFFICER. The Senator from Maine is recognized.

Ms. COLLINS. I thank the Chair.

(The remarks of Ms. COLLINS pertaining to the introduction of S. 261 are printed in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

The PRESIDING OFFICER. The Senator from Rhode Island.

AMENDMENT NO. 8

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent to set aside any pending amendment and call up amendment No. 8.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Rhode Island [Mr. WHITEHOUSE], for himself, Mr. KIRK, Mrs. BOXER, Mr. DURBIN, Mr. CASEY, Mr. MENENDEZ, and Mr. SCHUMER, proposes an amendment numbered 8.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent to waive further reading of the amendment.

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

The amendment is as follows:

(Purpose: To amend title 18, United States Code, to provide penalties for aiming laser pointers at airplanes, and for other purposes)

At the end of title VII, add the following:

SEC. 733. PROHIBITION AGAINST AIMING A LASER POINTER AT AN AIRCRAFT.

(a) OFFENSE.—Chapter 2 of title 18, United States Code, is amended by adding at the end the following:

''§ 39A. Aiming a laser pointer at an aircraft

''(a) Whoever knowingly aims the beam of a laser pointer at an aircraft in the special aircraft jurisdiction of the United States, or at the flight path of such an aircraft, shall be fined under this title or imprisoned not more than 5 years, or both.

''(b) As used in this section, the term 'laser pointer' means any device designed or used

to amplify electromagnetic radiation by stimulated emission that emits a beam designed to be used by the operator as a pointer or highlighter to indicate, mark, or identify a specific position, place, item, or object.

''(c) This section does not prohibit aiming a beam of a laser pointer at an aircraft, or the flight path of such an aircraft, by—

''(1) an authorized individual in the conduct of research and development or flight test operations conducted by an aircraft manufacturer, the Federal Aviation Administration, or any other person authorized by the Federal Aviation Administration to conduct such research and development or flight test operations;

''(2) members or elements of the Department of Defense or Department of Homeland Security acting in an official capacity for the purpose of research, development, operations, testing or training; or

''(3) by an individual using a laser emergency signaling device to send an emergency distress signal.

''(d) The Attorney General, in consultation with the Secretary of Transportation, may provide by regulation, after public notice and comment, such additional exceptions to this section, as may be necessary and appropriate. The Attorney General shall provide written notification of any proposed regulations under this section to the Committees on the Judiciary of the Senate and the House of Representatives, the Committee on Commerce, Science and Transportation of the Senate, and the Committee on Transportation and Infrastructure of the House of Representatives, not less than 90 days before such regulations become final.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 2 of title 18, United States Code, is amended by inserting after the item relating to section 39 the following new item:

''39A. Aiming a laser pointer at an aircraft.''.

Mr. WHITEHOUSE. Mr. President, I rise to speak in support of this amendment I have offered with Senators KIRK, BOXER, DURBIN, CASEY, MENENDEZ, and SCHUMER to secure aircraft cockpits against lasers. This commonsense and bipartisan amendment would protect passengers and pilots by making it a Federal criminal offense to knowingly aim the beam of a laser at an aircraft.

As explained in a recent article in the New York Times, ''a beam that is 1/25 of an inch wide at its origin can be 2 to 3 feet wide by the time it reaches an airliner approaching or departing an airport.'' As a result, when targeted at aircraft, laser stripes can instantly flash across the cockpit, temporarily blinding the pilot and the crew. One pilot described the feeling of being hit by a laser like this:

It immediately lit up the whole cockpit and it hit both of my eyes and burned both of my corneas. Instantly, I was blinded. It felt like I was hit in the face with a baseball bat—just an intense burning pain.

FAA Administrator Randy Babbitt similarly recently warned that lasers can ''damage a pilot's eyes or cause temporary blindness.'' Indeed, pilots have described the need to hand control of their aircraft to a copilot as a result of one of these incidents.

It goes without saying that such a threat to a pilot's sight, particularly during the critical phases of takeoff and landing, poses an unacceptable risk to the traveling public, to our pilots, and to citizens on the ground. For this reason, Secretary of Transportation Ray LaHood recently described laser incidents as ''a serious safety issue.''

The problem is growing. According to a recent report by the Federal Aviation Administration, 2,836 pilots reported that they were targeted with lasers in 2010, nearly double the number in 2009. In other words, every day, eight pilots and the passengers they fly are put at risk in the manner I described. The problem affects airports of all sizes across the country.

At T.F. Green Airport, for instance, in my home State of Rhode Island, there were 12 such reported incidents just in the last year. The problem also is worsening as new and more powerful lasers become commercially available. These new lasers emit an increasingly bright beam that can reach aircraft miles away from the airport.

Current Federal law does not provide prosecutors with ready tools to prosecute and thus deter this dangerous conduct. Ill-fitting existing statutes occasionally can be used, but only in limited cases, leaving even identified perpetrators to go unpunished. My amendment would solve this problem by creating a criminal offense that clearly and distinctly covers this harmful conduct. It would explicitly criminalize knowingly aiming the beam of a laser pointer at an aircraft. Violations would lead to punishment of imprisonment for up to 5 years or fines of up to $250,000.

The legislation would exempt valid uses of lasers in the aviation context, such as designated research and development activities, flight test operations, training, and emergency signaling. Prosecutors would gain a new, valuable tool to protect air safety without any burden being imposed on the legitimate use of lasers.

Comparable bipartisan legislation has previously passed the House of Representatives and was reported favorably out of the House Judiciary Committee this year. It is widely supported. For example, this amendment is supported by the Airline Pilots Association and the National Association of Police Organizations.

Mr. President, I ask unanimous consent to have printed in the RECORD letters from those organizations.

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

GOVERNMENT AFFAIRS DEPARTMENT,
AIR LINE PILOTS ASSOCIATION, INTERNATIONAL,
Washington, DC, February 1, 2011.

DEAR SENATOR: On behalf the Air Line Pilots Association, International (ALPA) which represents 53,000 pilots who fly for 38 airlines in the U.S. and Canada, I urge you to support the Whitehouse-Kirk-Boxer amendment to protect aircraft flight decks from the threat posed by laser illuminations as the Senate considers S. 223, the FAA reauthorization bill.

On January 19, the FAA announced that the number of reports of lasers pointed at airplanes nearly doubled in one year to more than 2,800. The inappropriate use of widely available laser pointers against airborne flight crews is a genuine safety and security concern and is simply unacceptable. At a minimum, the laser illumination of a cockpit creates a flight crew distraction and in more serious cases can result in eye damage and temporary incapacitation.

Along with a number of federal law enforcement organizations, ALPA has long maintained that the reckless and malicious laser illumination of airliners should be prosecuted as a specific federal offense and not solely as a violation of state laws. This amendment ensures that such activity will, in fact, be classified and prosecuted in that manner and will provide additional benefit by informing the public that shining laser beams into aircraft cockpits is a dangerous offense which will be met with serious consequences.

ALPA applauded the U.S. House of Representatives last year for passing similar legislation, the Securing Aircraft Cockpits Against Lasers Act of 2010. It should be noted that the House Judiciary Committee has this year unanimously reported out an identical bill, H.R. 386.

Again, we urge you to support the Whitehouse-Kirk-Boxer amendment which will enhance the safety and security of all airline passengers and crewmembers.

Sincerely,

LEE MOAK,
President.

NATIONAL ASSOCIATION OF POLICE ORGANIZATIONS, INC.,
Alexandria, VA, February 1, 2011.

Hon. SHELDON WHITEHOUSE,
U.S. Senate,
Washington, DC.

DEAR SENATOR WHITEHOUSE: On behalf of the National Association of Police Organizations (NAPO), representing 241,000 rank-and-file police officers from across the United States, I would like to thank and commend you for your support to secure aircraft cockpits against laser pointers. The House of Representatives Judiciary Committee recently passed H.R. 386, a bill that would prohibit the aiming of a laser beam at an aircraft or in its flight path by punishing offenders with an imposed fine or prison term.

The Federal Flight Deck Officers Association is a member of NAPO. Together, we have a vested interest in protecting pilots and passengers from the harmful effects of laser pointers. On January 19, 2010, the Federal Aviation Administration announced that the reports of laser pointers being pointed at aircrafts basically doubled in one year from 1,400 to 2,800 incidents. Laser beams pointed at an aircraft can cause temporary blindness to pilots and jeopardize aviation security.

Helping to protect our nation from potential gaps in the enforcement of homeland security is one of NAPO's top priorities. NAPO urges both chambers to take swift action in passage of legislation that seeks to bolster security and thwart criminal acts.

Securing cockpits is an important safety measure that law enforcement is willing to support. NAPO believes H.R. 386 and companion legislation is essential to assist the law enforcement community in the protection of our nation from security threats. If you have any questions on how NAPO can support your efforts, please feel free to contact me, or NAPO's Director of Government Affairs, Rachel Hedge.

Sincerely,

WILLIAM J. JOHNSON,
Executive Director.

Mr. WHITEHOUSE. Mr. President, I thank Senators KIRK, BOXER, DURBIN,

CASEY, MENENDEZ, and SCHUMER for their leadership on this issue. I also thank our partners in the House for their work, and let me thank Chairman ROCKEFELLER and Ranking Member HUTCHISON for considering this amendment.

I hope Senators on both sides of the aisle will join me in voting for this amendment that will protect our public safety against this new hazard.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent to be added as a cosponsor to this superb amendment.

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

Mr. ROCKEFELLER. I have some notes, but the distinguished Senator from Rhode Island has exhausted my brilliant notes in his own speech. Just let it be said that it is an extraordinarily dangerous situation, this whole concept of stronger lasers, more carefully targeted lasers from greater distances, and being able to do it from behind trees and hidden places blinding, probably temporarily at this point but maybe permanently as they become stronger or doing damage to the eye.

When the Senator spoke about having to turn over the duties of landing the airplane or taking off the airplane to a copilot because of this threat, it makes me worry that it is going to get worse because this is kind of easy to do. In essence, it becomes an act of terrorism, not just the problem of safety for the airplane and its passengers and the pilots.

It is a superb amendment. It is my strong feeling it will pass this body easily and it will become law. The Senator from Rhode Island deserves enormous credit for bringing this to the attention of the Congress.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. I thank the distinguished chairman for his very kind words. Let me thank him for his efforts to support this amendment. His cosponsorship is extremely important. I look forward to working with whatever I can bring to get this amendment successfully adopted into the bill and to get the bill successfully passed. I very much appreciate the chairman's distinguished leadership.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

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

TRIBUTE TO ANDRE KIRK AGASSI

Mr. REID. Mr. President, I rise today to recognize the extraordinary achievements of Andre Kirk Agassi, professional tennis player and fellow Nevadan, for his induction into the International Tennis Hall of Fame earlier this month.

He was born on April 29, 1970, in Las Vegas to Mike and Betty Agassi. The son of a former Iranian Olympic boxer, Andre Agassi's father taught him to play tennis at a very young age. At 16 he made his professional debut, and 1 year later he won his first singles title. He quickly rose to the international stage and was soon ranked No.1 in the world. He continued to represent Nevada and the United States, as well as athletes by winning a gold medal, which he earned at the 1996 Olympic Games in Atlanta, and by capturing eight Grand Slams.

He is known as one of the most impressive champions in tennis history, and his charisma for the game drew attention and rivals alike. Many recall the great tennis rivalry with Pete Sampras of the mid-1990s which recaptured a robust following of tennis fans.

Despite his tremendous success as an athlete, his accomplishments off the court are just as impressive. After his first Grand Slam title, Agassi founded the Andre Agassi Charitable Association, which has raised more than $60 million to help disadvantaged youth in Nevada. In 2001, he also established a charter school for children in underserved communities and has funded countless scholarships. And just as he achieved the No. 1 ranking as a tennis player, Agassi recently reached the top spot on the New York Times Best Sellers List when he released his autobiography.

I commend Andre for his efforts and extend my congratulations to his wife Steffi and their two children. Andre Agassi is an inspiration to all Nevada's student-athletes and I am pleased that his hard work and excellence is being recognized with the highest honor an athlete can receive.

DELISTING OF THE GRAY WOLF

Mr. KYL. Mr. President, I have joined my colleagues to introduce legislation to amend the Endangered Species Act of 1973 to remove the gray wolf. The Endangered Species Act has proved a failure for wolf conservation. I believe Congress must pave the way for a new State-based approach.

Since the listing of the gray wolf as endangered in 1976, the Federal wolf recovery programs have been in continuous litigation. The latest Federal district court decision returning the Rocky Mountain gray wolf to the Endangered Species List despite a population in excess of agreed upon recovery goals was the last straw. It is evident now that science is not driving recovery; rather, judicial decisions and consent agreements with special interest groups are dictating the fate of wolves and impacted communities. Despite the authorities and responsibilities conveyed to States by Congress under section 6 of the Endangered Species Act, State wildlife agencies have become mere bystanders in wolf management under this paradigm.

Take the Mexican gray wolf in the Southwest. The U.S. Fish and Wildlife Service, USFWS, has not been able to revise the recovery plan for that wolf in 28 years. Why? Because of the litigious nature of activist organizations. Another attempt to overhaul the program and develop a recovery plan is under way, but USFWS estimates that plan is at least 4 to 6 years away, assuming no litigation. We can't expect the public or the wolves to continue to wait.

Acceptance of wolves on the landscape requires preventing, mitigating and responding to livestock depredation and nuisance issues on public, private and tribal lands. It requires trust and implementation of solutions collaboratively developed by local stakeholders. It's time to give States the chance to demonstrate that they can make wolf conservation work for both people and wolves.

Restoring wildlife is not new to States or tribes. In my home State of Arizona, the Game and Fish Department has been very successful in collaborative conservation. A great example is the Southwestern bald eagle. The Game and Fish Department's intensive interagency management of this species has increased its numbers and prevented its listing. The Arizona Game and Fish seeks to apply this proven approach to wolf conservation. This bill, if enacted, would give them the opportunity.

I ask unanimous consent that the following documents be printed in the RECORD in support of this legislation: a letter from the Arizona Game and Fish Department dated December 7, 2010, and a resolution adopted by the Western Association of Fish and Wildlife Agencies dated January 9, 2011.

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

THE STATE OF ARIZONA,
GAME AND FISH DEPARTMENT,
Phoenix, AZ, December 7, 2010.

Hon. JOHN MCCAIN,
U.S. Senate,
Washington, DC.
Hon. JON KYL,
U.S. Senate,
Washington, DC.
Hon. TRENT FRANKS,
House of Representatives,
Washington, DC.

DEAR SENATOR JOHN MCCAIN, SENATOR JON KYL AND CONGRESSMAN TRENT FRANKS: The Arizona Game and Fish Commission has concluded it is beyond time to try a different approach to Mexican wolf conservation. We ask

that you help us do that by working with other members of Congress to delist the gray wolf rangewide (i.e. including the Mexican wolf) and place the conservation burden for this species on the States and willing Tribes. Restoring wildlife is not new to either the States or the Tribes. Witness what has been accomplished with many other species since the early 1900s. And recognize that when the U.S. Fish and Wildlife Service (USFWS) speaks with justifiable pride about its efforts to recover endangered and threatened species, many, if not most, of those efforts are carried out by or at least with substantial assistance from State and Tribal wildlife agencies.

After a lengthy public session on December 4, the Arizona Game and Fish Commission (Commission) voted 4–1 to support Congressional actions to delist the gray wolf from protection under the Endangered Species Act (ESA) of 1973, as amended. The vote reflects the fact that we do not want to get out of the wolf conservation business; rather, we want to get in deeper but more affordably, efficiently and effectively. Bureaucratic process compelled by litigation has driven the cost of Mexican wolf conservation out of reach for States, Tribes and private stakeholders. We cannot print our own money.

According to USFWS estimates, we are faced with the prospects of at least 2 years of recovery planning, 4–5 years of environmental impact analysis and 1 to 2 years of federal rulemaking. Even if some of the Federal process can occur simultaneously, and even if litigation does not draw the process out (an extremely unlikely event), it would likely be 4 to 6 years before all the pieces are in place to effect significant change in the current approach to Mexican wolf recovery through reintroduction. We want to put precious State resources, public resources and private resources into on-the-ground wolf conservation rather than regulatory process and legal fees.

The Commission sees this as an opportunity to break through the litigation and Federal process gridlock in Mexican wolf recovery and reintroduction that has impeded progress since 2001 and welcomes the opportunity to manage this important species. The Commission desires to work with every stakeholder and all who are willing to come to the table to seek (and collaboratively fund) solutions to issues. Local governments, sportsmen, livestock operators, environmentalists and the White Mountain Apache Tribe have all repeatedly stated their support for Mexican wolf conservation in Arizona, as has the Commission. Opponents of wolf conservation are a distinct but vocal minority.

If the Mexican wolf were delisted by Congressional action, the Commission would anticipate taking the same approach to its conservation that we have taken with the Southwestern bald eagle. We would sustain the interagency conservation effort that has been in place since 1998 but modify it as necessary to address significant problems that were identified in program reviews in 2001, 2002 and 2005. USFWS is our most important agency partner in wildlife conservation and we would work closely to engage them under a new paradigm developed with our stakeholders. We are confident that, unfettered by the regulatory and litigation gridlock that has peaked over the past three years, we and willing cooperators in the governmental (including USFWS and Tribes) and nongovernmental sectors could find an appropriate balance among the more significant needs for and constraints on Mexican wolf conservation. Such a balance would result in an ecologically appropriate wolf population, sufficient prey populations to support the wolves without eroding hunter opportunity or unnecessarily reducing other outdoor recreation, and with significantly reduced uncompensated impacts on public, Tribal and private lands livestock producers in Arizona.

Maintaining a robust Mexican wolf conservation program is fundamental to our commitment to wildlife under Arizona Revised Statutes Title 17 and is indicative of our commitment since 1985 under Section 6 of the ESA to maintain an ''adequate and active program for the conservation of endangered species and threatened species.'' We have invested more than $5 million in Mexican wolf conservation and since 2003 the Department has been the primary glue holding the interagency Arizona-New Mexico wolf reintroduction project together at the agency oversight and field levels. We have tried everything possible, short of legal action or Congressional intervention, to remedy the gridlock resulting, in large part, from litigation. The U.S. Fish and Wildlife Service has been unable to respond as necessary to resolve even the most obvious significant problems, perhaps largely because of legal and policy issues stemming from litigation over the Northern Rockies and Western Great Lakes gray wolf programs as well as the Mexican wolf program, but also, at least in part, because of the complexity and rigidity of Federal regulatory processes. Regardless, the livestock producers affected by Mexican wolf reintroduction simply cannot afford more years of gridlock and neither can Arizona Game and Fish. Further, Arizona cannot afford to continue investing significant time and money in wolf conservation only to arrive at a day when, as has occurred in the Northern Rockies and Western Great Lakes, special interest groups with public lands agendas much broader than wolf conservation refuse to accept as recovered even a population of wolves that is several times larger than required by an approved Recovery Plan they helped develop.

We realize Congressional listing or delisting of any species would usurp authorities conveyed through the ESA to the Secretaries of Interior and Commerce. That would set a precedent few if any of us have ever wanted to see, including Arizona Game and Fish. However, none of us ever anticipated the degree to which the judiciary would usurp those same authorities in an environment of continuous litigation under the ESA and the Administrative Procedures Act. Congressional delisting is not a step that we advocate lightly but the Mexican wolf was included in the 1976 Federal listing of the gray wolf as endangered and there is still no indication the ESA-driven approach to recovery will ever be successful. In fact, there is ample evidence to the contrary. USFWS has not been able to revise the Recovery Plan in 28 years; how can anyone possibly hope it can achieve Mexican wolf recovery in our lifetimes under the current procedural morass that constrains it?

Congressional delisting would represent sailing uncharted waters fraught with unforeseen challenges. So be it. Far better to test ourselves against those challenges than to allow the current gridlock to force us all to continue doing the same unproductive things over and over again for another decade; with litigation at virtually every step of the way, no change in outcome and no greater hope for success in our lifetimes. A decade from now, we would much rather regret having stepped boldly and failed than having wasted another 10 years trying to make the litigation-driven approach to Mexican wolf conservation work.

It is truly ironic that successful conservation of the Mexican wolf might hinge on removing it from the control of the Congressional Act that was intended to save it.

Please let me know if there is anything more I can do to encourage or facilitate your consideration of this crucial issue. I would be happy to send a member of my staff to Washington, D.C. to provide key members of your staffs a more detailed description of the gridlock I have referenced above. One member of my staff has worked with Mexican wolf conservation for 28 years and has a comprehensive grasp of the story from the beginning through present times. It is a compelling story that makes the depth of frustration among Arizona stakeholders more understandable.

Representatives from sportsman, environmental, livestock producer, Tribal and local government stakeholders are prepared to accompany my staff to answer your questions regarding this situation and the need for constructive change. An alternative would be for key members of your staffs to meet with these stakeholders in Alpine, Arizona, so a better appreciation of the local situation could be provided, possibly through a tour of ''wolf country'' in Arizona. I would be equally happy to facilitate such a meeting, as I believe would any of the three County governments in eastern Arizona that are among our most constructive cooperators in Mexican wolf conservation.

Thank you for your consideration.

Sincerely,

LARRY D. VOYLES,
Director.

RESOLUTION

DELIST THE GRAY WOLF AND RESTORE MANAGEMENT TO THE STATES

Whereas, the northern Rocky Mountain distinct population segment of gray wolves exceeded the U.S. Fish and Wildlife Service recovery level of thirty or more breeding pairs in 2002; and

Whereas, population estimates as of 2009 include at least 1,700 animals well distributed among Idaho, Montana, and Wyoming; and

Whereas, the remarkable increase in gray wolf populations was only possible because of the historic management and stewardship of ungulates by state fish and wildlife agencies; and

Whereas, a primary purpose of the Endangered Species Act (ESA) is to ''provide a means whereby the ecosystems upon which endangered species and threatened species depend may be conserved, to provide a program for the conservation of such endangered species and threatened species, and to take such steps as may be appropriate to achieve the purposes of the treaties and conventions set forth in subsection (a) of this section.''; and

Whereas, the primary purpose of the ESA has clearly been achieved for the gray wolf, and gray wolves have recovered in the States of Idaho, Montana, and Wyoming; and

Whereas, a lack of delisting, given the species has met recovery goals, can result in an erosion of public acceptance of wolves and the ESA; and

Whereas, State wildlife agencies are the competent authorities to manage resident species for their sustained use and enjoyment; and

Whereas, the overall aim of the ESA is to recover species such that the species can be managed by the appropriate entity. State wildlife agencies are the appropriate entities to assume management of the gray wolf as a resident species; and

Whereas, delays in federal decision-making, induced partly by citizen-suit litigation over virtually all aspects of Mexican gray wolf recovery, have, after 34 years of protection under the ESA, including 12 years of reintroduction efforts, resulted in failure to recover the Mexican gray wolf; and

Whereas, the States of Arizona and New Mexico, the White Mountain Apache Tribe,

various local governments and local stakeholders are willing and able to use incentives and interdiction measures without being encumbered by the gridlock resulting from federal listing, to increase the Mexican gray wolf population to levels in both states that, coupled with conservation efforts in Mexico, would establish and maintain a rangewide population of Mexican gray wolves that is self-sustaining and managed at levels sufficient to meet scientifically-valid population objectives. Now, therefore, be it

Resolved, That the Western Association of Fish and Wildlife Agencies supports and endorses immediate delisting of gray wolves in the WAFWA member states from the ESA, either through legislative or administrative means, and that this species be managed by the respective State wildlife agencies.

Mr. MCCAIN. Mr. President, I am pleased to have joined my colleagues in introducing legislation that would delist the gray wolf from endangered species status thereby returning wolf population management to the respective State wildlife agencies. As my colleagues know, Federal efforts to recover the gray wolf and related subspecies are controversial throughout the West and Midwest including my home State of Arizona.

Officially listed in 1974, the gray wolf was among the first animals protected under the Endangered Species Act. At that time, gray wolves were undoubtedly a broken species, hunted to near extinction by western pioneers. But in the 1990s, the U.S. Fish and Wildlife Service launched an ambitious wolf repopulation effort in several States where wolves had been eradicated. Federal biologists released dozens of wolf breeding pairs into parts of Montana, Wyoming, Idaho as well as Arizona and New Mexico in the hopes that these so-called experimental populations would reestablish their historic ranges.

In the northern Rocky Mountains, these efforts largely paid off in 2002 when the U.S. Fish and Wildlife Service announced that it achieved its population goal of 30 breeding pairs and 300 wolves in Idaho, Montana and Wyoming. In fact, the Rocky Mountain Wolf Recovery Program was so successful at breeding pups that by 2005 they reached 49 breeding pairs and 663 total wolves. Today those numbers stand at over 71 breeding pairs and about 1,700 total wolves, far surpassing the stated goals of the Federal Government's wolf recovery plan. Despite this remarkable comeback, several environmentalist groups have used the judicial process to keep gray wolf populations under various forms of Federal protection, even to the detriment of native deer and elk populations which are dropping dramatically because of so many predator wolves. By keeping wolves locked into federally protected status, State wildlife authorities are legally prevented from rightfully controlling their exploding wolf population. At the same time the U.S. Fish and Wildlife Service is forced to overextend its resources, reach and welcome on a program that achieved its goals almost a decade ago. This simply cannot continue.

With respect to Arizona, my support for delisting the gray wolf is not a mandate for wolf hunts but rather to establish a path forward for saving the Mexican gray wolf from a failed Federal recovery program and to provide essential protections for livestock growers. If you compare the success of the northern Rockies against the dismal returns of the Mexican Wolf Recovery Program in Arizona and New Mexico, you see how Federal mismanagement and judicial activism have combined to hurt both ranchers and wolves. The U.S. Fish and Wildlife Service introduced 13 wolves in 1998 and estimated that the Southwest should have 100 wolves by now but in fact we have barely topped 42 wolves over the past 12 years. Pup survival in Arizona and New Mexico remains bleak with 31 observed in 2009 but only 7 surviving the winter. Livestock depredations remain a constant concern even though the U.S. Fish and Wildlife Service recently rescinded rules that allow rancher's to protect their cattle for depredation. To date, the Mexican Wolf Recovery Program has cost taxpayers roughly $20 million or roughly $500,000 per wolf with no end in sight. By removing Federal protections for the Mexican gray wolf, management and recovery responsibilities would be transferred from the U.S. Fish and Wildlife Service to the State's wildlife authority, the Arizona Game and Fish Commission, which recently voted to support this proposal.

The facts on the ground paint a clear picture that it is time to return management and recovery of these wolf populations to the States. I urge my colleagues to support this legislation.

UNI-CAPITOL WASHINGTON INTERNSHIP PROGRAMME

Mr. CRAPO. Mr. President, today I wish to pay tribute to the Uni-Capitol Washington Internship Programme, UCWIP. For more than a decade, this international internship program has been enabling outstanding Australian college students to participate in internships throughout the U.S. Congress.

Students participating in the program obtain immeasurable experience through their congressional internships, and participants also have the opportunity to participate in other educational experiences, including U.S. historic site and government agency visits and other learning events. I am proud to be involved in this rewarding and well-rounded exchange program, and I am grateful for the contribution Uni-Capitol Washington Programme interns continue to make in providing valuable viewpoints and helping me serve Idaho constituents.

Gemma Whiting, a UCWIP participant, has joined my staff as an intern this semester. She is studying law/arts at the University of Western Australia, where she is majoring in political science and international relations. Gemma has spent many hours helping keep my schedule and activities running smoothly, and she has been an immense asset. Her commitment and hard work are appreciated, and we are fortunate to have Gemma as a part of the team. I asked her to share her impressions regarding the program and her internship. She said, ''It was an honor to be a part of UCWIP 2011. The opportunity to work in Senator CRAPO's office has been the most remarkable experience. I could not have hoped for a more welcoming and affable office. The insight gained through this opportunity is invaluable, adding a higher level of understanding to the intricate workings of the U.S. Congress and the world's foremost democracy. This internship has been a once-in-a-lifetime opportunity, adding priceless knowledge to my studies in Law and Political Science. I could not have had a more enjoyable or memorable experience thanks to Senator CRAPO's office.''

I also commend the efforts of the program's director and founder, Eric Federing, who has utilized his own Capitol Hill and Australia experiences to provide this important exchange opportunity that benefits both Australian students and congressional offices. His interest and skill have been instrumental in shaping an outstanding program.

I look forward to continuing my association with the Uni-Capitol Washington Internship Programme, which I have been honored to be involved with for 5 years. I commend Gemma Whiting, Eric Federing and the other Uni-Capitol Washington Internship Programme participants and interns for contributing to the 12 successful years of this important program that facilitates the valuable broadening of relationships and understanding between our two countries.

ADDITIONAL STATEMENTS

ABILITYONE PROGRAM AND THE ARC OF CADDO-BOSSIER

• Ms. LANDRIEU. Mr. President, today I recognize a program which in the last several years has helped more than 45,000 Americans who are blind or who have significant disabilities gain skills and training that ultimately led to gainful employment, the AbilityOne Program.

The AbilityOne Program is the single largest source of jobs for Americans who are blind or have significant disabilities. The program harnesses the purchasing power of the Federal Government to buy products and services from participating community-based nonprofit agencies that are dedicated to training and employing individuals with disabilities. This program affords Americans with disabilities the opportunity to acquire job skills, training, good wages, benefits, while providing greater independence and quality of life.

I am especially proud to acknowledge that the AbilityOne Program is affiliated with the Arc of Caddo-Bossier in Shreveport, LA.

The history of the Arc of Caddo-Bossier represents a true example of what it means to grow and help people with disabilities to become an active and contributing part of society. The Arc of Caddo-Bossier was founded in 1954 by a small group of parents with a mission to promote the growth of their children by developing programs and services to meet their needs. In 1996, the Arc of Caddo-Bossier Foundation was established to further promote community involvement and programs for people with mental disabilities. Today, the Arc of Caddo-Bossier still remains committed to their unique mission to help the needs of people with developmental disabilities and their families.

It is with great pleasure that I first extend my support to the AbilityOne Program. Secondly, I commend the dedication and commitment of the Arc of Caddo-Bossier executive director, Janet Parker, and her staff for helping individuals who have a disability find employment. Their work helps people live fuller lives and become more active members of their community. I also commend each AbilityOne employee who works every day to improve their lives and make our country a better place to live.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mrs. Neiman, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

REPORT CONCERNING THE RATIFICATION OF THE TREATY BETWEEN THE UNITED STATES OF AMERICA AND THE RUSSIAN FEDERATION ON MEASURES FOR THE FURTHER REDUCTION AND LIMITATION OF STRATEGIC OFFENSIVE ARMS, SIGNED IN PRAGUE ON APRIL 8, 2010 (THE ''NEW START TREATY'')—PM 4

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States which was referred to the Committee on Foreign Relations:

To the Senate of the United States:

I have considered the United States Senate's December 22, 2010, Resolution of Advice and Consent to Ratification of the Treaty between the United States of America and the Russian Federation on Measures for the Further Reduction and Limitation of Strategic Offensive Arms, signed in Prague on April 8, 2010, with Protocol, including Annexes (the ''New START Treaty''; Treaty Document 111–5), and I hereby certify that:

1. United States National Technical Means, in conjunction with the verification activities provided for in the New START Treaty, are sufficient to ensure effective monitoring of Russian compliance with the provisions of the New START Treaty and timely warning of any Russian preparation to break out of the limits in Article II of the New START Treaty.

2. The New START Treaty does not require, at any point during which it will be in force, the United States to provide to the Russian Federation telemetric information under Article IX of the New START Treaty, Part Seven of the Protocol, and the Annex on Telemetric Information to the Protocol for the launch of (a) any missile defense interceptor, as defined in paragraph 44 of Part One of the Protocol to the New START Treaty; (b) any satellite launches, missile defense sensor targets, and missile defense intercept targets, the launch of which uses the first stage of an existing type of United States intercontinental ballistic missile (ICBM) or submarine-launched ballistic missile (SLBM) listed in paragraph 8 of Article III of the New START Treaty; or (c) any missile described in clause (a) of paragraph 7 of Article III of the New START Treaty.

3. I intend to (a) modernize or replace the triad of strategic nuclear delivery systems: a heavy bomber and air-launched cruise missile, an ICBM, and a nuclear-powered ballistic missile submarine (SSBN) and SLBM; and (b) maintain the United States rocket motor industrial base.

4. (a) The United States will seek to initiate, following consultation with NATO Allies but not later than 1 year after the entry into force of the New START Treaty, negotiations with the Russian Federation on an agreement to address the disparity between the nonstrategic (tactical) nuclear weapons stockpiles of the Russian Federation and of the United States and to secure and reduce tactical nuclear weapons in a verifiable manner; and (b) it is the policy of the United States that such negotiations shall not include defensive missile systems.

5. I intend to (a) accelerate, to the extent possible, the design and engineering phase of the Chemistry and Metallurgy Research. Replacement (CMRR) building and the Uranium Processing Facility (UPF); and (b) request full funding, including on a multi-year basis as appropriate, for the CMRR building and the UPF upon completion of the design and engineering phase for such facilities.

6. It is the policy of the United States to continue development and deployment of United States missile defense systems to defend against missile threats from nations such as North Korea and Iran, including qualitative and quantitative improvements to such systems. As stated in the resolution, such systems include all phases of the Phased Adaptive Approach to missile defenses in Europe, the modernization of the Ground-Based Midcourse Defense system, and the continued development of the two-stage Ground-Based Interceptor as a technological and strategic hedge. As I stated in my letter to the Senate of December 18, 2010, the United States believes that these systems do not and will not threaten the strategic balance with the Russian Federation. Consequently, while the United States cannot circumscribe the sovereign rights of the Russian Federation under paragraph 3 of Article XIV of the Treaty, the United States believes continued improvement and deployment of United States missile defense systems do not constitute a basis for questioning the effectiveness and viability of the Treaty, and therefore would not give rise to circumstances justifying the withdrawal of the Russian Federation from the Treaty.

The report called for in the sixth Condition of the Resolution will be provided under separate cover to the Committees on Armed Services and Foreign Relations.

BARACK OBAMA.

THE WHITE HOUSE, *February 2, 2011*.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC–405. A communication from the Director of Human Capital and Resource Management performing the duties of the Principal Deputy Under Secretary of Defense (Personnel and Readiness), transmitting, pursuant to law, a report relative to a list of controlled merchandise items; to the Committee on Armed Services.

EC–406. A communication from the Acting Director, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Non-American Fisheries Act Crab Vessels Harvesting Pacific Cod for Processing by the Inshore Component in the Central Regulatory Area of the Gulf of Alaska'' (RIN0648–XA155) received in the Office of the President of the Senate on February 1, 2011; to the Committee on Commerce, Science, and Transportation.

EC–407. A communication from the Director, Bureau of Economic Analysis, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Direct Investment Surveys: BE–11, Annual Survey of U.S. Direct Investment Abroad'' (RIN0691–AA74) received in the Office of the President of the Senate on February 1, 2011; to the Committee on Commerce, Science, and Transportation.

EC–408. A communication from the Director, Bureau of Economic Analysis, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Direct Investment Surveys: BE–577, Quarterly Survey of U.S. Direct Investment Abroad—Direct Transactions of U.S. Reporter with Foreign Affiliate'' (RIN0691–AA75) received in

the Office of the President of the Senate on February 2, 2011; to the Committee on Commerce, Science, and Transportation.

EC–409. A communication from the Program Analyst, National Highway Traffic Safety Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''List of Nonconforming Vehicles Decided to be Eligible for Importation'' (Docket No. NHTSA–2010–0125) received in the Office of the President of the Senate on January 31, 2011; to the Committee on Commerce, Science, and Transportation.

EC–410. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Suppression of Rev. Proc. 2008–52 and Modification of Rev. Proc. 97–27, Procedures for Automatic and Non-Automatic Changes in Method of Accounting'' (Rev. Proc. 2011–14) received in the Office of the President of the Senate on January 31, 2011; to the Committee on Finance.

EC–411. A joint communication from the Chairperson and Vice-Chairperson of the National Commission on Children and Disasters, transmitting a report relative to funding the establishment of a National Resource and Information Center on Children and Disasters; to the Committee on Health, Education, Labor, and Pensions.

EC–412. A communication from the Secretary of the Department of Health and Human Services, transmitting, pursuant to law, a performance report relative to the Animal Generic Drug User Fee Act for fiscal year 2010; to the Committee on Health, Education, Labor, and Pensions.

EC–413. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report relative to the Animal Drug User Fee Act for Fiscal Year 2010; to the Committee on Health, Education, Labor, and Pensions.

EC–414. A communication from the Senior Procurement Executive, Office of Acquisition Policy, General Services Administration, transmitting, pursuant to law, the report of a rule entitled ''Federal Acquisition Regulation; Federal Acquisition Circular 2005–48; Small Entity Compliance Guide'' (FAC 2005–48) received in the Office of the President of the Senate on January 31, 2011; to the Committee on Homeland Security and Governmental Affairs.

EC–415. A communication from the Associate General Counsel for General Law, Office of the General Counsel, Department of Homeland Security, transmitting, pursuant to law, a report relative to a vacancy in the Department of Homeland Security in the position of Administrator, U.S. Fire Administration, received in the Office of the President of the Senate on February 1, 2011; to the Committee on Homeland Security and Governmental Affairs.

EC–416. A communication from the Secretary, Judicial Conference of the United States, transmitting, pursuant to law, a report relative to privacy and security concerns relating to electronically filed documents in the federal courts; to the Committee on the Judiciary.

PETITIONS AND MEMORIALS

The following petitions and memorials were laid before the Senate and were referred or ordered to lie on the table as indicated:

POM–1. A resolution adopted by the Legislature of Rockland County, New York urging Congress to pass the Livable Communities Act of 2010; to the Committee on Banking, Housing, and Urban Affairs.

RESOLUTION NO. 624

Whereas, the Rockland County Legislature agrees that demographic trends support the need for cooperation in land use planning and the development of housing and transportation. The population of the United States will grow from approximately 307,000,000 people to approximately 439,000,000 people during the period between 2009 and 2050, an increase of more than 40 percent; and

Whereas, the Energy Information Administration of the Department of Energy forecasts that driving will increase 59 percent between 2005 and 2030, far outpacing the projected 23 percent increase in population; and

Whereas, demographers estimate that as much as 30 percent of current demand for housing is for housing in dense, walkable, mixed-use communities, and that less than 2 percent of new housing is in this category; and

Whereas, people who live in areas of compact development (where housing, shopping, jobs, and public transportation are in close proximity) drive 20 to 40 percent less than people who live in average development patterns in the United States; and

Whereas, transportation accounts for 70 percent of the oil consumed in the United States and nearly 1/3 of carbon emissions in the United States come from the transportation sector. Reducing the growth of the number of miles driven and providing transportation alternatives through good planning and sustainable development is a necessary part of the energy independence and climate change strategies of the United States; and

Whereas, a number of studies, reports, and articles by organizations including the Environmental Protection Agency, the National Association of Realtors, and the Transit Cooperative Research Project have found that one of the keys to revitalizing and maintaining the character of town centers and preserving surrounding agricultural land in small and rural communities is to prevent commercial and residential development on the outskirts of town, by promoting integrated housing, economic, and transportation development in town centers; and

Whereas, funding for integrated housing, transportation, energy, environmental, and economic development and other land use planning efforts at the local and regional levels is necessary to provide for sustainable development and smart growth, and

Whereas, the Livable Communities Act of 2010 would provide funding and support services to help municipalities make smart planning decisions by:

1. facilitating and improving the coordination of housing, community development, transportation, energy, and environmental policy in the United States;

2. encouraging regional planning for livable communities and the adoption of sustainable development techniques, including transit-oriented development;

3. providing a variety of safe, reliable transportation choices, with special emphasis on public transportation and complete streets, in order to reduce traffic congestion, greenhouse gas emissions, and dependence on foreign oil;

4. providing affordable, energy-efficient, and location-efficient housing choices for people of all ages, incomes, races, and ethnicities, and making the combined costs of housing and transportation more affordable to families;

5. promoting economic development and competitiveness by connecting the housing and employment locations of workers, reducing traffic congestion, and providing families with access to essential services;

6. supporting public health and improving quality of life for the residents of and workers in communities by promoting healthy, walkable neighborhoods, access to green space, and the mobility to pursue greater opportunities,

and

Whereas, to accomplish these goals, the Livable Communities Act of 2010 would establish the Office of Sustainable Housing and Communities, the Interagency Council on Sustainable Communities, a Comprehensive Planning Grant Program, and a Sustainability Challenge Grant Program; and

Whereas, the Planning and Public Works Committee has met, considered and by a vote of four ayes, two nays and one absent, approved this resolution; Now therefore be it

Resolved, That the Legislature of Rockland County hereby requests that the United States Senate and House of Representatives pass bills S. 1619 and H.R. 4690—the Livable Communities Act of 2010, and that the President of United States sign such legislation; and be it further

Resolved, That the Clerk to the Legislature be and he is hereby authorized and directed to send a certified copy of this resolution to Hon. Barack H. Obama, President of the United States; Hon. Charles E. Schumer and Hon. Kirsten E. Gillibrand, United States Senators; Hon. Eliot Engel, Hon. Nita Lowey and Hon. Nan Hayworth, Members of the United States Congress; the President Pro Tem of the United States Senate; the Speaker of the United States House of Representatives; the Majority and Minority Leaders of the United States Senate and House of Representatives; and to such other persons as the Clerk, in his discretion, may deem proper in order to effectuate the purpose of this resolution.

POM–2. A message from the Executive Director, The Privacy Projects, transmitting, a report relative to the Organization for Economic Cooperation and Development (OECD) Privacy Guidelines; to the Committee on the Judiciary.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. ENSIGN (for himself, Mr. CRAPO, Mr. INHOFE, and Mr. JOHANNS):

S. 255. A bill to require the Congressional Budget Office and the Joint Committee on Taxation to use dynamic economic modeling in addition to static economic modeling in the preparation of budgetary estimates of proposed changes in Federal revenue law; to the Committee on the Budget.

By Mr. PRYOR:

S. 256. A bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax for equity investments in small business concerns; to the Committee on Finance.

By Ms. LANDRIEU (for herself and Mr. KERRY):

S. 257. A bill to improve certain programs of the Small Business Administration to better assist small business customers in accessing broadband technology, and for other purposes; to the Committee on Small Business and Entrepreneurship.

By Mr. MENENDEZ (for himself, Mr. MERKLEY, Mr. WHITEHOUSE, Mr. LAUTENBERG, Mr. REED, Mrs. BOXER, Mr. NELSON of Florida, and Mr. LEAHY):

S. 258. A bill to amend the Internal Revenue Code of 1986 to eliminate oil and gas company preferences; to the Committee on Finance.

By Mr. VITTER:

S. 259. A bill to require that the Government give priority to payment of all obligations on the debt held by the public and payment of social security benefits in the event that the debt limit is reached; to the Committee on Finance.

By Mr. NELSON of Florida (for himself, Mr. INHOFE, Mr. BEGICH, Mrs. BOXER, Mr. BINGAMAN, Mr. SANDERS, Mr. UDALL of Colorado, Ms. SNOWE, Mr. VITTER, Mr. BROWN of Ohio, and Mr. KERRY):

S. 260. A bill to amend title 10, United States Code, to repeal the requirement for reduction of survivor annuities under the Survivor Benefit Plan by veterans' dependency and indemnity compensation; to the Committee on Armed Services.

By Ms. COLLINS:

S. 261. A bill to amend chapter 81 of title 5, United States Code, to provide for reform relating to Federal employees workers compensation; to the Committee on Homeland Security and Governmental Affairs.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Ms. KLOBUCHAR (for herself, Mrs. HUTCHISON, Mr. LEAHY, Mr. CHAMBLISS, Mr. KOHL, and Mr. ISAKSON):

S. Res. 36. A resolution raising awareness and encouraging prevention of stalking by designating January 2011 as ''National Stalking Awareness Month''; considered and agreed to.

By Mr. VITTER (for himself, Ms. LANDRIEU, and Mr. JOHANNS):

S. Res. 37. A resolution recognizing the goals of Catholic Schools Week and honoring the valuable contributions of Catholic schools in the United States; considered and agreed to.

By Ms. KLOBUCHAR (for herself and Mr. FRANKEN):

S. Res. 38. A resolution congratulating Brooklyn Center, Minnesota, on its 100th anniversary; considered and agreed to.

By Mr. SESSIONS (for himself and Mr. SHELBY):

S. Res. 39. A resolution congratulating the Auburn University football team for winning the 2010 Bowl Championship Series National Championship; considered and agreed to.

By Mr. BROWN of Ohio (for himself and Mr. PORTMAN):

S. Res. 40. A resolution congratulating the University of Akron men's soccer team on winning the National Collegiate Athletic Association Division I Men's Soccer Championship; considered and agreed to.

ADDITIONAL COSPONSORS

S. 72

At the request of Mr. BAUCUS, the name of the Senator from Hawaii (Mr. AKAKA) was added as a cosponsor of S. 72, a bill to repeal the expansion of information reporting requirements for payments of $600 or more to corporations, and for other purposes.

S. 81

At the request of Mr. ISAKSON, the name of the Senator from North Carolina (Mrs. HAGAN) was added as a cosponsor of S. 81, a bill to direct unused appropriations for Senate Official Personnel and Office Expense Accounts to be deposited in the Treasury and used for deficit reduction or to reduce the Federal debt.

S. 104

At the request of Mr. JOHANNS, the name of the Senator from Missouri (Mr. BLUNT) was added as a cosponsor of S. 104, a bill to require the Administrator of the Environmental Protection Agency to finalize a proposed rule to amend the spill prevention, control, and countermeasure rule to tailor and streamline the requirements for the dairy industry, and for other purposes.

S. 139

At the request of Mr. BAUCUS, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 139, a bill to provide that certain tax planning strategies are not patentable, and for other purposes.

S. 146

At the request of Mr. BAUCUS, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 146, a bill to amend the Internal Revenue Code of 1986 to extend the work opportunity credit to certain recently discharged veterans.

S. 186

At the request of Mrs. BOXER, the name of the Senator from Iowa (Mr. HARKIN) was added as a cosponsor of S. 186, a bill to provide for the safe and responsible redeployment of United States combat forces from Afghanistan.

S. 196

At the request of Mr. GRASSLEY, the name of the Senator from Oklahoma (Mr. COBURN) was added as a cosponsor of S. 196, a bill to amend the Patient Protection and Affordable Care Act to provide for participation in the Exchange of the President, Vice President, Members of Congress, political appointees, and congressional staff.

S. 219

At the request of Mr. TESTER, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 219, a bill to require Senate candidates to file designations, statements, and reports in electronic form.

S. 237

At the request of Mrs. MCCASKILL, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 237, a bill to amend title 31, United States Code, to enhance the oversight authorities of the Comptroller General, and for other purposes.

S. 245

At the request of Mr. CORKER, the names of the Senator from Arizona (Mr. KYL) and the Senator from Idaho (Mr. CRAPO) were added as cosponsors of S. 245, a bill to reduce Federal spending in a responsible manner.

S. 251

At the request of Mr. VITTER, the names of the Senator from Texas (Mr. CORNYN), the Senator from Wisconsin (Mr. JOHNSON), the Senator from Mississippi (Mr. WICKER), the Senator from Missouri (Mr. BLUNT), the Senator from Indiana (Mr. COATS), the Senator from South Dakota (Mr. THUNE), the Senator from Arizona (Mr. KYL), the Senator from Georgia (Mr. CHAMBLISS), the Senator from Utah (Mr. HATCH), the Senator from Texas (Mrs. HUTCHISON), the Senator from Illinois (Mr. KIRK), the Senator from Oklahoma (Mr. COBURN) and the Senator from Idaho (Mr. RISCH) were added as cosponsors of S. 251, a bill to prohibit the provision of Federal funds to State and local governments for payment of obligations, to prohibit the Board of Governors of the Federal Reserve System from financially assisting State and local governments, and for other purposes.

S.J. RES. 3

At the request of Mr. HATCH, the name of the Senator from South Carolina (Mr. GRAHAM) was added as a cosponsor of S.J. Res. 3, a joint resolution proposing an amendment to the Constitution of the United States relative to balancing the budget.

S.J. RES. 4

At the request of Mr. SHELBY, the name of the Senator from South Carolina (Mr. GRAHAM) was added as a cosponsor of S.J. Res. 4, a joint resolution proposing an amendment to the Constitution of the United States which requires (except during time of war and subject to suspension by Congress) that the total amount of money expended by the United States during any fiscal year not exceed the amount of certain revenue received by the United States during such fiscal year and not to exceed 20 per cent of the gross national product of the United States during the previous calendar year.

AMENDMENT NO. 7

At the request of Mr. INHOFE, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of amendment No. 7 intended to be proposed to S. 223, a bill to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes.

AMENDMENT NO. 8

At the request of Mr. WHITEHOUSE, the names of the Senator from Illinois (Mr. DURBIN), the Senator from Pennsylvania (Mr. CASEY), the Senator from New York (Mr. SCHUMER) and the Senator from New Jersey (Mr. MENENDEZ) were added as cosponsors of amendment No. 8 proposed to S. 223, a bill to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes.

At the request of Mr. ROCKEFELLER, his name was added as a cosponsor of amendment No. 8 proposed to S. 223, supra.

AMENDMENT NO. 9

At the request of Ms. STABENOW, the names of the Senator from West Virginia (Mr. MANCHIN) and the Senator from Virginia (Mr. WARNER) were added as cosponsors of amendment No. 9 proposed to S. 223, a bill to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes.

AMENDMENT NO. 11

At the request of Mr. LAUTENBERG, the names of the Senator from Illinois (Mr. DURBIN) and the Senator from Iowa (Mr. HARKIN) were added as cosponsors of amendment No. 11 intended to be proposed to S. 223, a bill to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes.

AMENDMENT NO. 19

At the request of Mr. PAUL, the name of the Senator from Tennessee (Mr. ALEXANDER) was added as a cosponsor of amendment No. 19 intended to be proposed to S. 223, a bill to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. PRYOR:

S. 256. A bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax for equity investments in small business concerns; to the Committee on Finance.

Mr. PRYOR. Mr. President, we know we need to focus on cutting our spending. We know we need to focus on the tax reform effort. I think everybody generally agrees on that. Although they may disagree on what the particulars would be, they agree we need to do those two things. The third thing we also must do is to focus on the economy and jobs. This is something that we have seen in this country over the last 2½ years, where we have gone through a very harsh, very difficult recession and we have seen an unemployment number that stays stubbornly high. We have seen a lot of topsy-turvy economic numbers over the last 2½ years, and I believe the Congress—the House and Senate—and the White House need to set the table for job creation and economic growth in this country, and we need to do it in a very smart way.

Today, I am here to talk about the angel investment tax credit bill I am introducing. I want to encourage my colleagues to consider reading the bill and becoming cosponsors. I would love to be working on this over the next few weeks to get a broad base of support and to get as much emphasis on this effort as possible right now. It is one of many job-creating pieces of legislation I am interested in in this Congress, but I would love to get as many colleagues as possible interested now to look at this and see if it is something we could pass sooner, rather than later, around here.

The angel investment tax credit is modeled after the new market tax credit, and it would provide a 25-percent Federal income tax credit for investing in qualified early-stage small businesses. The focus will be on advanced manufacturing, aerospace, biotechnology, clean energy, and transportation. The bill would provide that up to $2 million per year in tax credit-eligible cash equity investments could be made, with a total of $10 million per small company. The goal would be that for every $1 we put in, there would be $4 of private-sector stimulus.

This is the private sector getting back on its feet with a little bit of grease provided by the government to get things going in the right direction through the Tax Code. The bill I have written would authorize $500 million per year for 5 years for these tax credits. As I said, this proposal is expected to stimulate $2 billion per year in new capital formation.

Let me give one quick example of how this can work. All these companies on this chart here started with an angel investment to get over the hump. What happens is someone will have a good idea. They think they can innovate, they think they can produce, they think they can have value in the marketplace, but they can't get the capital in order to get established. They can't quite get over the hump. J. B. Hunt company is now a $5 billion company. It employs 14,500 people and has 400 facilities in 48 States. In 1961, J. B. Hunt had an idea and he went to five poultry company executives with his hat in his hand asking for money. They gave him $25,000 in seed money, and that is what he has done with that company throughout the course of his lifetime.

There are lots of examples of folks like that—HP; there is a company in Arkansas called NanoMech, BlueInGreen, and other companies we have seen do this. But many of these companies are very much household names—Google, Facebook, Amazon, eBay, and Apple. All of these companies started with angel investment to get them through what they call the valley of death. The valley of death is usually that period where something has gone from the idea stage to the marketplace. They usually need somewhere between $1 million and $4 million to get their ideas to market.

Our bill is designed to bridge that gap and cross that valley of death so we can see a lot of startup companies come into the marketplace. We are looking for the next J.B. Hunt, we are looking for the next Apple, or the next Amazon. We are trying to find the next HP, whoever is out there who has great ideas who wants to come in and invest. Angel investment led to the creation of 250,000 jobs in 2009 and 2009 wasn't a great year, but angel investment led to the creation of 250,000 jobs. This represented about 5 percent of all the new jobs in the United States, so this can have a measurable impact. This can move the needle in the right direction.

The time is now for us to work on this. I encourage my colleagues on both sides of the aisle to read the legislation. If they are interested, I would like to visit with them about it. I would love to get this bill moving through the system as quickly as possible.

By Ms. LANDRIEU (for herself and Mr. KERRY):

S. 257. A bill to improve certain programs of the Small Business Administration to better assist small business customers in accessing broadband technology, and for other purposes; to the Committee on Small Business and Entrepreneurship.

Ms. LANDRIEU. Mr. President, I come to the Senate floor today to discuss an issue of great importance to small businesses, the drivers of this Nation's economy.

In the same way the interstate highway system and the railroads revolutionized transport, connecting main streets across the Nation to facilitate the stream of commerce; broadband technology has forever changed the relationship between small businesses and the customers that they serve. This is especially true for rural small businesses, which now have direct access to new customers in major cities across the globe through broadband connectivity. Over 95 percent of the world's customers are located outside of our borders, and in the United States alone, an estimated 60 million Americans use the Internet on a daily basis. With the click of a mouse, they now have access to goods and services from main streets around the world. With every click, our Nation's small businesses are growing, and helping to create jobs as well as further innovate within the U.S. economy.

Unfortunately, too many of our small businesses are missing out on these opportunities for growth. Due to a combination of factors that range from a lack of computer literacy to the inability to access high speed or broadband Internet services, many entrepreneurs have yet to capitalize on the resources available to them via the Internet. In fact, it is estimated that fewer than 24 percent of our Nation's small businesses routinely use e-commerce applications to sell their products online. As a result, they are missing out on opportunities to expand to new markets or find new customers. We must do more to help our Nation's small businesses

utilize advanced technologies like broadband so that they can best compete in the global marketplace.

As Chair of the Committee on Small Business and Entrepreneurship, I have made increasing the ability of small businesses to access high-speed broadband Internet a top priority. That is why today, I along with my distinguished colleague on the Small Business Committee, former Chairman JOHN KERRY, am introducing the Small Business Broadband and Emerging Information Technology Enhancement Act of 2011. This critical piece of legislation will help to level the playing field for our entrepreneurs and small businesses by implementing key findings from the Federal Communications Commission's 2010 National Broadband Plan.

More specifically, this legislation calls on the Small Business Administration to take a lead role in helping our small businesses to access broadband and other advanced technologies. To accomplish this, the legislation requires the SBA to make three key improvements to its core programs. First, it calls on the agency to create a Broadband and Emerging Information Technology Coordinator to facilitate the development of small business broadband initiatives within the agency, and also to act as a liaison with other Federal agencies. Second, the legislation requires SBA resource partners, such as Small Business Development Centers, SBDCs, to provide technical assistance related to both accessing and utilizing broadband and emerging information technology. Finally, the bill will improve the SBA's popular 7(a) and microloan programs by allowing borrowers to use the proceeds of their loans to finance the purchase of broadband services, equipment or other emerging technologies. Making these three simple changes will allow more of our small businesses to not only access previously untapped customers and markets; it will also allow them to become more competitive with their foreign counterparts, fostering innovation and job creation.

I have heard from a number of my Committee members and I know how important this issue is to them, and I am proud to introduce this legislation for the second consecutive Congress. I look forward to working with them in the coming months to get this legislation to the President's desk.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 257

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Small Business Broadband and Emerging Information Technology Enhancement Act of 2011''.

SEC. 2. FINDINGS.

Congress finds that, according to a report by the Federal Communications Commission entitled ''Connecting America: The National Broadband Plan'', dated March 2010, the Commission recommends that—

(1) ''To fully implement next-generation technology within its operations, the SBA should also appoint a broadband and emerging IT coordinator. This individual would ensure that SBA programs maintain the requisite broadband expertise, tools and training courses to serve small businesses.'';

(2) ''Congress should consider ways to leverage existing assistance provided through'' entrepreneurial development programs, ''to focus training on advanced IT and broadband applications'';

(3) ''Congress could also consider ways to support technology training among women entrepreneurs through'' women's business centers;

(4) ''The training programs should include an entry-level 'Broadband 101' course to give small businesses an introduction to how to capitalize on broadband connectivity, as well as more advanced applications for IT staff.'';

(5) small and medium enterprise ''IT training should include resources for non-IT staff, such as how to use e-commerce tools for sales, streamline finance with online records or leverage knowledge management across an organization.''; and

(6) ''To facilitate the development of broadband networks, Congress should consider allowing all agencies to set the fees for access to rights-of-way for broadband services on the basis of a direct cost recovery approach, especially in markets currently underserved or unserved by any broadband service provider. The Executive Branch should also develop one or more master contracts for all federal property and buildings covering the placement of wireless towers.''.

SEC. 3. DEFINITIONS.

In this Act—

(1) the terms ''Administration'' and ''Administrator'' mean the Small Business Administration and the Administrator thereof, respectively; and

(2) the term ''small business concern'' has the meaning given that term under section 3 of the Small Business Act (15 U.S.C. 632).

SEC. 4. BROADBAND AND EMERGING INFORMATION TECHNOLOGY COORDINATOR.

(a) IN GENERAL.—The Small Business Act (15 U.S.C. 631 et seq.) is amended—

(1) by redesignating section 45 as section 46; and

(2) by inserting after section 44 the following:

''SEC. 45. BROADBAND AND EMERGING INFORMATION TECHNOLOGY.

''(a) DEFINITION.—In this section, the term 'broadband and emerging information technology coordinator' means the individual assigned the broadband and emerging information technology coordination responsibilities of the Administration under subsection (b)(1).

''(b) ASSIGNMENT OF COORDINATOR.—

''(1) ASSIGNMENT OF COORDINATOR.—The Administrator shall assign responsibility for coordinating the programs and activities of the Administration relating to broadband and emerging information technology to an individual who—

''(A) shall report directly to the Administrator;

''(B) shall work in coordination with—

''(i) the chief information officer, the chief technology officer, and the head of the Office of Technology of the Administration; and

''(ii) any Associate Administrator of the Administration determined appropriate by the Administrator;

''(C) has experience developing and implementing telecommunications policy in the private sector or government; and

''(D) has demonstrated significant experience in the area of broadband or emerging information technology.

''(2) RESPONSIBILITIES OF COORDINATOR.—The broadband and emerging information technology coordinator shall—

''(A) coordinate programs of the Administration that assist small business concerns in adopting, making innovations in, and using broadband and other emerging information technologies;

''(B) serve as the primary liaison of the Administration to other Federal agencies involved in broadband and emerging information technology policy, including the Department of Commerce, the Department of Agriculture, and the Federal Communications Commission; and

''(C) identify best practices relating to broadband and emerging information technology that may benefit small business concerns.

''(3) TRAVEL.—Not more than 20 percent of the hours of service by the broadband and emerging information technology coordinator during any fiscal year shall consist of travel outside the United States to perform official duties.

''(c) BROADBAND AND EMERGING TECHNOLOGY TRAINING.—

''(1) TRAINING.—The Administrator shall provide to employees of the Administration training that—

''(A) familiarizes employees of the Administration with broadband and other emerging information technologies; and

''(B) includes—

''(i) instruction counseling small business concerns regarding adopting, making innovations in, and using broadband and other emerging information technologies; and

''(ii) information on programs of the Federal Government that provide assistance to small business concerns relating to broadband and emerging information technologies.

''(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this subsection.

''(d) REPORTS.—

''(1) BIENNIAL REPORT ON ACTIVITIES.—Not later than 2 years after the date on which the Administrator makes the first assignment of responsibilities under subsection (b), and every 2 years thereafter, the broadband and emerging information technology coordinator shall submit to the Committee on Small Business and Entrepreneurship of the Senate and the Committee on Small Business of the House of Representatives a report regarding the programs and activities of the Administration relating to broadband and other emerging information technologies.

''(2) REPORT ON FEDERAL PROGRAMS.—Not later than 1 year after the date of enactment of this section, the broadband and emerging information technology coordinator, in consultation with the Secretary of Agriculture, the Assistant Secretary of Commerce for Communications and Information, and the Chairman of the Federal Communications Commission, shall submit to the Committee on Small Business and Entrepreneurship of the Senate and the Committee on Small Business of the House of Representatives a report on the programs of the Federal Government that provide assistance to small business concerns relating to broadband and emerging information technologies, which shall include recommendations, if any, for improving coordination among the programs.''.

(b) ELIMINATION OF VACANT POSITION REQUIRED.—

(1) ELIMINATION.—Before assigning the first broadband and emerging technologies coordinator under section 45 of the Small Business

Act, as added by subsection (a) of this section, the Administrator shall—

(A) identify a position within the Administration that is—

(i) vacant on the date of enactment of this Act; and

(ii) required to be filled by an employee in the Senior Executive Service or at GS–15 of the General Schedule; and

(B) eliminate the position identified under subparagraph (A).

(2) RESTRICTION.—For purposes of paragraph (1), the Administrator may not eliminate a position established by the Small Business Act (15 U.S.C. 631 et seq.), the Small Business Investment Act 1958 (15 U.S.C. 661 et seq.), or any Federal statute.

SEC. 5. ENTREPRENEURIAL DEVELOPMENT.

Section 21(c)(3)(B) of the Small Business Act (15 U.S.C. 648(c)(3)(B)) is amended—

(1) in the matter preceding clause (i), by inserting ''accessing broadband and other emerging information technology,'' after ''technology transfer,'';

(2) in clause (ii), by striking ''and'' at the end;

(3) in clause (iii), by adding ''and'' at the end; and

(4) by adding at the end the following:

''(iv) increasing the competitiveness and productivity of small business concerns by assisting entrepreneurs in accessing broadband and other emerging information technology;''.

SEC. 6. CAPITAL ACCESS.

(a) IN GENERAL.—Section 7(a) of the Small Business Act (15 U.S.C. 636(a)) is amended in the matter preceding paragraph (1) by inserting ''(including to purchase equipment for broadband or other emerging information technologies)'' after ''equipment''.

(b) MICROLOANS.—Section 7(m)(1)(A)(iii)(I) of the Small Business Act (15 U.S.C. 636(m)(1)(A)(iii)(I)) is amended by inserting ''(including to purchase equipment for broadband or other emerging information technologies)'' after ''or equipment''.

SEC. 7. REPORT TO CONGRESS.

(a) IN GENERAL.—Not later than 45 days after the date of enactment of this Act, the Administrator, in consultation with the Administrator of General Services, shall submit to the Committee on Small Business and Entrepreneurship of the Senate and the Committee on Small Business of the House of Representatives a report on ways to assist with the development of broadband and wireless technology that would benefit small business concerns.

(b) CONTENT OF THE REPORT.—The report submitted under subsection (a) shall—

(1) outline the participation by the Administration in the National Antenna Program, including the number of wireless towers deployed on facilities which contain an office of the Administration;

(2) information on agreements between the Administration and the General Services Administration related to broadband and wireless deployment in offices of the Administration; and

(3) recommendations, if any, on opportunities for the Administration to improve broadband or wireless technology in offices of the Administration that are in areas currently underserved or unserved by broadband service providers.

By Ms. COLLINS:

S. 261. A bill to amend chapter 81 or title 5, United States Code, to provide for reform relating to Federal employees workers compensation; to the Committee on Homeland Security and Governmental Affairs.

Ms. COLLINS. Mr. President, I rise this evening to introduce the Federal Employees Compensation Reform Act of 2011. This bill would preserve the essential purpose of the Federal Workers' Compensation Program, which is to ensure income for injured Federal and postal workers, while at the same time it would protect the program from fraud and abuse.

The Federal Employees Compensation Act, which is known as FECA, provides benefits that serve as a safety net for Federal employees and postal employees who are injured on the job, providing income until the healing process and rehabilitation allowed them to return to work. Obviously, we want to support those employees until they can return to work. That is both humane and just.

Over the years, however, this program has unintentionally morphed into an alternative retirement program that is far more financially lucrative for recipients than the standard Federal retirement system. Because of the way the program is structured, for some individuals, FECA has become a gold-plated retirement system, tainted by unfairness, perverse incentives, and the potential for abuse and fraud.

This program pays monthly benefits to about 49,000 recipients. Those are recipients who have suffered a work-related injury and have been approved for workers' comp benefits.

In the past fiscal year, this program cost $2.78 billion. Of that amount, nearly $1.1 billion went to Postal Service employees receiving these benefits.

This program has become increasingly expensive and requires some commonsense reforms—reforms that many States have already implemented in their own workers' comp programs.

As it currently operates, FECA includes a perverse financial incentive that encourages older employees who otherwise would have retired to continue to receive workers' comp benefits.

Remember, these payments are designed as a bridge to help injured workers until they are able to return to work. That is the important phrase—''return to work.'' This program was never intended to serve as a higher paying alternative to the Federal retirement system.

Federal employees on FECA receive an average of 73 percent of their gross pay. Moreover, these workers' comp benefits are tax free—another substantial benefit.

By contrast, a Federal employee, with 30 years of service under the Civil Service Retirement System, would average slightly more than 56 percent of his or her gross pay as a retirement benefit, and these retirement benefits are taxed. It pays then to stay on workers' comp for as long as possible, since many recipients receive more money under that program than they would if they were to retire.

Let me again emphasize that these workers' comp payments are tax free—another big difference.

In fact, according to the numbers produced by the Department of Labor, nearly 30 percent of the current workers' comp recipients are age 66 and older, while the average retirement age for both Federal employees and postal workers is age 60.

With no mandatory Federal retirement age, FECA recipients are allowed to stay on workers' comp rolls for their entire lifetimes, even when there is no expectation that they will return to work because of their advanced age.

Some employees have continued to receive Federal workers' comp benefits into their hundreds. For the U.S. Postal Service alone, let's look at the statistics.

As we can see, there are more than 15,000 recipients in total. Of those, more than 2,000 recipients are age 70 or older; 927 recipients are age 80 or older; 132 recipients are age 90 or older; and astonishingly enough, 3 postal employees receiving workers' comp are age 98 or older.

Mr. President, it is obvious these workers are not going back to work. They clearly should be transitioned to the retirement system. I must ask the obvious question: Is there any likelihood at all these recipients are ever going to return to the workforce? No. Then why aren't they transitioning to the retirement system when they reach retirement age? Think how unfair that is to the worker who does retire, say, at age 65 and gets a lesser amount.

Right now, the way the system is structured it does not encourage people to go back to work or to transfer to retirement at an age when most of their fellow workers would have retired. To prevent this continued abuse, my bill would convert retirement-eligible postal and Federal employees on workers' compensation to the retirement system when they reach age 65.

Now, that is generous, Mr. President, because we know the average retirement age is actually 60. I would choose age 65. This is a commonsense change that would save millions of dollars that the Postal Service, the Federal Government, and the American taxpayer cannot afford to spend. It is also a matter of fairness, Mr. President. But we must also examine other elements of the FECA program to determine whether there are some additional improvements that are necessary.

Unlike many State programs, the Federal workers' compensation program has no cap nor time limits on benefits. Moreover, the Federal Department of Labor acknowledges a 2- to 3-percent fraud rate in the program. I suspect it may be even higher. We need to reduce this rate of fraud by examining whether the medical certification requirements and other internal controls should be strengthened. Are we doing medical reviews to see if these individuals could go back to work?

For example, a former postal worker was sentenced just a week or so ago to 5 months in jail after pleading guilty to workers' compensation fraud. The employee claimed he was unable to walk from his parked car to the post

office. But at the same time he was receiving tax-free workers' compensation benefits, he was also operating a snow removal and lawn care business.

In addition, about 100 other claimants per year are prosecuted by the Department of Labor's Office of Inspector General because they received workers' compensation and their retirement pay. These are the so-called ''double-dippers.''

Mr. President, as part of my effort to strengthen oversight of this program, I have asked the Government Accountability Office, along with Senator COBURN and Senator MCCASKILL, to audit the FECA program and report on the length of time individuals remain on the program, the number of recipients who exceed the standard Federal retirement age, and how the Federal program compares to State workers' compensation best practices. I expect these findings will lead to additional reform proposals as the bill proceeds through the Senate.

I also intend to work with stakeholders to determine if changes in the Federal Employees Retirement System, the FERS system, as opposed to the old Civil Service Retirement System are necessary to make sure that workers' compensation recipients would be treated fairly when they are converted to FERS retirement benefits under this bill.

For example, this may require the Department of Labor to administer the Thrift Savings Plan contributions for recipients or to require Social Security contributions from workers' compensation recipients.

What is clear, however, is that this program is in need of urgent reform. The program is costing too much, injured workers are not being monitored sufficiently and helped to return to productive work, recipients who should be in the retirement system are instead receiving tax-free benefits, and some agencies have high claim rates, suggesting that safety improvements are needed.

For the sake of fairness and fiscal responsibility, we must reform this program now. Not doing so is an affront to the thousands of Federal employees who enter the retirement system. It is a disservice to those Federal and postal employees who truly need workers' compensation benefits, and it is an unnecessary burden on taxpayers.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 36—RAISING AWARENESS AND ENCOURAGING PREVENTION OF STALKING BY DESIGNATING JANUARY 2011 AS ''NATIONAL STALKING AWARENESS MONTH''

Ms. KLOBUCHAR (for herself, Mrs. HUTCHISON, Mr. LEAHY, Mr. CHAMBLISS, Mr. KOHL, and Mr. ISAKSON) submitted the following resolution; which was considered and agreed to:

S. RES. 36

Whereas in a 1-year period, an estimated 3,400,000 people in the United States reported being stalked, and 75 percent of victims report that they were stalked by someone they know;

Whereas 81 percent of women who are stalked by an intimate partner are also physically assaulted by that partner, and 76 percent of women who are killed by an intimate partner were also stalked by that intimate partner;

Whereas 11 percent of victims reported having been stalked for more than 5 years, and 23 percent of victims reported having been stalked almost every day;

Whereas 1 in 4 victims reported that they were aware of email, instant messaging, blogs or bulletin boards, internet sites, or chat rooms being used against them by their stalkers, and 1 in 13 victims reported that stalkers had used electronic devices to monitor them;

Whereas stalking victims are forced to take drastic measures to protect themselves, including changing identity, relocating, changing jobs, and obtaining protection orders;

Whereas 1 in 7 victims has relocated in an effort to escape a stalker;

Whereas approximately 130,000 victims reported having been fired or asked to leave a job because of stalking, and about 1 in 8 employed victims missed work because they feared for their safety or were taking steps to protect themselves, such as seeking a restraining order;

Whereas less than half of victims report stalking to police, and only 7 percent of victims contacted a victim service provider, shelter, or hotline;

Whereas stalking is a crime under Federal law and under the laws of all 50 States, the District of Columbia, and the territories of the United States;

Whereas stalking affects victims of every race, age, culture, gender, sexual orientation, physical and mental ability, and economic status;

Whereas national organizations, local victim service organizations, prosecutors' offices, and police departments stand ready to assist stalking victims and are working diligently to develop effective and innovative responses to stalking;

Whereas there is a need to improve the criminal justice system's response to stalking through more aggressive investigation and prosecution;

Whereas there is a need for increased availability of victim services across the country, and such services must include programs tailored to meet the needs of stalking victims; and

Whereas the Senate finds that ''National Stalking Awareness Month'' provides an opportunity to educate the people of the United States about stalking: Now, therefore, be it

Resolved, That the Senate—

(1) designates January 2011 as ''National Stalking Awareness Month'';

(2) applauds the efforts of the many stalking victim service providers, police, prosecutors, national and community organizations, and private sector supporters for their efforts in promoting awareness about stalking;

(3) encourages policymakers, criminal justice officials, victim service and human service agencies, college campuses and universities, nonprofit organizations, and others to increase awareness of stalking and the availability of services for stalking victims; and

(4) urges national and community organizations, businesses in the private sector, and the media to promote awareness of the crime of stalking through ''National Stalking Awareness Month''.

SENATE RESOLUTION 37—RECOGNIZING THE GOALS OF CATHOLIC SCHOOLS WEEK AND HONORING THE VALUABLE CONTRIBUTIONS OF CATHOLIC SCHOOLS IN THE UNITED STATES

Mr. VITTER (for himself, Ms. LANDRIEU, and Mr. JOHANNS) submitted the following resolution; which was considered and agreed to:

S. RES. 37

Whereas Catholic schools in the United States have received international acclaim for academic excellence while providing students with lessons that extend far beyond the classroom;

Whereas Catholic schools present a broad curriculum that emphasizes the lifelong development of moral, intellectual, physical, and social values in the young people of the United States;

Whereas Catholic schools in the United States today educate 2,119,341 students and maintain a student-to-teacher ratio of 14 to 1;

Whereas the faculty members of Catholic schools teach a highly diverse body of students;

Whereas the graduation rate for all Catholic school students is 99 percent;

Whereas 97 percent of Catholic high school graduates go on to college;

Whereas Catholic schools produce students strongly dedicated to their faith, values, families, and communities by providing an intellectually stimulating environment rich in spiritual character and moral development; and

Whereas in the 1972 pastoral message concerning Catholic education, the National Conference of Catholic Bishops stated, ''Education is one of the most important ways by which the Church fulfills its commitment to the dignity of the person and building of community. Community is central to education ministry, both as a necessary condition and an ardently desired goal. The educational efforts of the Church, therefore, must be directed to forming persons-in-community; for the education of the individual Christian is important not only to his solitary destiny, but also the destinies of the many communities in which he lives.'': Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the goals of Catholic Schools Week, an event cosponsored by the National Catholic Educational Association and the United States Conference of Catholic Bishops that recognizes the vital contributions of thousands of Catholic elementary and secondary schools in the United States; and

(2) commends Catholic schools, students, parents, and teachers across the United States for their ongoing contributions to education, and for the vital role they play in promoting and ensuring a brighter, stronger future for the United States.

SENATE RESOLUTION 38—CONGRATULATING BROOKLYN CENTER, MINNESOTA, ON ITS 100TH ANNIVERSARY.

Ms. KLOBUCHAR (for herself and Mr. FRANKEN) submitted the following resolution; which was considered and agreed to:

S. RES. 38

Whereas February 5, 2011, marks the 100th anniversary of the establishment of Brooklyn Center, Minnesota;

Whereas in the summer of 1852, individuals came to Brooklyn Center and cleared rich, tillable land to farm and build homes;

Whereas those industrious individuals quickly transformed Brooklyn Center into a prosperous farming community, where Minnesotans grew and gathered harvests that fed countless families throughout the region;

Whereas Brooklyn Center was incorporated as a village in 1911, became a city in 1967, and continues to be a community where all residents can feel proud to live, work, and raise their families;

Whereas Brooklyn Center has successfully balanced economic growth and business development with an enduring focus on family values and small town charm;

Whereas, as of the date of agreement to this resolution, Brooklyn Center boasts 522 acres of parks and nature centers, a first-rate education system, quality health care options, accessible transportation, and the historic Earle Brown Heritage Center; and

Whereas Brooklyn Center is a city with a proud history and a strong place in the heritage of the State of Minnesota and the United States: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates Brooklyn Center, Minnesota on its 100th anniversary; and

(2) commends the Minnesotans who have made Brooklyn Center, Minnesota ''A Great Place to Start and a Great Place to Stay''.

SENATE RESOLUTION 39—CONGRATULATING THE AUBURN UNIVERSITY FOOTBALL TEAM FOR WINNING THE 2010 BOWL CHAMPIONSHIP SERIES NATIONAL CHAMPIONSHIP

Mr. SESSIONS (for himself and Mr. SHELBY) submitted the following resolution; which was considered and agreed to:

S. RES. 39

Whereas the Auburn University Tigers won the Tostitos Bowl Championship Series National Championship Game (referred to in this preamble as the ''BCS National Championship Game'') in Glendale, Arizona, on January 10, 2011, in a thrilling victory over the University of Oregon Ducks with a score of 22 to 19;

Whereas the Auburn University Tigers earned their seventh Southeastern Conference title by defeating the University of South Carolina Gamecocks on December 5, 2010, with a score of 56 to 17;

Whereas the Auburn University Tigers finished the 2010 season with a perfect record of 14 wins and 0 losses;

Whereas the Auburn University Tigers won 6 games against nationally ranked opponents during the 2010 season;

Whereas the 2010 BCS National Championship Game marks the second national college football championship in the storied history of Auburn University;

Whereas the Auburn University football team earned its first national college football championship in the 1957 season, when the team was led by Coach Ralph ''Shug'' Jordan and quarterback Lloyd Nix;

Whereas the victory of the Auburn University Tigers in the 2010 BCS National Championship Game was the fifth consecutive BCS national championship won by a school in the Southeastern Conference;

Whereas in 2010, the Auburn University Tigers were led by quarterback Cam Newton, winner of the Heisman Trophy, the Maxwell Award, the Davey O'Brien Award, the Walter Camp Award, the Associated Press Player of the Year Award, and the Manning Award;

Whereas during the BCS National Championship Game, Lombardi Award winner Nick Fairley recorded 5 tackles, including 3 tackles for losses, 1 sack, and 1 forced fumble, and was named the Bowl Championship Series Defensive Player of the Game;

Whereas running back Michael Dyer rushed for 143 yards on 22 carries, including 57 yards on the game-winning drive, and was named the Bowl Championship Series Offensive Player of the Game;

Whereas Wes Byrum kicked a 19-yard field goal in front of 78,600 fans as time expired to break the 19 to 19 tie and win the game;

Whereas Gene Chizik, in his second season as head coach of the Auburn University football team, won the Associated Press Southeastern Conference Coach of the Year Award, the Home Depot Coach of the Year Award, the Liberty Mutual Coach of the Year Award, the Bobby Bowden National Collegiate Coach of the Year Award, and the Paul ''Bear'' Bryant Award;

Whereas Gene Chizik instilled character, integrity, and the values espoused in the Auburn Creed in his players and inspired the Auburn players, students, and fans throughout the season with the theme of ''All In'';

Whereas offensive coordinator and quarterbacks coach Gus Malzahn was recognized as the top assistant coach in the country, receiving the 2010 Broyles Award for leading the offense of the 2010 Auburn University football team to single-season school records for total offensive yards, total rushing yards, and points scored;

Whereas the vision and leadership of President Jay Gogue and Athletic Director Jay Jacobs was instrumental in bringing academic and athletic success and national recognition to Auburn University;

Whereas the winning season of the 2010 Auburn University football team was also made possible by the leadership and service of past Auburn men such as George Petrie, John Heisman, Ralph ''Shug'' Jordan, Jim Fyffe, and James E. Foy;

Whereas the 2010 BCS National Championship Game was a victory not only for the 2010 Auburn University football team, but also for the great Auburn University football teams and players throughout the history of the program, including the undefeated teams of 1958, 1993, and 2004 and players Bo Jackson, Pat Sullivan, Tracy Rocker, Terry Beasley, Jason Campbell, Carnell Williams, Ronnie Brown, Ed Dyas, and Quentin Riggins; and

Whereas the 2010 Auburn University football team has brought great honor to Auburn University, the Auburn University family, and the entire State of Alabama: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the Auburn University football team for winning the 2010 Bowl Championship Series National Championship;

(2) recognizes the achievements of the players, coaches, students, and staff whose hard work and dedication were instrumental in helping the Auburn University Tigers win the national championship; and

(3) respectfully requests the Secretary of the Senate to transmit an enrolled copy of this resolution to—

(A) the President of Auburn University, Dr. Jay Gogue;

(B) the Athletic Director of Auburn University, Jay Jacobs; and

(C) the Head Coach of the Auburn University football team, Gene Chizik.

SENATE RESOLUTION 40—CONGRATULATING THE UNIVERSITY OF AKRON MEN'S SOCCER TEAM ON WINNING THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION DIVISION I MEN'S SOCCER CHAMPIONSHIP

Mr. BROWN of Ohio (for himself and Mr. PORTMAN) submitted the following resolution; which was considered and agreed to:

S. RES. 40

Whereas on December 12, 2010, the University of Akron men's soccer team, known as the Zips, won the National Collegiate Athletic Association College Cup in Santa Barbara, California and became the first team to win a national title in the history of the University of Akron;

Whereas, with the victory over the previously undefeated and top-ranked University of Louisville Cardinals, the 2010 University of Akron men's soccer team finished its historic championship season with a record of 22 wins, 1 loss, and 2 draws;

Whereas the 2010 University of Akron men's soccer team has become a symbol of pride and success to the University of Akron and the communities in Northeast Ohio surrounding the University of Akron;

Whereas the athletic program of the University of Akron encourages student-athletes to compete on the field, complete degrees in the classroom, and become contributing members of society;

Whereas, each year, University of Akron student-athletes and coaches participate in community service activities;

Whereas the head coach of the University of Akron men's soccer team, Caleb Porter, has won 1 national title and taken the men's soccer team to 2 national championship games in the 2 years prior to date of the approval of this resolution;

Whereas associate head coach Jared Embick, assistant coach Oliver Slawson, and volunteer assistant coach Liam Curran played an important role in coaching the University of Akron men's soccer team;

Whereas midfielder Scott Caldwell was named the most outstanding offensive player of the College Cup;

Whereas defender Kofi Sarkodie was named the most outstanding defensive player of the College Cup;

Whereas forward and midfielder Darlington Nagbe is a finalist for the Hermann Trophy, which is awarded to the best men's collegiate soccer player in the United States;

Whereas 44 members of the University of Akron men's soccer team have been named All-Americans, including 2 members from the 2010 season, defender Kofi Sarkodie and forward and midfielder Darlington Nagbe;

Whereas 12 members of the University of Akron men's soccer team have been named Academic All-Americans, including 4 members from the 2010 season—defender Kofi Sarkodie, defender Chad Barson, goalkeeper David Meves, and midfielder Anthony Ampaipitakwong;

Whereas the 2010 University of Akron men's soccer team was comprised of—

(1) 3 seniors—midfielder Anthony Ampaipitakwong, defender Chris Korb, and defender Enrique Paez;

(2) 5 juniors—midfielder Michael Balogun, midfielder and defender Matt Dagilis, forward and midfielder Darlington Nagbe, midfielder Michael Nanchoff, and defender Kofi Sarkodie;

(3) 7 sophomores—defender Chad Barson, midfielder Scott Caldwell, goalkeeper David Meves, goalkeeper Anthony Ponikvar, forward Thomas Schmitt, midfielder Ben Speas, and defender Zarek Valentin; and

(4) 9 freshmen—midfielder Reinaldo Brenes, forward Richard Diaz, Jr., forward Gabriel Genovesi, midfielder Perry Kitchen, forward Darren Mattocks, goalkeeper Andrian McAdams, midfielder Martin Ontiveros, midfielder Eric Stevenson, and forward McKauly Tulloch;

Whereas 11 members of the 2010 University of Akron men's soccer team hail from the State of Ohio; and

Whereas the University of Akron men's soccer team should be praised for its historic season of both athletic and academic accomplishments: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the University of Akron men's soccer team on winning the National Collegiate Athletic Association Division I Men's Soccer Championship;

(2) recognizes the athletic program of the University of Akron for encouraging student-athletes to achieve in both sports and academics; and

(3) requests the Secretary of the Senate to transmit an enrolled copy of this resolution for appropriate display to—

(A) the University of Akron;

(B) Dr. Luis M. Proenza, the President of the University of Akron; and

(C) Caleb Porter, the head coach of the University of Akron men's soccer team.

AMENDMENTS SUBMITTED AND PROPOSED

SA 22. Mr. PRYOR submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table.

SA 23. Mr. VITTER submitted an amendment intended to be proposed to amendment SA 17 submitted by Mr. TOOMEY and intended to be proposed to the bill S. 223, supra; which was ordered to lie on the table.

SA 24. Mr. COCHRAN (for himself, Mr. PRYOR, and Mr. WICKER) submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

SA 25. Mr. VITTER submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

SA 26. Mr. NELSON of Florida submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

SA 27. Mr. WYDEN submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

SA 28. Mr. LEVIN (for himself, Mr. INOUYE, Mr. LEAHY, Mr. SANDERS, Mr. ROCKEFELLER, Mrs. FEINSTEIN, and Mrs. SHAHEEN) proposed an amendment to the bill S. 223, supra.

SA 29. Mr. NELSON of Nebraska (for himself and Mr. SCHUMER) submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

SA 30. Mr. BROWN of Ohio (for himself and Ms. STABENOW) submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

SA 31. Mr. MORAN submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

SA 32. Mr. ENSIGN (for himself, Mr. CONRAD, and Mr. HOEVEN) submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

SA 33. Mr. COCHRAN (for himself and Mr. WICKER) submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

SA 34. Mr. NELSON of Florida submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

SA 35. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill S. 223, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 22. Mr. PRYOR submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

On page 143, beginning on line 10, strike ''for'' and all that follows through ''enplanements'' on line 13 and insert ''capped at 20 percent''.

SA 23. Mr. VITTER submitted an amendment intended to be proposed to amendment SA 17 submitted by Mr. TOOMEY and intended to be proposed to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

At the end of the amendment, add the following:

(c) PRIORITIZE PAYMENT OF SOCIAL SECURITY BENEFITS.—Notwithstanding subsection (b), in the event that the debt of the United States Government, as so defined, reaches the statutory limit, the authority described in subsection (b) and the authority of the Commissioner of Social Security to pay monthly old-age, survivors', and disability insurance benefits under title II of the Social Security Act shall be given equal priority over all other obligations incurred by the Government of the United States.

SA 24. Mr. COCHRAN (for himself, Mr. PRYOR, and Mr. WICKER) submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title VII, insert the following:

SEC. _____. AMENDMENT RELATING TO PEST CONTROL EXPLOSIVES.

(a) SPECIFIC EXEMPTION.—Section 845(a) of title 18, United States Code, is amended—

(1) in paragraph (5), by striking ''and'' after the semicolon;

(2) in paragraph (6), by striking the period and inserting ''; and''; and

(3) by adding at the end the following:

''(7) pest control pyrotechnics manufactured, imported, used, and stored in accordance with regulations issued by the Attorney General.''.

(b) EXEMPTION AUTHORITY.—Section 845 of title 18, United States Code, is amended by inserting at the end the following:

''(d) The Attorney General may exempt from all or a part of the provisions of this chapter explosive materials or explosive devices containing such materials when a determination is made, by regulation, that the explosive materials or explosive devices—

''(1) are of a type that does not pose a threat to public safety; and

''(2) are unlikely to be used as a weapon.''.

(c) EFFECTIVE DATE.—The amendment made by this section shall take effect 180 days after the date of enactment of this Act.

SA 25. Mr. VITTER submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 7___. SUBSISTENCE USE OF NATURAL RESOURCES.

(a) DEFINITIONS.—Section 1001 of the Oil Pollution Act of 1990 (33 U.S.C. 2701) is amended by adding at the end the following:

''(45) BARTER.—The term 'barter' has the meaning given the term in section 100.4 of title 50, Code of Federal Regulations (or a successor regulation).

''(46) SUBSISTENCE COMMUNITY.—The term 'subsistence community' means an Indian tribe or other community in which there exists, as determined by the Secretary, a legitimate system of bartering natural resources taken for subsistence uses.

''(47) SUBSISTENCE USE.—The term 'subsistence use' has the meaning given the term in section 100.4 of title 50, Code of Federal Regulations (or a successor regulation).''.

(b) SUBSISTENCE USE.—Section 1002(b)(2) of the Oil Pollution Act of 1990 (33 U.S.C. 2702(b)(2)) is amended by striking subparagraph (C) and inserting the following:

''(C) SUBSISTENCE USE.—Damages for loss of subsistence use of natural resources, which shall be recoverable by—

''(i) any claimant who so uses natural resources that have been injured, destroyed, or lost, without regard to the ownership or management of the resources; or

''(ii) any subsistence community the bartering system of which is negatively affected by a discharge of oil.''.

(c) GULF COAST NATURAL RESOURCES.—Section 1006 of the Oil Pollution Act of 1990 (33 U.S.C. 2706) is amended by adding at the end the following:

''(h) GULF COAST NATURAL RESOURCES.—Not later than 30 days after the date of enactment of this subsection, for the purpose of making payments of damages described in section 1002(b)(2)(C), the Administrator of the Gulf Coast Claims Facility shall complete an assessment of subsistence communities (including the Vietnamese community) in the Gulf Coast region to determine the quantity and value of natural resources harvested and retained for bartering within each subsistence community.''.

SA 26. Mr. NELSON of Florida submitted an amendment intended to be

proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. ___. SENSE OF CONGRESS RELATING TO THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

(a) FINDINGS.—Congress finds that—

(1) on March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (Public Law 111–148; 124 Stat. 119) into law, overhauling the healthcare system of the United States and guaranteeing access to medical insurance for millions of uninsured Americans;

(2) nearly two dozen lawsuits trying to block all or portions of the Patient Protection and Affordable Care Act have been filed in United States district courts since the date of enactment of that Act;

(3) the lawsuits are focused largely on the constitutionality of the so-called individual mandate, the requirement that all Americans purchase healthcare coverage or pay a fine, that is included in the Patient Protection and Affordable Care Act;

(4) the first two United States district court judges to rule on the question, one in Detroit, Michigan, and one in Lynchburg, Virginia, upheld the constitutionality of the individual mandate;

(5) two other United States district court judges, in Richmond, Virginia, and Pensacola, Florida, found that the individual mandate exceeds the regulatory authority of Congress under the Commerce Clause of the Constitution;

(6) these conflicting decisions have left the fate of the Patient Protection and Affordable Care Act uncertain;

(7) the decisions have been appealed to the United States Court of Appeals for the Fourth Circuit, the United States Court of Appeals for the Sixth Circuit, and the United States Court of Appeals for the Eleventh Circuit; and

(8) on January 19, 2011, the House of Representatives voted 245 to 189 to repeal the Patient Protection and Affordable Care Act.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) the constitutionality of the Patient Protection and Affordable Care Act (Public Law 111–148; 124 Stat. 119) is of imperative public importance; and

(2) on petition, the Supreme Court of the United States should grant a writ of certiorari under rule 11 of the Rules of the Supreme Court of the United States regarding the constitutionality of that Act before judgment in the matter is entered in a United States court of appeals.

SA 27. Mr. WYDEN submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

On page 96, lines 4 and 5, strike ''at 4 test sites in the National Airspace System by 2012'' and insert ''by 2012 at 10 test sites in the National Airspace System, one of which shall include a significant portion of public lands (as defined in section 203 of the Public Lands Corps Act of 1993 (16 U.S.C. 1722))''.

SA 28. Mr. LEVIN (for himself, Mr. INOUYE, Mr. LEAHY, Mr. SANDERS, Mr. ROCKEFELLER, Mrs. FEINSTEIN, and Mrs. SHAHEEN) proposed an amendment to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; as follows:

On page 335, after line 20, insert the following:

TITLE XI—ADDITIONAL PROVISIONS

SEC. 1101. REPEAL OF EXPANSION OF INFORMATION REPORTING REQUIREMENTS.

Section 9006 of the Patient Protection and Affordable Care Act, and the amendments made thereby, are hereby repealed; and the Internal Revenue Code of 1986 shall be applied as if such section, and amendments, had never been enacted.

SEC. 1102. DENIAL OF DEDUCTION FOR MAJOR INTEGRATED OIL COMPANIES FOR INCOME ATTRIBUTABLE TO DOMESTIC PRODUCTION OF OIL, GAS, OR PRIMARY PRODUCTS THEREOF.

(a) IN GENERAL.—Subparagraph (B) of section 199(c)(4) of the Internal Revenue Code of 1986 is amended by striking ''or'' at the end of clause (ii), by striking the period at the end of clause (iii) and inserting '', or'', and by inserting after clause (iii) the following new clause:

''(iv) in the case of a taxpayer which is a major integrated oil company (as defined in section 167(h)(5)(B)), oil related qualified production activities (within the meaning of subsection (d)(9)(B)).''.

(b) CONFORMING AMENDMENT.—Section 199(d)(9)(A) of the Internal Revenue Code of 1986 is amended by inserting ''(other than a major integrated oil company (as defined in section 167(h)(5)(B))'' after ''taxpayer''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2010.

SEC. 1103. MODIFICATIONS OF FOREIGN TAX CREDIT RULES APPLICABLE TO DUAL CAPACITY TAXPAYERS.

(a) IN GENERAL.—Section 901 of the Internal Revenue Code of 1986 (relating to credit for taxes of foreign countries and of possessions of the United States) is amended by redesignating subsection (n) as subsection (o) and by inserting after subsection (m) the following new subsection:

''(n) SPECIAL RULES RELATING TO DUAL CAPACITY TAXPAYERS.—

''(1) GENERAL RULE.—Notwithstanding any other provision of this chapter, any amount paid or accrued by a dual capacity taxpayer to a foreign country or possession of the United States for any period with respect to combined foreign oil and gas income (as defined in section 907(b)(1)) shall not be considered a tax to the extent such amount exceeds the amount (determined in accordance with regulations) which would have been required to be paid if the taxpayer were not a dual capacity taxpayer.

''(2) DUAL CAPACITY TAXPAYER.—For purposes of this subsection, the term 'dual capacity taxpayer' means, with respect to any foreign country or possession of the United States, a person who—

''(A) is subject to a levy of such country or possession, and

''(B) receives (or will receive) directly or indirectly a specific economic benefit (as determined in accordance with regulations) from such country or possession.''.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by this section shall apply to taxes paid or accrued in taxable years beginning after December 31, 2010.

(2) CONTRARY TREATY OBLIGATIONS UPHELD.—The amendments made by this section shall not apply to the extent contrary to any treaty obligation of the United States.

SEC. 1104. RULES RELATING TO FOREIGN OIL AND GAS INCOME.

(a) SEPARATE BASKET FOR FOREIGN TAX CREDIT.—Paragraph (1) of section 904(d) of the Internal Revenue Code of 1986 is amended by striking ''and'' at the end of subparagraph (A), by striking the period at the end of subparagraph (B) and inserting '', and'', and by adding at the end the following:

''(C) combined foreign oil and gas income (as defined in section 907(b)(1)).''

(b) COORDINATION.—Section 904(d)(2) of the Internal Revenue Code of 1986 is amended by redesignating subparagraphs (J) and (K) as subparagraphs (K) and (L) and by inserting after subparagraph (I) the following:

''(J) COORDINATION WITH COMBINED FOREIGN OIL AND GAS INCOME.—For purposes of this section, passive category income and general category income shall not include combined foreign oil and gas income (as defined in section 907(b)(1)).''

(c) CONFORMING AMENDMENTS.—

(1) Section 907(a) of the Internal Revenue Code of 1986 is hereby repealed.

(2) Section 907(c)(4) of such Code is hereby repealed.

(3) Section 907(f) of such Code is hereby repealed.

(d) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by this section shall apply to taxable years beginning after December 31, 2010.

(2) TRANSITIONAL RULES.—

(A) CARRYOVERS.—Any unused foreign oil and gas taxes which under section 907(f) of the Internal Revenue Code of 1986 (as in effect before the amendment made by subsection (c)(3)) would have been allowable as a carryover to the taxpayer's first taxable year beginning after December 31, 2010 (without regard to the limitation of paragraph (2) of such section 907(f) for first taxable year) shall be allowed as carryovers under section 904(c) of such Code in the same manner as if such taxes were unused taxes under such section 904(c) with respect to foreign oil and gas extraction income.

(B) LOSSES.—The amendment made by subsection (c)(2) shall not apply to foreign oil and gas extraction losses arising in taxable years beginning on or before the date of the enactment of this Act.

SEC. 1105. REQUIRED MINIMUM 10-YEAR TERM, ETC., FOR GRANTOR RETAINED ANNUITY TRUSTS.

(a) IN GENERAL.—Subsection (b) of section 2702 of the Internal Revenue Code of 1986 is amended—

(1) by redesignating paragraphs (1), (2), and (3) as subparagraphs (A), (B), and (C), respectively, and by moving such subparagraphs (as so redesignated) 2 ems to the right,

(2) by striking ''For purposes of'' and inserting the following:

''(1) IN GENERAL.—For purposes of'',

(3) by striking ''paragraph (1) or (2)'' in paragraph (1)(C) (as so redesignated) and inserting ''subparagraph (A) or (B)'', and

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

''(2) ADDITIONAL REQUIREMENTS WITH RESPECT TO GRANTOR RETAINED ANNUITIES.—For purposes of subsection (a), in the case of an interest described in paragraph (1)(A) (determined without regard to this paragraph)

which is retained by the transferor, such interest shall be treated as described in such paragraph only if—

''(A) the right to receive the fixed amounts referred to in such paragraph is for a term of not less than 10 years,

''(B) such fixed amounts, when determined on an annual basis, do not decrease relative to any prior year during the first 10 years of the term referred to in subparagraph (A), and

''(C) the remainder interest has a value greater than zero determined as of the time of the transfer.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to transfers made after the date of the enactment of this Act.

SA 29. Mr. NELSON of Nebraska (for himself and Mr. SCHUMER) submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 733. CRIMINAL PENALTY FOR UNAUTHORIZED RECORDING OR DISTRIBUTION OF SECURITY SCREENING IMAGES.

(a) IN GENERAL.—Part I of title 18, United States Code, is amended by adding at the end the following:

''CHAPTER 124—UNAUTHORIZED RECORDING AND DISTRIBUTION OF SECURITY SCREENING IMAGES

''Sec.

''2731. Criminal penalty for unauthorized recording and distribution of security screening images.

''§ 2731. Criminal penalty for unauthorized recording and distribution of security screening images

''(a) IN GENERAL.—Except as specifically provided in subsection (b), it shall be unlawful for an individual—

''(1) to photograph or otherwise record an image produced using advanced imaging technology during the screening of an individual at an airport, or upon entry into any building owned or operated by the Federal Government, without express authorization pursuant to a Federal law or regulation; or

''(2) to distribute any such image to any individual who is not authorized pursuant to a Federal law or regulation to receive the image.

''(b) EXCEPTIONS.—

''(1) RECORDINGS TO BE USED IN CRIMINAL PROSECUTION.—The prohibition under subsection (a) shall not apply to an individual who, during the course and within the scope of the individual's employment, records or distributes an image described in subsection (a) solely to be used in a criminal investigation or prosecution.

''(2) LIABILITY OF JOURNALISTS.—The prohibition under subsection (a) shall not apply to a journalist that publishes an image described in that subsection if the journalist has a good faith belief that the image was not recorded or distributed in violation of that prohibition.

''(c) PENALTY.—An individual who violates the prohibition in subsection (a) shall be fined under this title, imprisoned for not more than 1 year, or both.

''(d) DEFINITIONS.—In this section:

''(1) ADVANCED IMAGING TECHNOLOGY.—The term 'advanced imaging technology'—

''(A) means a device that creates a visual image of an individual showing the surface of the skin and revealing other objects on the body; and

''(B) may include devices using backscatter x-rays or millimeter waves and devices referred to as 'whole-body imaging technology' or 'body scanning'.

''(2) JOURNALIST.—The term 'journalist'—

''(A) means a person who—

''(i) with the primary intent to investigate events and procure material in order to disseminate to the public news or information concerning local, national, or international events or other matters of public interest, regularly gathers, prepares, collects, photographs, records, writes, edits, reports, or publishes on such matters by—

''(I) conducting interviews;

''(II) making direct observation of events; or

''(III) collecting, reviewing, or analyzing original writings, statements, communications, reports, memoranda, records, transcripts, documents, photographs, recordings, tapes, materials, data, or other information whether in paper, electronic, or other form;

''(ii) has such intent at the inception of the process of gathering the news or information sought; and

''(iii) obtains the news or information sought in order to disseminate the news or information by means of print (including newspapers, books, wire services, news agencies, or magazines), broadcasting (including dissemination through networks, cable, satellite carriers, broadcast stations, or a channel or programming service for any such media), mechanical, photographic, electronic, or other means;

''(B) includes a supervisor, employer, parent company, subsidiary, or affiliate of a person described in subparagraph (A); and

''(C) does not include any person who is—

''(i) a foreign power or an agent of a foreign power, as those terms are defined in section 101 of the Foreign Intelligence Surveillance Act of 1978 (50 U.S.C. 1801);

''(ii) a member or affiliate of a foreign terrorist organization designated under section 219(a) of the Immigration and Nationality Act (8 U.S.C. 1189(a));

''(iii) any person whose property and interests in property are blocked pursuant to Executive Order 13224 (66 Fed. Reg. 49079; relating to blocking property and prohibiting transacting with persons who commit, threaten to commit, or support terrorism), Executive Order 12947 (60 Fed. Reg. 5079; prohibiting transactions with terrorists who threaten to disrupt the Middle East peace process), or any other executive order relating to terrorism;

''(iv) committing or attempting to commit the crime of terrorism, as that offense is defined in section 2331(5) or 2332b(g)(5) of title 18, United States Code;

''(v) committing or attempting to commit the crime of providing material support or resources, as that term is defined in section 2339A(b)(1) of title 18, United States Code, to a terrorist organization; or

''(vi) aiding, abetting, or conspiring in illegal activity with a person described in clause (i), (ii), (iii), (iv), or (v).''.

(b) TECHNICAL AND CONFORMING AMENDMENT.—The table of chapters for part I of title 18, United States Code, is amended by inserting after the item relating to chapter 123 the following:

''124. Unauthorized recording and distribution of security screening images ..... 2731''.

SA 30. Mr. BROWN of Ohio (for himself and Ms. STABENOW) submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

On page 335, after line 20, insert the following:

TITLE XI—EXTENSION OF HEALTH INSURANCE COSTS TAX CREDIT

SEC. 1101. IMPROVEMENT OF THE AFFORDABILITY OF THE CREDIT.

(a) IN GENERAL.—Section 35(a) of the Internal Revenue Code of 1986 is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(b) CONFORMING AMENDMENT.—Section 7527(b) of such Code is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to coverage months beginning after February 12, 2011.

SEC. 1102. PAYMENT FOR THE MONTHLY PREMIUMS PAID PRIOR TO COMMENCEMENT OF THE ADVANCE PAYMENTS OF CREDIT.

(a) IN GENERAL.—Section 7527(e) of the Internal Revenue Code of 1986 is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to coverage months beginning after February 12, 2011.

SEC. 1103. TAA RECIPIENTS NOT ENROLLED IN TRAINING PROGRAMS ELIGIBLE FOR CREDIT.

(a) IN GENERAL.—Section 35(c)(2)(B) of the Internal Revenue Code of 1986 is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to coverage months beginning after February 12, 2011.

SEC. 1104. TAA PRE-CERTIFICATION PERIOD RULE FOR PURPOSES OF DETERMINING WHETHER THERE IS A 63-DAY LAPSE IN CREDITABLE COVERAGE.

(a) IRC AMENDMENT.—Section 9801(c)(2)(D) of the Internal Revenue Code of 1986 is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(b) ERISA AMENDMENT.—Section 701(c)(2)(C) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(c)(2)(C)) is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(c) PHSA AMENDMENT.—Section 2701(c)(2)(C) of the Public Health Service Act (42 U.S.C. 300gg(c)(2)(C)) is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to plan years beginning after February 12, 2011.

SEC. 1105. CONTINUED QUALIFICATION OF FAMILY MEMBERS AFTER CERTAIN EVENTS.

(a) IN GENERAL.—Section 35(g)(9) of the Internal Revenue Code of 1986 is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(b) CONFORMING AMENDMENT.—Section 173(f)(8) of the Workforce Investment Act of 1998 (29 U.S.C. 2918(f)(8)) is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after February 12, 2011.

SEC. 1106. EXTENSION OF COBRA BENEFITS FOR CERTAIN TAA-ELIGIBLE INDIVIDUALS AND PBGC RECIPIENTS.

(a) ERISA AMENDMENTS.—

(1) PBGC RECIPIENTS.—Section 602(2)(A)(v) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1162(2)(A)(v)) is amended by striking ''February 12, 2011'' and inserting ''June 30, 2012''.

(2) TAA-ELIGIBLE INDIVIDUALS.—Section 602(2)(A)(vi) of such Act (29 U.S.C. 1162(2)(A)(vi)) is amended by striking ''February 12, 2011'' and inserting ''June 30, 2012''.

(b) IRC AMENDMENTS.—

(1) PBGC RECIPIENTS.—Section 4980B(f)(2)(B)(i)(V) of the Internal Revenue Code of 1986 is amended by striking ''February 12, 2011'' and inserting ''June 30, 2012''.

(2) TAA-ELIGIBLE INDIVIDUALS.—Section 4980B(f)(2)(B)(i)(VI) of such Code is amended by striking ''February 12, 2011'' and inserting ''June 30, 2012''.

(c) PHSA AMENDMENTS.—Section 2202(2)(A)(iv) of the Public Health Service Act (42 U.S.C. 300bb-2(2)(A)(iv)) is amended by striking ''February 12, 2011'' and inserting ''June 30, 2012''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to periods of coverage which would (without regard to the amendments made by this section) end on or after February 12, 2011.

SEC. 1107. ADDITION OF COVERAGE THROUGH VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATIONS.

(a) IN GENERAL.—Section 35(e)(1)(K) of the Internal Revenue Code of 1986 is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to coverage months beginning after February 12, 2011.

SEC. 1108. NOTICE REQUIREMENTS.

(a) IN GENERAL.—Section 7527(d)(2) of the Internal Revenue Code of 1986 is amended by striking ''February 13, 2011'' and inserting ''July 1, 2012''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to certificates issued after February 12, 2011.

SEC. 1109. APPLICATION OF LEVY TO PAYMENTS TO FEDERAL VENDORS RELATING TO PROPERTY.

(a) IN GENERAL.—Section 6331(h)(3) of the Internal Revenue Code of 1986 is amended by striking ''of goods or services'' and all that follows and inserting ''of—

''(A) goods or services sold or leased to the Federal Government, or

''(B) in the case of levies issued during the 2-year period beginning after the date of the enactment of this subparagraph, property so sold or leased.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to levies issued after the date of the enactment of this Act.

SA 31. Mr. MORAN submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 733. CONSIDERATION OF UNFAIR COMPETITIVE ADVANTAGE IN EVALUATION OF OFFERS FOR KC–X AERIAL REFUELING AIRCRAFT PROGRAM.

(a) REQUIREMENT TO CONSIDER UNFAIR COMPETITIVE ADVANTAGE.—In awarding a contract for the KC–X aerial refueling aircraft program (or any successor to that program), the Secretary of Defense shall, in evaluating any offers submitted to the Department of Defense in response to a solicitation for offers for such program, consider any unfair competitive advantage that an offeror may possess.

(b) REPORT.—Not later than 60 days after submission of offers in response to any such solicitation, the Secretary of Defense shall submit to the congressional defense committees a report on any unfair competitive advantage that any offeror may possess.

(c) REQUIREMENT TO TAKE FINDINGS INTO ACCOUNT IN AWARD OF CONTRACT.—In awarding a contract for the KC–X aerial refueling aircraft program (or any successor to that program), the Secretary of Defense shall take into account the findings of the report submitted under subsection (b).

(d) DEFINITIONS.—In this section:

(1) The term ''congressional defense committees'' has the meaning given such term in section 101(a)(16) of title 10, United States Code.

(2) The term ''unfair competitive advantage'', with respect to an offer for a contract, means a situation in which the cost of development, production, or manufacturing is not fully borne by the offeror for such contract.

SA 32. Mr. ENSIGN (for himself, Mr. CONRAD, and Mr. HOEVEN) submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 96, strike line 9 and all that follows through page 97, line 8, and insert the following:

(3) establishes a process to develop—

(A) air traffic requirements for all unmanned aerial systems at the test sites; and

(B) certification and flight standards for nonmilitary unmanned aerial systems at the test sites;

(4) dedicates funding for unmanned aerial systems research and development relating to—

(A) air traffic requirements; and

(B) certification and flight standards for nonmilitary unmanned aerial systems in the National Airspace System;

(5) encourages leveraging and coordination of such research and development activities with the National Aeronautics and Space Administration and the Department of Defense;

(6) uniquely addresses the requirements of military and nonmilitary unmanned aerial system operations;

(7) ensures the unmanned aircraft systems integration plan is incorporated in the Administration's NextGen Air Transportation System implementation plan; and

(8) provides for integration into the National Airspace System of safety standards and navigation procedures validated—

(A) under the pilot project created pursuant to paragraph (1); or

(B) through other related research and development activities carried out pursuant to paragraph (4).

(b) TEST SITE CRITERIA.—The Administrator shall take into consideration geographical and climate diversity in determining where the test sites to be established under the pilot project required by subsection (a)(1) are to be located.

(c) CERTIFICATION AND FLIGHT STANDARDS FOR MILITARY UNMANNED AERIAL SYSTEMS.—The Secretary of Defense shall establish a process to develop certification and flight standards for military unmanned aerial systems at the test sites referred to in subsection (a)(1).

SA 33. Mr. COCHRAN (for himself and Mr. WICKER) submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

At the end of section 320, add the following:

(c) CENTER OF EXCELLENCE FOR UNMANNED AERIAL SYSTEMS.—Within 6 months of the date of enactment of this Act, the Administrator shall designate an institution or coalition of institutions to assist with integration matters described in subsection (a) as a Center of Excellence for Unmanned Aerial Systems.

SA 34. Mr. NELSON of Florida submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

Beginning with line 1 on page 236, strike through line 14 on page 237.

SA 35. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill S. 223, to modernize the air traffic control system, improve the safety, reliability, and availability of transportation by air in the United States, provide modernization of the air traffic control system, reauthorize the Federal Aviation Administration, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 733. EXTENDING THE LENGTH OF FLIGHTS FROM RONALD REAGAN WASHINGTON NATIONAL AIRPORT.

Section 41718 is amended by adding at the end the following:

''(g) USE OF AIRPORT SLOTS FOR BEYOND PERIMETER FLIGHTS.—Notwithstanding section 49109 or any other provision of law, any air carrier that holds or operates air carrier slots at Ronald Reagan Washington National Airport as of January 1, 2011, pursuant to subparts K and S of part 93 of title 14, Code of Federal Regulations, which are being used as of that date for scheduled service between that airport and a large hub airport (as defined in section 40102(a)(29)), may use such slots for service between Ronald Reagan Washington National Airport and any airport located outside of the perimeter restriction described in section 49109.''.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on Environment and Public

Works be authorized to meet during the session of the Senate at 10 a.m. on February 2, 2011, in room SD–406 of the Dirksen Senate Office Building.

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

COMMITTEE ON THE JUDICIARY

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate, on February 2, 2011, at 10 a.m. in room SD–226 of the Dirksen Senate Office Building, to conduct a hearing entitled ''The Constitutionality of the Affordable Care Act.''

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

COMMITTEE ON THE JUDICIARY

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate, on February 2, 2011, at 2 p.m., in room SD–226 of the Dirksen Senate Office Building, to conduct a hearing entitled ''Nominations.''

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

PRIVILEGES OF THE FLOOR

Mr. BAUCUS. Mr. President, I ask unanimous consent that the following staff of the Finance Committee be allowed on the Senate floor during the debate of the FAA Air Transportation Modernization and Safety Improvement Act:

Ellen Montz, Lisa Yen, Jonathan Jaffery, Kevin Ward, Shannon Olberding, Jack McGillis, Eric Roberts, Brian Allison, Michael Grant, Andrew Fishburn, Matthew McFeeley, and Jessica Kawamura.

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

Mr. HARKIN. Mr. President, I ask unanimous consent that Steven Brenner and Kirsten Abel of my staff be granted floor privileges for the duration of today's session.

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

Mr. DURBIN. Mr. President, I ask unanimous consent that Coti-Lynne Haia, a fellow on Senator INOUYE's staff, be granted the privilege of the floor for the duration of the Senate's consideration S. 233, the FAA Air Transportation Modernization and Safety Improvement Act.

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

NATIONAL WOMEN AND GIRLS IN SPORTS DAY

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent the Judiciary Committee be discharged from further consideration and the Senate now proceed to consideration of S. Res. 30.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 30) celebrating February 2, 2011, as the 25th anniversary of ''National Women and Girls in Sports Day.''

There being no objection, the Senate proceeded to consider the resolution.

Mr. ROCKEFELLER. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid on the table.

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

The resolution (S. Res. 30) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 30

Whereas women's athletics are one of the most effective avenues available for the women of the United States to develop self-discipline, initiative, confidence, and leadership skills;

Whereas sports and fitness activities contribute to emotional and physical well-being;

Whereas women need strong bodies as well as strong minds;

Whereas the history of women in sports is rich and long, but there has been little national recognition of the significance of the athletic achievements of women;

Whereas there is a need to restore women to leadership positions in athletics to ensure a fair representation of the abilities of women and to provide role models for young female athletes;

Whereas the bonds built between women through athletics help to break down the social barriers of racism and prejudice;

Whereas the communication and cooperation skills learned through athletic experience play a key role in the contributions of an athlete to her home, workplace, and society;

Whereas women's athletics has produced such winners as Flo Hyman, whose spirit, talent, and accomplishments distinguished her above others and who exhibited the true meaning of fairness, determination, and team play;

Whereas parents feel that sports are equally important for boys and girls and that sports and fitness activities provide important benefits to girls who participate;

Whereas early motor-skill training and enjoyable experiences of physical activity strongly influence life-long habits of physical fitness;

Whereas the performances of female athletes in the Olympic Games are a source of inspiration and pride to the people of the United States;

Whereas the athletic opportunities for male students at the collegiate and high school levels remain significantly greater than those for female students; and

Whereas the number of funded research projects focusing on the specific needs of women athletes is limited and the information provided by these projects is imperative to the health and performance of future women athletes: Now, therefore, be it

Resolved, That the Senate—

(1) celebrates February 2, 2011, as the 25th anniversary of ''National Women and Girls in Sports Day''; and

(2) encourages State and local jurisdictions, appropriate Federal agencies, and the people of the United States to observe ''National Women and Girls in Sports Day'' with appropriate ceremonies and activities.

RESOLUTIONS SUBMITTED TODAY

Mr. ROCKEFELLER. I ask unanimous consent the Senate proceed to the immediate consideration en bloc of the following resolutions which were submitted earlier today: S. Res. 36, S. Res. 37, S. Res. 38, S. Res. 39, and S. Res. 40.

There being no objection, the Senate proceeded to consider the resolutions en bloc.

Mr. ROCKEFELLER. I ask unanimous consent the resolutions be agreed to, the preambles be agreed to, the motions to reconsider be laid on the table en bloc, with no intervening action or debate, and any statements be printed in the RECORD.

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

The resolutions were agreed to en bloc.

The preambles were agreed to en bloc.

The resolutions, with their preambles, read as follows:

S. Res. 36

Raising awareness and encouraging prevention of stalking by designating January 2011 as ''National Stalking Awareness Month''.

Whereas in a 1-year period, an estimated 3,400,000 people in the United States reported being stalked, and 75 percent of victims report that they were stalked by someone they know;

Whereas 81 percent of women who are stalked by an intimate partner are also physically assaulted by that partner, and 76 percent of women who are killed by an intimate partner were also stalked by that intimate partner;

Whereas 11 percent of victims reported having been stalked for more than 5 years, and 23 percent of victims reported having been stalked almost every day;

Whereas 1 in 4 victims reported that they were aware of email, instant messaging, blogs or bulletin boards, internet sites, or chat rooms being used against them by their stalkers, and 1 in 13 victims reported that stalkers had used electronic devices to monitor them;

Whereas stalking victims are forced to take drastic measures to protect themselves, including changing identity, relocating, changing jobs, and obtaining protection orders;

Whereas 1 in 7 victims has relocated in an effort to escape a stalker;

Whereas approximately 130,000 victims reported having been fired or asked to leave a job because of stalking, and about 1 in 8 employed victims missed work because they feared for their safety or were taking steps to protect themselves, such as seeking a restraining order;

Whereas less than half of victims report stalking to police, and only 7 percent of victims contacted a victim service provider, shelter, or hotline;

Whereas stalking is a crime under Federal law and under the laws of all 50 States, the District of Columbia, and the territories of the United States;

Whereas stalking affects victims of every race, age, culture, gender, sexual orientation, physical and mental ability, and economic status;

Whereas national organizations, local victim service organizations, prosecutors' offices, and police departments stand ready to assist stalking victims and are working diligently to develop effective and innovative responses to stalking;

Whereas there is a need to improve the criminal justice system's response to stalking through more aggressive investigation and prosecution;

Whereas there is a need for increased availability of victim services across the country, and such services must include programs tailored to meet the needs of stalking victims; and

Whereas the Senate finds that ''National Stalking Awareness Month'' provides an opportunity to educate the people of the United States about stalking: Now, therefore, be it

Resolved, That the Senate—

(1) designates January 2011 as ''National Stalking Awareness Month'';

(2) applauds the efforts of the many stalking victim service providers, police, prosecutors, national and community organizations, and private sector supporters for their efforts in promoting awareness about stalking;

(3) encourages policymakers, criminal justice officials, victim service and human service agencies, college campuses and universities, nonprofit organizations, and others to increase awareness of stalking and the availability of services for stalking victims; and

(4) urges national and community organizations, businesses in the private sector, and the media to promote awareness of the crime of stalking through ''National Stalking Awareness Month''.

S. RES. 37

Recognizing the goals of Catholic Schools Week and honoring the valuable contributions of Catholic schools in the United States.

Whereas Catholic schools in the United States have received international acclaim for academic excellence while providing students with lessons that extend far beyond the classroom;

Whereas Catholic schools present a broad curriculum that emphasizes the lifelong development of moral, intellectual, physical, and social values in the young people of the United States;

Whereas Catholic schools in the United States today educate 2,119,341 students and maintain a student-to-teacher ratio of 14 to 1;

Whereas the faculty members of Catholic schools teach a highly diverse body of students;

Whereas the graduation rate for all Catholic school students is 99 percent;

Whereas 97 percent of Catholic high school graduates go on to college;

Whereas Catholic schools produce students strongly dedicated to their faith, values, families, and communities by providing an intellectually stimulating environment rich in spiritual character and moral development; and

Whereas in the 1972 pastoral message concerning Catholic education, the National Conference of Catholic Bishops stated, ''Education is one of the most important ways by which the Church fulfills its commitment to the dignity of the person and building of community. Community is central to education ministry, both as a necessary condition and an ardently desired goal. The educational efforts of the Church, therefore, must be directed to forming persons-in-community; for the education of the individual Christian is important not only to his solitary destiny, but also the destinies of the many communities in which he lives.'': Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the goals of Catholic Schools Week, an event cosponsored by the National Catholic Educational Association and the United States Conference of Catholic Bishops that recognizes the vital contributions of thousands of Catholic elementary and secondary schools in the United States; and

(2) commends Catholic schools, students, parents, and teachers across the United States for their ongoing contributions to education, and for the vital role they play in promoting and ensuring a brighter, stronger future for the United States.

S. RES. 38

Congratulating Brooklyn Center, Minnesota on its 100th anniversary.

Whereas February 5, 2011, marks the 100th anniversary of the establishment of Brooklyn Center, Minnesota;

Whereas in the summer of 1852, individuals came to Brooklyn Center and cleared rich, tillable land to farm and build homes;

Whereas those industrious individuals quickly transformed Brooklyn Center into a prosperous farming community, where Minnesotans grew and gathered harvests that fed countless families throughout the region;

Whereas Brooklyn Center was incorporated as a village in 1911, became a city in 1967, and continues to be a community where all residents can feel proud to live, work, and raise their families;

Whereas Brooklyn Center has successfully balanced economic growth and business development with an enduring focus on family values and small town charm;

Whereas, as of the date of agreement to this resolution, Brooklyn Center boasts 522 acres of parks and nature centers, a first-rate education system, quality health care options, accessible transportation, and the historic Earle Brown Heritage Center; and

Whereas Brooklyn Center is a city with a proud history and a strong place in the heritage of the State of Minnesota and the United States: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates Brooklyn Center, Minnesota on its 100th anniversary; and

(2) commends the Minnesotans who have made Brooklyn Center, Minnesota ''A Great Place to Start and a Great Place to Stay''.

S. RES. 39

Congratulating the Auburn University football team for winning the 2010 Bowl Championship Series National Championship.

Whereas the Auburn University Tigers won the Tostitos Bowl Championship Series National Championship Game (referred to in this preamble as the ''BCS National Championship Game'') in Glendale, Arizona, on January 10, 2011, in a thrilling victory over the University of Oregon Ducks with a score of 22 to 19;

Whereas the Auburn University Tigers earned their seventh Southeastern Conference title by defeating the University of South Carolina Gamecocks on December 5, 2010, with a score of 56 to 17;

Whereas the Auburn University Tigers finished the 2010 season with a perfect record of 14 wins and 0 losses;

Whereas the Auburn University Tigers won 6 games against nationally ranked opponents during the 2010 season;

Whereas the 2010 BCS National Championship Game marks the second national college football championship in the storied history of Auburn University;

Whereas the Auburn University football team earned its first national college football championship in the 1957 season, when the team was led by Coach Ralph ''Shug'' Jordan and quarterback Lloyd Nix;

Whereas the victory of the Auburn University Tigers in the 2010 BCS National Championship Game was the fifth consecutive BCS national championship won by a school in the Southeastern Conference;

Whereas in 2010, the Auburn University Tigers were led by quarterback Cam Newton, winner of the Heisman Trophy, the Maxwell Award, the Davey O'Brien Award, the Walter Camp Award, the Associated Press Player of the Year Award, and the Manning Award;

Whereas during the BCS National Championship Game, Lombardi Award winner Nick Fairley recorded 5 tackles, including 3 tackles for losses, 1 sack, and 1 forced fumble, and was named the Bowl Championship Series Defensive Player of the Game;

Whereas running back Michael Dyer rushed for 143 yards on 22 carries, including 57 yards on the game-winning drive, and was named the Bowl Championship Series Offensive Player of the Game;

Whereas Wes Byrum kicked a 19-yard field goal in front of 78,600 fans as time expired to break the 19 to 19 tie and win the game;

Whereas Gene Chizik, in his second season as head coach of the Auburn University football team, won the Associated Press Southeastern Conference Coach of the Year Award, the Home Depot Coach of the Year Award, the Liberty Mutual Coach of the Year Award, the Bobby Bowden National Collegiate Coach of the Year Award, and the Paul ''Bear'' Bryant Award;

Whereas Gene Chizik instilled character, integrity, and the values espoused in the Auburn Creed in his players and inspired the Auburn players, students, and fans throughout the season with the theme of ''All In'';

Whereas offensive coordinator and quarterbacks coach Gus Malzahn was recognized as the top assistant coach in the country, receiving the 2010 Broyles Award for leading the offense of the 2010 Auburn University football team to single-season school records for total offensive yards, total rushing yards, and points scored;

Whereas the vision and leadership of President Jay Gogue and Athletic Director Jay Jacobs was instrumental in bringing academic and athletic success and national recognition to Auburn University;

Whereas the winning season of the 2010 Auburn University football team was also made possible by the leadership and service of past Auburn men such as George Petrie, John Heisman, Ralph ''Shug'' Jordan, Jim Fyffe, and James E. Foy;

Whereas the 2010 BCS National Championship Game was a victory not only for the 2010 Auburn University football team, but also for the great Auburn University football teams and players throughout the history of the program, including the undefeated teams of 1958, 1993, and 2004 and players Bo Jackson, Pat Sullivan, Tracy Rocker, Terry Beasley, Jason Campbell, Carnell Williams, Ronnie Brown, Ed Dyas, and Quentin Riggins; and

Whereas the 2010 Auburn University football team has brought great honor to Auburn University, the Auburn University family, and the entire State of Alabama: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the Auburn University football team for winning the 2010 Bowl Championship Series National Championship;

(2) recognizes the achievements of the players, coaches, students, and staff whose hard work and dedication were instrumental in helping the Auburn University Tigers win the national championship; and

(3) respectfully requests the Secretary of the Senate to transmit an enrolled copy of this resolution to—

(A) the President of Auburn University, Dr. Jay Gogue;

(B) the Athletic Director of Auburn University, Jay Jacobs; and

(C) the Head Coach of the Auburn University football team, Gene Chizik.

S. RES. 40

Congratulating the University of Akron men's soccer team on winning the National Collegiate Athletic Association Division I Men's Soccer Championship.

Whereas on December 12, 2010, the University of Akron men's soccer team, known as the Zips, won the National Collegiate Athletic Association College Cup in Santa Barbara, California and became the first team to win a national title in the history of the University of Akron;

Whereas with the victory over the previously undefeated and top-ranked University of Louisville Cardinals, the 2010 University of Akron men's soccer team finished its historic championship season with a record of 22 wins, 1 loss, and 2 draws;

Whereas the 2010 University of Akron men's soccer team has become a symbol of pride and success to the University of Akron and the communities in Northeast Ohio surrounding the University of Akron;

Whereas the athletic program of the University of Akron encourages student-athletes to compete on the field, complete degrees in the classroom, and become contributing members of society;

Whereas each year, University of Akron student-athletes and coaches participate in community service activities;

Whereas the head coach of the University of Akron men's soccer team, Caleb Porter, has won 1 national title and taken the men's soccer team to 2 national championship games in the 2 years prior to date of the approval of this resolution;

Whereas associate head coach Jared Embick, assistant coach Oliver Slawson, and volunteer assistant coach Liam Curran played an important role in coaching the University of Akron men's soccer team;

Whereas midfielder Scott Caldwell was named the most outstanding offensive player of the College Cup;

Whereas defender Kofi Sarkodie was named the most outstanding defensive player of the College Cup;

Whereas forward and midfielder Darlington Nagbe is a finalist for the Hermann Trophy, which is awarded to the best men's collegiate soccer player in the United States;

Whereas 44 members of the University of Akron men's soccer team have been named All-Americans, including 2 members from the 2010 season, defender Kofi Sarkodie and forward and midfielder Darlington Nagbe;

Whereas 12 members of the University of Akron men's soccer team have been named Academic All-Americans, including 4 members from the 2010 season—defender Kofi Sarkodie, defender Chad Barson, goalkeeper David Meves, and midfielder Anthony Ampaipitakwong;

Whereas the 2010 University of Akron men's soccer team was comprised of—

(1) 3 seniors—midfielder Anthony Ampaipitakwong, defender Chris Korb, and defender Enrique Paez;

(2) 5 juniors—midfielder Michael Balogun, midfielder and defender Matt Dagilis, forward and midfielder Darlington Nagbe, midfielder Michael Nanchoff, and defender Kofi Sarkodie;

(3) 7 sophomores—defender Chad Barson, midfielder Scott Caldwell, goalkeeper David Meves, goalkeeper Anthony Ponikvar, forward Thomas Schmitt, midfielder Ben Speas, and defender Zarek Valentin; and

(4) 9 freshmen—midfielder Reinaldo Brenes, forward Richard Diaz, Jr., forward Gabriel Genovesi, midfielder Perry Kitchen, forward Darren Mattocks, goalkeeper Andrian McAdams, midfielder Martin Ontiveros, midfielder Eric Stevenson, and forward McKauly Tulloch;

Whereas 11 members of the 2010 University of Akron men's soccer team hail from the State of Ohio; and

Whereas the University of Akron men's soccer team should be praised for its historic season of both athletic and academic accomplishments: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the University of Akron men's soccer team on winning the National Collegiate Athletic Association Division I Men's Soccer Championship;

(2) recognizes the athletic program of the University of Akron for encouraging student-athletes to achieve in both sports and academics; and

(3) requests the Secretary of the Senate to transmit an enrolled copy of this resolution for appropriate display to—

(A) the University of Akron;

(B) Dr. Luis M. Proenza, the President of the University of Akron; and

(C) Caleb Porter, the head coach of the University of Akron men's soccer team.

APPOINTMENTS

The PRESIDING OFFICER. The Chair announces, on behalf of the majority leader, pursuant to the provisions of S. Res. 105, adopted April 13, 1989, as amended by S. Res. 149 adopted, October 5, 1993, as amended by Public Law 105–275, adopted October 21, 1998, further amended by S. Res. 75, adopted March 25 1999, amended by S. Res. 383, adopted October 27, 2000, and amended by S. Res. 355, adopted November 13, 2002, and further amended by S. Res. 480, adopted November 21, 2004, further amended by S. Res. 625, adopted December 6, 2006, and further amended by S. Res. 715, adopted November 28, 2008, and amended by S. Res. 706, adopted December 22, 2010, the appointment of the following Senators as members of the Senate National Security Working Group for the 112th Congress: the Senator from Hawaii (Mr. INOUYE), who will serve in his capacity as President pro tempore of the Senate; the Senator from Michigan (Mr. LEVIN) as Democratic Co-Chairman; the Senator from Massachusetts (Mr. KERRY) as Democratic Co-Chairman; the Senator from New Jersey (Mr. LAUTENBERG) as Democratic Co-Chairman; the Senator from Illinois (Mr. DURBIN); the Senator from Florida (Mr. NELSON); the Senator from Maryland (Mr. CARDIN); the Senator from Pennsylvania (Mr. CASEY), and the Senator from Massachusetts (Mr. KERRY) as Majority Administrative Co-Chairman.

The Chair, on behalf of the Vice President, pursuant to Public Law 83–420, as amended by Public Law 99–371, appoints the Senator from Ohio (Mr. BROWN) to the Board of Trustees of Gallaudet University.

The Chair, on behalf of the President pro tempore, pursuant to Public Law 96–388, as amended by Public Law 97–84 and Public Law 106–292, appoints and reappoints the following Senators to the United States Holocaust Memorial Council for the 112th Congress: the Honorable FRANK R. LAUTENBERG of New Jersey (reappointment); the Honorable BERNARD SANDERS of Vermont (reappointment); and the Honorable RICHARD J. DURBIN of Illinois (appointment).

The Chair, on behalf of the Vice President, pursuant to Public Law 94–304, as amended by Public Law 99–7, appoints the following Senators as members of the Commission on Security and Cooperation in Europe during the 112th Congress: the Honorable BENJAMIN L. CARDIN of Maryland (Co-Chairman); the Honorable SHELDON WHITEHOUSE of Rhode Island; the Honorable TOM UDALL of New Mexico; the Honorable JEANNE SHAHEEN of New Hampshire, and the Honorable RICHARD BLUMENTHAL of Connecticut.

The Chair, on behalf of the President pro tempore, pursuant to 22 U.S.C. 276n, appoints the following Senator as Chairman of the U.S.-China Interparliamentary Group conference during the 112th Congress: the Honorable PATTY MURRAY of Washington.

The Chair, on behalf of the Vice President, pursuant to Section 5 of Title I of Division H of Public Law 110–161, appoints the following Senator as Chairman of the U.S.-Japan Interparliamentary Group conference for the 112th Congress: the Honorable DANIEL K. INOUYE of Hawaii.

The Chair, on behalf of the Vice President, pursuant to 22 U.S.C. 276h–276k, as amended, appoints the following Senator as Chairman to the Mexico-U.S. Interparliamentary Group conference for the 112th Congress: the Honorable TOM UDALL of New Mexico.

The Chair, on behalf of the majority leader, pursuant to section 154 of Public Law 108–199, appoints the following Senator as Chairman of the Senate Delegation to the U.S.-Russia Interparliamentary Group conference during the 112th Congress: the Honorable E. BENJAMIN NELSON of Nebraska.

The Chair, on behalf of the President pro tempore, and upon the recommendation of the majority leader, pursuant to 22 U.S.C. 2761, as amended, appoints the Senator from Vermont (Mr. LEAHY) as Chairman of the Senate Delegation to the British-American Interparliamentary Group conference during the 112th Congress.

ORDERS FOR THURSDAY, FEBRUARY 3, 2011

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m. on Thursday, February 3; that following the prayer and the pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and following any leader remarks, the Senate resume consideration of Calendar No. 5, S. 223, the Federal Aviation Administration authorization bill.

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

PROGRAM

Mr. ROCKEFELLER. Mr. President, Senators should expect rollcall votes to occur throughout the day in relation to amendments to the FAA authorization bill. Senators will be notified when votes are scheduled.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. ROCKEFELLER. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 6:58 p.m., adjourned until Thursday, February 3, 2011, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

THE JUDICIARY

PAUL A. ENGELMAYER, OF NEW YORK, TO BE UNITED STATES DISTRICT JUDGE FOR THE SOUTHERN DISTRICT OF NEW YORK, VICE GERARD E. LYNCH, ELEVATED.

ARVO MIKKANEN, OF OKLAHOMA, TO BE UNITED STATES DISTRICT JUDGE FOR THE NORTHERN DISTRICT OF OKLAHOMA, VICE TERRY C. KERN, RETIRED.

FOREIGN SERVICE

THE FOLLOWING-NAMED MEMBERS OF THE FOREIGN SERVICE TO BE CONSULAR OFFICERS AND SECRETARIES IN THE DIPLOMATIC SERVICE OF THE UNITED STATES OF AMERICA:

DEPARTMENT OF STATE

IRENE ARINO DE LA RUBIA, OF FLORIDA
DAVID N. ARIZMENDI, OF FLORIDA
STEVEN R. ARNDT, OF VIRGINIA
DEANNA K. BEARDEN, OF TEXAS
ADAM RYDER BENZ, OF IOWA
DAVID J. BERGER, OF PENNSYLVANIA
ADRIENNE C. BORY, OF THE DISTRICT OF COLUMBIA
ERIN BOYER, OF NORTH CAROLINA
RACHEL CLARA BRANDENBURG, OF THE DISTRICT OF COLUMBIA
CLAIRE E. BUTLER, OF VIRGINIA
JUAN MANUEL CAMMARANO, OF VIRGINIA
JUAN CARLOS CAMPOS, OF FLORIDA
AMELIA S. CANTER, OF TEXAS
ELLIOT CARMEAN, OF PENNSYLVANIA
JOHN M. CARPENTER, OF VIRGINIA
DEAN I. CHANG, OF PENNSYLVANIA
JAMES E. DAY, OF VIRGINIA
BENJAMIN R. DILLON, OF THE DISTRICT OF COLUMBIA
DONALD CLAYTON EMERICK, OF NEW HAMPSHIRE
MARY CHRISTINE ERMEL, OF TEXAS
MAUREEN J. ETZEL, OF VIRGINIA
ALEXANDRA EVANS, OF TEXAS
MONICA SAGEBIEL EWING, OF TEXAS
SAMUEL R. FERGUSON, OF UTAH
MATTHEW STEPHEN FERRY, OF MISSOURI
KEVIN CHRISTOPHER FISHER, OF WASHINGTON
RYAN C. FOGLE, OF VIRGINIA
BENJAMIN FONG, OF TEXAS
JEFFREY DOYLE FRITTS, OF VIRGINIA
KEVIN T. FUREY, OF MONTANA
PAMELA ANN GARNER, OF FLORIDA
SEAN C. GILFILLAN, OF RHODE ISLAND
LISA BENJAMIN GOODGAME, OF TEXAS
NAIMA NILAJA MARIANA GREEN, OF OHIO
SANG KYUN HAHN, OF VIRGINIA
SARAH EMILY CALDEJON HAMILTON, OF TEXAS
CHARLES A. HENDRIX, OF MINNESOTA
EUI SOON HWANG, OF VIRGINIA
BARRY EDWIN JEFFRIES, OF VIRGINIA
ELVIN JOHN, OF TEXAS
CHRISTOPHER A. KEELEY, OF ALABAMA
ANDREW EMMETT KELLY, OF MARYLAND
DEVIN KENNINGTON, OF MARYLAND
JEFFREY KLICK, OF ILLINOIS
JOEL ERIK KNIGHT, OF NEW MEXICO
LYNN CHUANG KRAMER, OF TEXAS
MATTHEW COURTNEY LAMM, OF WASHINGTON
DANIEL K. LEE, OF CALIFORNIA
SCOTT T. LEO, OF CONNECTICUT
DAVID LINFIELD, OF FLORIDA
PETER ALBERT LOSSAU, OF NORTH CAROLINA
BENJAMIN LOWENBERG, OF WISCONSIN
DANIEL P. MADAR, OF NEVADA
BRIAN AARON MATTYS, OF NEW YORK
KERRY MCINTOSH, OF VERMONT
DAVID D. MCKAY, OF UTAH
KURT A. MEDLAND, OF VIRGINIA
KRISTIN ASHLEY MENCER, OF TENNESSEE
CHAD GREGORY MINER, OF THE DISTRICT OF COLUMBIA
JESSICA C. MURRAY, OF FLORIDA
DANE RAY MUSIL, OF KANSAS
RAY NAYLER, OF CALIFORNIA
MARY E. NEWMAN, OF FLORIDA
KEVIN RICHARD NIX, OF VIRGINIA
MAUREEN ELIZABETH O'MALLEY, OF VIRGINIA
CASSANDRA A. O'TOOLE, OF VIRGINIA
GREG PARDO III, OF TEXAS
CHARLES PARK, OF THE DISTRICT OF COLUMBIA
DAVID N. PASQUANTONIO, OF THE DISTRICT OF COLUMBIA
DONALD ALLEN PEARSON, OF VIRGINIA
LEAH H. PILLSBURY, OF CALIFORNIA
BENJAMIN C. PLATT, OF VIRGINIA
KEVIN C. PRICE, OF MARYLAND
JEFFREY R. RANDS, OF WASHINGTON
ADITYA MALIREDDY REDDY, OF VIRGINIA
REBECCA RESNIK, OF MARYLAND
CHRISTOPHER T. REYES, OF VIRGINIA
NATHAN PAUL RINGGER, OF UTAH
DAVID ANTHONY RODRIGUEZ, OF FLORIDA
TIMOTHY A. RUSSELL, OF VIRGINIA
RICHARD M. SAUNDERS, OF FLORIDA
GARY SCHUMANN, OF FLORIDA
BRADLEY SIERSDORFER, OF MARYLAND
JEFFREY HANCOCK SILLIN, OF MASSACHUSETTS
ALEXANDRA F. STEWART, OF VIRGINIA
JOHN THOMPSON, OF TEXAS
GREGORY VINSON TOLLE, OF GEORGIA
VICTORIA M. TYSZKA, OF MICHIGAN
DAVID MARK URBIA, OF MINNESOTA
SETH VAN DE VEN, OF VIRGINIA
MIMI WANG, OF PENNSYLVANIA
KEITH E. WEST, OF RHODE ISLAND
SARAH WILKENING, OF VIRGINIA
LISA M. WOLFE, OF VIRGINIA
ALICE ELIZABETH WOLFRAM, OF CALIFORNIA
DEREK WONG, OF MARYLAND
SAMUEL S. YEE, OF CALIFORNIA
HYUN YOON, OF NEW JERSEY
NADIA ZIYADEH, OF NORTH CAROLINA

THE FOLLOWING-NAMED CAREER MEMBERS OF THE SENIOR FOREIGN SERVICE OF THE DEPARTMENT OF STATE FOR PROMOTION WITHIN AND INTO THE SENIOR FOREIGN SERVICE TO THE CLASS INDICATED:

CAREER MEMBER OF THE SENIOR FOREIGN SERVICE OF THE UNITED STATES OF AMERICA, CLASS OF MINISTER-COUNSELOR, EFFECTIVE JANUARY 16, 2011:

ALAN GREELEY MISENHEIMER, OF VIRGINIA

CAREER MEMBER OF THE SENIOR FOREIGN SERVICE OF THE UNITED STATES OF AMERICA, CLASS OF COUNSELOR, EFFECTIVE JANUARY 16, 2011:

MICHAEL J. ADLER, OF MARYLAND
CHARLES KEVIN BLACKSTONE, OF VIRGINIA
ROBERT JOSEPH FAUCHER, OF TEXAS

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

SUBJECT TO QUALIFICATIONS PROVIDED BY LAW, THE FOLLOWING FOR PERMANENT APPOINTMENT TO THE GRADE INDICATED IN THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION:

To be lieutenant

JOSHUA J. SLATER
RYAN C. WATTAM
MARK K. FRYDRYCH
JUSTIN T. KEESEE
MATTHEW T. BURTON
CARL G. RHODES
TIMOTHY M. SMITH
JAMES T. FALKNER
CHRISTOPHER S. SKAPIN
CHAD M. MECKLEY
CARYN M. ZACHARIAS
MEGAN A. NADEAU
MARC E. WEEKLEY
PATRICK M. SWEENEY, III

SUBJECT TO QUALIFICATIONS PROVIDED BY LAW, THE FOLLOWING FOR PERMANENT APPOINTMENT TO THE GRADE INDICATED IN THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION:

To be lieutenant (junior grade)

AARON D. MAGGIED
MARINA O. KOSENKO
JOHANNES A. GEBAUER
DAVID B. COWAN
JASMINE L. COUSINS
MATTHEW H. O'LEARY
MICHAEL J. MARINO
LYNDSEY E. KEEN
KYLE R. JELLISON
LAURA L. GIBSON
VAN T. HELKER
CARMEN M. ALEX
MATTHEW R. FORREST
BRYAN M. BEGUN
ALBERT E. DAVISON
SARA A. SLAUGHTER
RENI L. RYDLEWICZ
JOSEPH K. CARRIER, III
ROBERT J. MITCHELL
TANNER A. SIMS
BRIAN R. KENNEDY
TAMERA J. REUL
KELLY M. SCHILL
ANTHONY J. IMBERI
DAVID O. VEJAR
MICHAEL S. SILAGI

PUBLIC HEALTH SERVICE

THE FOLLOWING CANDIDATES FOR PERSONNEL ACTION IN THE REGULAR CORPS OF THE COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE SUBJECT TO QUALIFICATIONS THEREFORE AS PROVIDED BY LAW AND REGULATIONS:

To be medical director

ERIC P. GOOSBY

To be senior surgeon

RICHARD J. BROSTROM

To be surgeon

DAVID A. DUNCAN
GLEN D. MACPHERSON
RENEE M. PAZDAN

To be senior assistant surgeon

AARTI AGARWAL
BRIAN J. BAKER
SARAH D. BENNETT
MEGHAN E. BRETT
CRISTINA V. CARDEMIL
GRACE L. CHEN
AMIT S. CHITNIS
SALLYANN M. COLEMAN-KING
TARAYN A. FAIRLIE
KATHERINE E. FLEMING
SHIKHA GARG
MELISSA R. GERHART
ALYSON B. GOODMAN
PRABHU P. GOUNDER
NEIL GUPTA
BRENDAN R.G. JACKSON
LINDSAY KIM
CANDICE K. KWAN
PATRICK D. LYNCH
ADAMMA C.N. MBA-JONES
FRANCISCO A. MEZA
TIMOTHY D. MINNIEAR
ROBYN C. NEBLETT
EKWUTOSI M. OKOROH
CHRISTOPHER S. PIROMALLI
JANELL A. ROUTH
CYRUS G. SHAHPAR
MAHESH SWAMINATHAN
AVA B. WALTON
DANA M. WOODHALL

To be dental surgeon

MARY E. WILLIARD

To be nurse officer

PENELOPE L. ADAMS
ERIC O. CARTAGENA
BARBARA S. DEL SESTO
MINDY A. GOLATT
CHARLES M. LOVELL
MEGAN S. MATTINGLY
HEATHER M. VICE

To be senior assistant nurse officer

WILLIAM C. BRENNEMAN
TRACY M. CHRIST
ANGELA L. DAVIS
LINDSAY N. HOUSTON-MCCARTER
KERRI-ANN E. JENNINGS
AMY R. KOLWAITE
WINONA L. MASQUAT
ANNE R. MCARDLE
DYANNE V. MEDINA
KATHERINE A. OCONNOR
CARRIERTHA RIGSBY
THERESA L. RODZEVIK
BEVERLY A. TIMOTHY
SHARLENE TODICHEENEY
JULIANA UPSHAW

To be assistant nurse officer

ROBERT A. BANTA
KRISTOPHER C. BYMAN
AMANDA M. HILL
SANDRA M. LAFROMBOISE
MARCHITA R. MAGBIE
LELO T. NGOMA
JEREMY D. PEACOCK
BERNADINE L. RUSSELL
JODI M. SIDES
JOANNE SPAFFORD

To be junior assistant nurse officer

TRACIE J. ASBILL
NATHAN P. CAULK
CANDREA C. CHERRY
RICHESHA C. CLARK
MICHAEL S. CRUSE
ADAM S. HORNBECK
YOLONDA S. JENKINS
KIRI E. NEVIN
COLINDA L. SOHNS
AMITY TUCKER
ABBY C. ZIEGLER

To be senior assistant engineer officer

MICHEL D. JANDA
TAMARA S. ROSBURY

To be assistant engineer officer

ABBAS Q. BANDUKWALA
JULIA C. MAJKRZAK
JASON A. SCHNEIDER
JITENDRA V. VIRANI
TRISTAN T. WOSTER

To be scientist

MICHELE P. GODWIN

To be senior assistant scientist

KAMIL E. BARBOUR

ADAM C. BJORK
EDUARDO O. CUA
ZEWDITU DEMISSIE
TAMARA J. HENDERSON
NAOMI L. HUDSON
ASHA Z. IVEY
DAWN D. MCDANIEL
TODD E. MYERS
ERIKA C. ODOM
SARA Y. TARTOF

To be assistant scientist

TIMOTHY J. CUNNINGHAM
JOANNA L. GAINES
NATASHA D. HOLLIS
JEAN Y. KO
TYLER M. SHARP

To be senior assistant environmental health officer

BRYAN E. CHRISTENSEN
COLLEEN L. GEIB

To be assistant environmental health officer

THIDA G. BUTTKE
LANDON T. WIGGINS

To be junior assistant environmental health officer

RACIO T. CARTER
MATTHEW G. DULING

To be veterinary officer

AMY E. PETERSON

To be senior assistant veterinary officer

JEFFREY T. MCCOLLUM
JENNA M. WEBECK

To be pharmacist

JOSEPH M. ALLEN
NGA T. DOAN
MALIK M. IMAM
MARK M. ISERI
LORELEI J. PIANTEDOSI
MELINDA M. WILSON
STEVEN W.K. YANG

To be senior assistant pharmacist

JOSE A. APARICIO
PHONG D. DO
JAMES S. DVORSKY
REBECCA E. GEIGER
PETER N. GOLDEN
AARON J. JOHNSON
ELIZABETH MOHAM
KHANG D. NGO
CARL OLONGO
MONICA M. REED
ASHLEE N. RIBEC
HOBART L. ROGERS, JR.

To be assistant pharmacist

KRISTIN M. ABAONZA
LINZI R. ALLEN
CHRISTINA A. ANDRADE
GOLDEN B. BERRETT
BENJAMIN R. BISHOP
STEVEN T. BIRD
MICHAEL B. BRADY
LYLE J. CANIDA
CARL B. COATS
MEGAN J. CONNELLY
CHRISTINE G. CORSER
SAMUEL T. CROPP
HONEYLIT K. CUECO
PIERRE-ALEX DUVIVIER
MARC E. GENTILE
DANEIL N. HAMIL
DONNIE L. HODGE
EVELYN N. HONG
AMY N. HOUTCHENS
JOSHUA S. HUNT
ELLIOT KLAPPERICH
JEAN M. LESTER
MOLLY M. MACDONNELL
CASSANDRA I. METU
LAWRENCE A. MOMODU
MONICA A. MUNOZ
THERESA H. NGUYEN
LINDA M. PARK
SALVATORE R. PEPE
HANNAH PHAM
ERIN M. RESSLER
TARA L. SMITH
HELEN S. STEVENS
RYAN W. STEVENS
HILLARY L. VOLSTEADT
JESSICA VOQUI
HONG VU
RACHELLE WATTS
DAVID W. WEBB IV

To be dietitian

GWENIVERE G. ROSE

To be senior assistant dietitian

FRANK J. KOCH
ROGELIO RUVALCABA

To be junior assistant dietitian

DOREEN P. CANETTI

To be senior assistant therapist

CARLA CHASE-STANDIFER
LESLIE J. HARRIS
MICHAEL R. KLUK
ALLISON H. LONGENBERGER

To be assistant therapist

CLARA V. STEVENS

To be junior assistant therapist

NGOCANH C. BUI

To be health services officer

SEAN K. BENNETT
KELLI L. BONYEAU
AMY B. CASON
KARI B. HARRIS
JANE E. OLIEN
TINA L. SCOTT

To be senior assistant health services officer

KENDALL N. BOLTON
TRICIA H. BOOKER
RYAN A. CLAIRMONT
DONNA J. CLEVENGER
ELIZABETH M. DAVIS
SABRINA DEBOSE
SYLVERA DEMAS
VALERIE T. GARDNER
SARAH A. GARRETT
MICHELLE L. GIELSKI
JESSICA GRAHAM
MALAYSIA H. GRESHAM
INDIRA M. HARRIS
LAMAR B. HENDERSON
SHARANYA M. KRISHNAN
PAUL A. LICATA
TROY B. MATTHEWS
BENOIT MIRINDI
JEMEKIA E. MORRIS-THORNTON
ALFRED MURPHY, JR.
JOSEPH R. RALPH
LUZ E.M. RIVERA
BRIAN D. ROBB
CLIFTON Y. SMITH
RYAN M. THRASHER
COLE D. WEEKS

To be assistant health services officer

VASHTI E. BOCKER
CHRISTIAN L. BULLOCK
GREGORY J. DAWSON
ANITA EDWARDS
ERIN K. GRASSO
TALA Q. HOOBAN
JAMES JONES IV
DAVID H. LEWIS
SENECA M. SMITH
MARGARET V. WHITTAKER

To be junior assistant health services officer

JOHNNA L. BLEEM
NATHAN A. BOGGS
TIMOTHY P. BRENNAN
REBECCA BRESSMAN
ASHLEY S. FROST
HELEN HERNANDEZ
ANDREW D. KLEVOS
BRANDY M. ROSE
LIZA D. SOZA
JEFFREY L. SUMTER

IN THE COAST GUARD

THE BELOW NAMED OFFICER FOR APPOINTMENT AS DEPUTY COMMANDANT FOR OPERATIONS OF THE UNITED STATES COAST GUARD, A POSITION OF IMPORTANCE AND RESPONSIBILITY IN THE U.S. COAST GUARD, TO THE GRADE INDICATED UNDER TITLE 14, U.S.C., SECTION 50:

To be vice admiral

REAR ADM. BRIAN M. SALERNO

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT AS DEPUTY COMMANDANT FOR MISSION SUPPORT OF THE UNITED STATES COAST GUARD, A POSITION OF IMPORTANCE AND RESPONSIBILITY IN THE U.S. COAST GUARD, AND TO THE GRADE INDICATED UNDER TITLE 14, U.S.C., SECTION 50:

To be vice admiral

VICE ADM. JOHN P. CURRIER

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES COAST GUARD, TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 14, U.S.C., SECTION 50:

To be vice admiral

VICE ADM. ROBERT C. PARKER

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES COAST GUARD, TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 14, U.S.C., SECTION 50:

To be vice admiral

VICE ADM. MANSON K. BROWN

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. ARLEN R. ROYALTY

IN THE MARINE CORPS

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be major general

BRIGADIER GENERAL JUAN G. AYALA
BRIGADIER GENERAL DAVID H. BERGER
BRIGADIER GENERAL WILLIAM D. BEYDLER
BRIGADIER GENERAL MARK A. BRILAKIS
BRIGADIER GENERAL MARK A. CLARK
BRIGADIER GENERAL CHARLES L. HUDSON
BRIGADIER GENERAL THOMAS M. MURRAY
BRIGADIER GENERAL LAWRENCE D. NICHOLSON
BRIGADIER GENERAL ANDREW W. O'DONNELL, JR.
BRIGADIER GENERAL ROBERT R. RUARK
BRIGADIER GENERAL GLENN M. WALTERS

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be brigadier general

COLONEL CHARLES G. CHIAROTTI
COLONEL DAVID W. COFFMAN
COLONEL THOMAS A. GORRY
COLONEL PAUL J. KENNEDY
COLONEL JOAQUIN F. MALAVET
COLONEL NIEL E. NELSON
COLONEL LORETTA E. REYNOLDS
COLONEL RUSSELL A. SANBORN
COLONEL GEORGE W. SMITH, JR.
COLONEL CRAIG Q. TIMBERLAKE
COLONEL MARK R. WISE
COLONEL DANIEL D. YOO

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

REAR ADM. JAMES P. WISECUP

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE AIR FORCE UNDER TITLE 10, U.S.C., SECTION 12203:

To be colonel

ERWIN RADER BENDER, JR.
MICHAEL G. ELLIOTT
CATHERINE A. HALLETT

THE FOLLOWING NAMED INDIVIDUALS FOR APPOINTMENT TO THE GRADES INDICATED IN THE REGULAR AIR FORCE UNDER TITLE 10, U.S.C., SECTION 531(A):

To be lieutenant colonel

DAVID M. CRAWFORD

To be major

FORREST JELLISON
KRISTEN C. STILLE
KATHRYN F. SULLIVAN
UYEN P. VIETJE
JAMES H. WALSH

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE AIR FORCE UNDER TITLE 10, U.S.C., SECTION 12203:

To be colonel

RICHARD T. ALDRIDGE
CONNIE L. ALLEN
CHRISTOPHER T. AMEND
DALE C. ANDREWS
MICHAEL A. ASSID
ALONNA D. BARNHART
EDWARD T. BARRETT
MICHAEL S. BENDING
SUZANNE BERGMEISTER
DAVID KEITH BERKOWITZ
WILLIAM MARCY BERKSTRESSER
DANIEL S. BLUE
MICHAEL LEON BONNER
BRIAN K. BORGEN
JOHN M. BREAZEALE
ROBERT E. BRINLEY, JR.
CARL DANE BRUNNER
DARREN JOHN BUCK
BETTY J. BULLINGTON
MATTHEW J. BURGER
RAINER ERWIN BURGER
AUDREY CATHRINE BURKEL
MICHAEL P. BURNS
TIMOTHY E. BUSCH
JERRY C. BYARS, JR.
DAVID A. CARLISLE
COLIN N. CARR
MICHAEL E. CLARK
CHARLES M. COMBS
BRYAN E. COOK
THOMAS L.S. COOK
STEPHANIE A. COURTOIS
HECTOR L. CRUZ
MICHAEL CZAJKA
WILLIAM R. CZYZEWSKI
BRIAN S. DAVIS

BRIDGET FRANCES DAVIS
MARK E. DAVIS
PETER F. DEFREECE
RICKY C. DENMAN
GARY L. DRAKE
DOUGLAS A. DRAKELEY
KURT E. DRISKILL
DOUGLAS P. DUNBAR
JOHN M. EMMERT
BRAD C. FELLING
LAWRENCE M. FELTMAN
BRUCE E. FINLEY
JAMES J. FONTANELLA
DONALD B. FORRER
DALE M. FOX
BRENT E. FRENCH
KURT J. GALLEGOS
DAVID P. GARFIELD
RICHARD D. GAY
MICHAEL J. GEYSER
JAY SCOTT GOLDSTEIN
DANIEL J. GORMLEY
BART A. GRAY
JAMES L. GREGORY II
KERRI O. GRIMES
CHRISTOPHER J. GUNDERSON
MARK S. GUNZELMAN
KENNETH D. HAMILL
TERESA A. HAMLIN
JOHN PATRICK HEALY
RANDY A. HELBACH
JOSEPH B. HEROLD
VICTOR GUZMAN HERRERA
JEFFREY S. HINRICHS
SCHEID P. HODGES
LARRY W. HUBLER, JR.
JULIE B. HUDSON
JENNIFER L. HUGHES
WILLIAM S. HUGHES
CHARLES A. HURRY
DAVID W. HUTCHINSON
MARSHALL S. IRVIN, JR.
BRUCE K. JOHNSON
SHARON M. JOHNSON
CRAIG R. JONES
JOSEPH C. JONES
KIMBERLY L. KENDALL
JACK T. KNIGHT, JR.
JEFFREY R. KOLB
DAVID KOLTERMANN
WILLIAM R. KOUNTZ, JR.
GRETCHEN M. KURLANDER
JAMES R. LACKEY
BRET C. LARSON
JOHN M. LARSON
TODD R. LAUGHMAN
WILLIAM A. LEAKE
GREGORY D. LEE
JOHNNY E. LINDSEY
RALPH W. LUNT
WILLIAM A. LYONS
JAMES D. MACAULAY
MARK T. MAIN
WILLIAM C. MARRS
SCOTT G. MCCAULEY
EDWARD FITZGERALD MEYER
PAUL A. MEYER
KATHLEEN R. MIKKELSON
RONALD L. MILLIGAN
STEPHEN J. MITCHELL
JEFFORY P. MOORE
BRIDGET A. MOORMAN
MARK E. MOYER
ROBERT JOHN MOYNIHAN
DAVID RUSSELL NELSON
CHRISTOPHER F. NICK
MICHAEL R. OLSON
DOUGLAS A. OTTINGER
BOYD C. L. PARKER IV
LOUIS A. PATRIQUIN II
KIRK S. PEDDICORD
JAMIE C. PEOPLES
MICHAEL W. PIETRUCHA
JACQUELINE P. PINKHAM
JOSEPH M. POTTS
RANDALL C. PUHRMANN
BRYAN J. REINHART
SCOTT H. REMINGTON
ROBERT C. RHODEN
RICHARD B. RISNER
DANNY J. ROBB
STEFANIE M. ROBERTS
KIMBERLY ANNE ROBINSON
DAVID RODRIGUEZ
HAROLD EUGENE ROGERS, JR.
WILLIAM JOHN ROLOCUT
BARRY D. RUSSELL
MICHELLE R. RYAN
PATRICK H. RYAN
CHRISTOPHER J. SABO
JONATHAN J. SANDERS
KENNETH G. SAUNDERS
BARON L. SAVAGE
KENNETH W. SHARPE
TRACEY A. SIEMS
JOHN R. SIMEONI
ALAN N. SIMS
ROBYN L. SLADE
JOHN P. SOTHAM
DEAN C. SPAHR
ROY MORGAN STANLEY
CAROLYN D. STEPHENS
BRUCE W. STEPHENSON
DAWN M. SUITOR
TIMOTHY M. SUTTLES
DARRYL S. TAYLOR
ALAN C. THERIAULT
JEFFERY N. THURSTIN
MATTHEW W. TOWERS
CRAIG A. TRAMMELL
RAYMOND TSUI
JEFFREY A. VANDOOTINGH
CHARLES E. VANDRUFF
ARTHUR L. VANHOUTEN III
SHEILA LLYN K. VANNEDERVEEN
CHARLES A. VANSLOTEN
TROY D. VOKES
PATRICK M. WADE
LARRY J. WALKER, JR.
DAWN M. WALLACE
KEITH T. WESLEY
MARK W. WILBANKS
JEROME WILLIAMS
JOEL F. WINTON
MICHAEL B. WOOD
RICHARD S. WRIGHT
LISA A. YACOUB
CHRISTOPHER F. YANCY
VICKY J. ZIMMERMAN

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR REGULAR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY JUDGE ADVOCATE GENERAL'S CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

To be lieutenant colonel

SEBASTIAN A. EDWARDS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 4336(A):

To be colonel

GREGORY R. EBNER

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be colonel

CURTIS O. BOHLMAN, JR.
SAUL A. FERRER
WILLIAM D. GRIFFIN
JANICE E. KING
LAWRENCE R. POWELL
MARTIN E. POWELL
ROBERT A. PREISS
THOMAS R. RASMUSSEN
JUAN A. RIVERA
ROBERT C. SMOTHERS

IN THE MARINE CORPS

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

DANIEL A. SIERRA

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

TIMOTHY E. LEMASTER

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

ANGELLA M. LAWRENCE

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

DAX HAMMERS
DAVID STEVENS

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

RICHARD MARTINEZ
JAMES P. STOCKWELL

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

WILLIAM FRAZIER, JR.
JASON G. LACIS
KEITH J. LUZBETAK
MICHAEL A. NOLAN

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

DOUGLAS R. CUNNINGHAM
JOSEPH M. FLYNN
LEROY J. HESSNER
DARREN R. JESTER

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

JAMES E. HARDY, JR.
DARRYN H. LINDSEY
JOSHUA B. ROBERTS
JAMES C. ROSE

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

CONRAD G. ALSTON
KENNETH W. BURTON, JR.
MARK A. RATLEDGE
TRACY L. SAMPSON
LEWIS E. SHEMERY III

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

DAVID M. ADAMS
JUNIOR L. LOGAN
CLIFF D. MRKVICKA
DONALD E. REID, JR.
MICHAEL C. ROGERS

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

STEFAN R. BROWNING
BRYAN J. CALDWELL
JOHN C. GELTMACHER
CASEY L. MCKINNEY
RUSSELL G. PHILBRICK, JR.
STEVE R. TRASK

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

JOEL T. CARPENTER
JAMES B. CHILDRESS
RAYMOND W. HOWARD
JOSEPH C. LINDSEY III
LUIS A. MARIN
MARTY A. MESSER
RANDAL J. PARKAN

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

ROGER N. RUDD

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

LOWELL W. SCHWEICKART, JR.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

KATRINA GASKILL

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

MICHAEL R. CIRILLO

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

SEAN J. COLLINS
JOHN L. MYRKA

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

PETER G. BAILIFF
TIMOTHY D. SECHREST

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

WILLIAM H. BARLOW
GUY E. COOLEY
DANNY R. MORALES

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

JEFFREY S. FORBES

THE FOLLOWING NAMED LIMITED DUTY OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

JAMES H. GLASS

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be captain

RICHELLE L. KAY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be captain

STEVEN M. WECHSLER

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be commander

FERNANDO HARRIS

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 531:

To be lieutenant commander

CHRIS W. CZAPLAK
ANGELA J. TANG

THE FOLLOWING NAMED OFFICER FOR TEMPORARY APPOINTMENT TO THE GRADE INDICATED IN THE U.S. NAVY UNDER TITLE 10, U.S.C., SECTION 5721:

To be lieutenant commander

SCOTT D. SCHERER

THE FOLLOWING NAMED INDIVIDUALS FOR APPOINTMENT TO THE GRADES INDICATED IN THE REGULAR NAVY UNDER TITLE 10, U.S.C., SECTION 531:

To be commander

CARLOS E. MOREYRA

To be lieutenant commander

WILLIAM N. BRASSWELL

THE FOLLOWING NAMED OFFICERS FOR TEMPORARY APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 5721:

To be lieutenant commander

DAVID Q. BAUGHIER
CHRISTOPHER E. BLAIS
MICHAEL G. CHARNOTA
GREGORY J. CROSBY
CHRISTOPHER B. DORSEY
TELLIS A. FEARS
WILLIAM J. FIACK
JEFFREY GARCIA
CHARLES C. GASTON
KEVIN C. GORECKE
JONATHAN M. GUIDRY
MICHAEL W. KESSLER
CHRISTOPHER T. KONA
MICHAEL J. KOS
WAYNE C. LEFEBVRE
JOSHUA L. LUSK
JESSE M. MAYNOR
CHARLES G. MCDERMOTT
LOUIS P. MCFADDEN III
JON A. MILLER
KEVIN M. MOELLER
JOSEPH T. MORRISON
PATRICIA A. PALMER
TIMOTHY M. PRATT
MICHAEL T. RICE
NICHOLAS E. SAFLUND
ERIC C. SKALSKI
GREGORY L. TAYLOR
PATRICK A. WEED
JOHN C. WIEDMANN III

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be captain

STEPHEN K. REVELAS

IN THE MARINE CORPS

THE FOLLOWING NAMED LIMITED DUTY OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S. C., SECTION 624:

To be major

TIMOTHY M. CALLAHAN
STEVEN R. LUCAS
JAMES N. SHELSTAD