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# House of Representatives

The House was not in session today. Its next meeting will be held on Saturday, December 19, 2009, at noon.

# Senate

FRIDAY, DECEMBER 18, 2009

The Senate met at 11 a.m. and was called to order by the Honorable MARK R. WARNER, a Senator from the Commonwealth of Virginia.

## RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

## DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2010

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the House message with respect to H.R. 3326, which the clerk will report.

The assistant legislative clerk read as follows:

House message to accompany H.R. 3326, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Reid motion to concur in the amendment of the House to the amendment of the Senate to the bill.

**NOTICE**

If the 111th Congress, 1st Session, adjourns sine die on or before December 23, 2009, a final issue of the *Congressional Record* for the 111th Congress, 1st Session, will be published on Thursday, December 31, 2009, to permit Members to insert statements.

All material for insertion must be signed by the Member and delivered to the respective offices of the Official Reporters of Debates (Room HT–59 or S–123 of the Capitol), Monday through Friday, between the hours of 10:00 a.m. and 3:00 p.m. through Wednesday, December 30. The final issue will be dated Thursday, December 31, 2009, and will be delivered on Monday, January 4, 2010.

None of the material printed in the final issue of the *Congressional Record* may contain subject matter, or relate to any event, that occurred after the sine die date.

Senators' statements should also be formatted according to the instructions at http://webster/secretary/cong__record.pdf, and submitted electronically, either on a disk to accompany the signed statement, or by e-mail to the Official Reporters of Debates at "Record@Sec.Senate.gov".

Members of the House of Representatives' statements may also be submitted electronically by e-mail, to accompany the signed statement, and formatted according to the instructions for the Extensions of Remarks template at http://clerk.house.gov/forms. The Official Reporters will transmit to GPO the template formatted electronic file only after receipt of, and authentication with, the hard copy, and signed manuscript. Deliver statements to the Official Reporters in Room HT–59.

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By order of the Joint Committee on Printing.

CHARLES E. SCHUMER, *Chairman.*

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



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Reid motion to concur in the amendment of the House to the amendment of the Senate with amendment No. 3248 (to the House amendment to the Senate amendment), to change the enactment date.

Reid amendment No. 3252 (to Reid amendment No. 3248), to change the enactment date.

The PRESIDING OFFICER. Under the previous order, the time until 12 noon shall be equally divided and controlled between the two leaders or their designees, with Senators permitted to speak for up to 10 minutes each.

RECOGNITION OF THE ACTING MAJORITY LEADER

The PRESIDING OFFICER. The Senator from Illinois is recognized.

SCHEDULE

Mr. DURBIN. Mr. President, following leader remarks, the Senate will resume the House message with respect to H.R. 3326, the Department of Defense Appropriations Act. The time until 12 o'clock, as the Chair has mentioned, will be equally divided and controlled between the two leaders or their designees, and I have been designated by the majority leader. The time from 12 until 4 p.m. will be equally divided and controlled in 30-minute alternating blocks of time, with the Republicans controlling the first block and the majority controlling the next block.

If we are required to use all 30 hours of postcloture debate time, the vote on the motion to concur with respect to the Defense bill will occur around 7:30 a.m. tomorrow morning. Senators are encouraged to plan accordingly in light of an anticipated winter storm expected to hit the Washington, DC area and Virginia tonight and tomorrow morning.

MEASURE PLACED ON THE CALENDAR—H.R. 4314

Mr. President, I understand that H.R. 4314 is at the desk and due for a second reading.

The PRESIDING OFFICER. The clerk will read the title of the bill for the second time.

The assistant legislative clerk read as follows:

A bill (H.R. 4314) to permit continued financing of Government operation.

Mr. DURBIN. Mr. President, I now object to any further proceedings at this time.

The PRESIDING OFFICER. Objection is heard.

The bill will be placed on the calendar.

The Senator from Illinois.

Mr. DURBIN. Mr. President, pursuant to the unanimous consent agreement, we now have time equally divided for the next 60 minutes between the Republican side and the Democratic side.

I see the Senator from Indiana is on the Senate floor, and certainly, if he is prepared to speak and could give me an indication of the time he will use to speak, I would appreciate it.

Mr. LUGAR. Mr. President, in response to the distinguished Senator, I would like to speak for 10 minutes, perhaps 12 minutes.

Mr. DURBIN. Well, I would say, in response to my friend from Indiana, that 30 minutes of the 1 hour between now and noon but for leader time—and I see your leader has taken the floor—is given to the minority, and I will yield to the Senator from Indiana, unless the minority leader is prepared to speak at this point.

I yield to the Senator from Indiana.

Mr. LUGAR. I thank the distinguished Senator.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. LUGAR. Mr. President, as we debate the Defense appropriations bill, I want to take the opportunity to update my colleagues on the activities of the Nunn-Lugar Cooperative Threat Reduction Program that is funded in this bill. I am very pleased that the Defense appropriations bill contains $424.1 million for the Nunn-Lugar program this year. This amount of funding will ensure the continuation of current Nunn-Lugar projects and will permit Nunn-Lugar to take on new tasks in new countries, principally in the area of biological threat reduction.

Eighteen years ago, Senator Sam Nunn and I, along with a bipartisan group of legislators, in the last hours of that 1991 session, determined that our government had to address the proliferation threats posed by the dissolution of the Soviet Union. In the waning days of the 1991 congressional year, we passed legislation establishing the Nunn-Lugar Cooperative Threat Reduction Program, which devotes American technical expertise and money for joint efforts to safeguard and destroy materials and weapons of mass destruction. Since that time, the program has amassed an impressive list of accomplishments in the former Soviet Union, and it has been expanded to address weapons of mass destruction contingencies around the globe.

I have devoted much time and effort to overseeing and accelerating the Nunn-Lugar program. Uncounted individuals of great dedication serving on the ground in the former Soviet Union and in our government have made this program work. We have shared many productive adventures in locations and circumstances that few Americans have ever experienced. From snowy runaways at former Soviet bomber bases to biological weapons labs in Georgia; from the chemical weapon destruction facility in Siberia to submarine bases on the Kola Peninsula; from former nuclear weapons test sites in Kazakhstan to the mountains of Albania, it has been my privilege to support the talented professionals of the Defense Department and other agencies in reducing threats facing our country. I continue to be impressed by their commitment to the mission and their ingenuity in finding creative solutions to seemingly impossible tasks.

Much of this work has been done outside the public eye. This is not to say that nonproliferation activities have lacked public support. Congressional votes have consistently backed funding for Nunn-Lugar and other nonproliferation projects. But few Members of Congress or American citizens fully understand the contributions that threat reduction programs have made to the United States and global security.

During my conversations with Hoosiers and others around the country, I do my best to explain what is happening on the ground in Russia and many other locations. I put out monthly press releases describing exactly how many weapons were destroyed in the previous month. My office displays a large representation of the Nunn-Lugar scorecard and numerous photos and artifacts from my visits to weapon elimination sites. But, understandably, threat reduction programs rarely make headlines. We are engaged in an endeavor in which notoriety is likely to come if something goes wrong—if materials or weapons of mass destruction are not contained in some instance. This makes for an exceptionally painstaking standard that must be met day in and day out.

As of this month, the Nunn-Lugar program has dismantled 7,514 nuclear warheads, destroyed 768 intercontinental ballistic missiles, eliminated 498 ICBM sites, eliminated 155 bombers, destroyed 651 submarine launched ballistic missiles, dismantled 32 nuclear submarines, and destroyed 960 metric tons of chemical weapons.

Together, the United States and Russia have eliminated more nuclear weapons than the combined arsenals of the United Kingdom, France, and China. In addition, American and Russian experts have worked together to remove nuclear material from vulnerable locations around the world and to secure it in Russia. In 2008, the last of the nuclear warhead storage facilities identified under the Bratislava Agreement received safety and security upgrades. In May 2009, the chemical weapons destruction facility at Shchuchye began its important work of destroying 2 million chemical munitions.

I would point out, Mr. President, that in the case of each one of these shells, a hole is drilled in the bottom of the shell. The nerve gas is carefully extracted, bituminized, and placed in the ground, we hope, forever.

Despite these successes, some question why we should continue our work in Russia given recent strains in the United States-Russian relationship. I believe that both the United States and Russia must accept the fact that we need each other. Kremlin rhetoric will swing from one end of the strategic spectrum to the other. Projects will be on and then off. Our frustration level sometimes will be high. But we must not lose patience or miss the possibilities of cooperative threat reduction. We should recall that the Nunn-Lugar program was created to safeguard U.S. national security interests, and those interests exist regardless of the state of our relationship with Russia. It is also vital that we understand the

verification utility of the Nunn-Lugar program, which provides for American technicians on the ground in Russia, systematically destroying Russian weaponry. The cooperative links established by such activity and the confidence-building value inherent in our on-site presence are assets of incalculable value.

Beyond Russia, it is vital that we break new ground in safeguarding and destroying weapons of mass destruction. I have never considered the Nunn-Lugar Act to be merely a program, or a funding source, or a set of agreements. Rather, it is an engine of nonproliferation cooperation and expertise that can be applied around the world. And it is a concept through which we, as leaders, are responsible for the welfare of our children and grandchildren, as we attempt to take control of the global threat.

The United States must send the clear message that we are willing to go anywhere to prevent the proliferation of weapons of mass destruction. New opportunities for partnership must be pursued creatively and relentlessly. Some may say that we cannot forge cooperative nonproliferation programs with the most troublesome nations. But the Nunn-Lugar program has demonstrated that the threat of weapons of mass destruction can lead to extraordinary outcomes based on mutual interest. No one would have predicted in the 1980s that Americans and Russians would be working together to destroy weapons in the former Soviet Union. Taking the long view, a satisfactory level of accountability, transparency, and safety must be established in every nation with a weapons of mass destruction program.

This year, Congress enhanced our government's ability to pursue this goal by including language from the Nunn-Lugar Cooperative Threat Reduction Improvement Act of 2009 in the 2010 Defense authorization bill. These provisions give the Nunn-Lugar program additional flexibility to meet unexpected threats in locations around the world in which certain laws would bar the use of such funds. They provide the Defense Department with the authority to spend up to 10 percent of annual Nunn-Lugar program funds notwithstanding any other law to meet urgent proliferation threats. The Defense authorization bill also included important authority that allows the Secretary of Defense to accept contributions from foreign governments, international organizations, multinational entities, and other entities for activities carried out under the Nunn-Lugar program.

The Nunn-Lugar program has made tremendous progress on the destruction and dismantlement of massive Soviet weapons systems and the facilities that developed them. But in the future, the program will be asked to address much more complex and diverse security threats in a large number of countries.

I believe the proliferation of weapons of mass destruction remains the No. 1 national security threat facing the United States and the international community. Over the years, I have described international cooperation in addressing threats posed by weapons of mass destruction as a ''window of opportunity.'' We never know how long that window will remain open. We must eliminate those conditions that restrict us or delay our ability to act. The United States has the technical expertise and the diplomatic standing to dramatically benefit international security. American leaders must ensure that we have the political will and the resources to implement programs devoted to these ends. The funds in this bill are vital to these efforts, and I thank the Appropriations Committee for its thoughtful attention to this issue.

Mr. President, I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Republican leader is recognized.

HEALTH CARE REFORM

Mr. MCCONNELL. Mr. President, the majority leader has signaled that he will finally unveil the most significant piece of domestic legislation in modern history sometime on Saturday—and force a vote in the middle of the night about 36 hours later. This is truly outrageous.

This will be a bill that none of my constituents have seen, that none of the majority leader's constituents have seen, that none of you have seen, and that nobody outside the Capitol has seen.

You can fit into a phone booth the number of people who have seen this bill that will affect the lives of every single American in the most profound ways.

Every American should have an opportunity to know what their Senators are being asked to vote on before anyone can see it. I doubt if anyone in this Chamber could come down here and defend the secrecy surrounding this bill.

Earlier this week, the President said:

> I think it is important for every single Member of the Senate to take a careful look at what is in this bill.

Unfortunately, there is no bill to read. Let me repeat: There is literally no bill to inspect. Even Senator DURBIN, my good friend from Illinois who is here on the floor, the second in command on the Democratic side, admits he hasn't seen the details of the bill.

The only thing we know for sure about this bill is that it will raise taxes, raise premiums, and slash Medicare. That much we know for sure. The Medicare cuts will be nearly $½ trillion to pay for a vast expansion of government into health care that an overwhelming majority of Americans we now know oppose.

That is what is at the heart of this bill no one has seen yet. So we may not know all the details, but we already know this bill can't be fixed, and we know Americans are outraged by what has happened in this debate. A bill that was supposed to lower costs and lower taxes and lower premiums will actually raise all three, making existing problems not better but worse. It is not too late to start over and deliver the reform Americans want—the step-by-step reforms we know would actually lower health care costs.

The majority knows this bill is a colossal legislative blunder. That is why they are rushing it through. That is why the only argument they are left with is a call to history. Well, history will be made either way, and this much is clear: Passing this bill in this way would be an historic mistake that those who support it will come to regret.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, this is the bill that is before the Senate. It is 2,074 pages. It has been on the Internet now for 3 weeks in its entirety. You cannot only read it on the Democratic Senate Web site, you can read it on the Republican Senate Web site. So one might ask: Well, where is the Republican comprehensive health care reform bill? It is not to be found—not on the floor of the Senate, not on the Web site—because it doesn't exist.

After 1 year of debate about America's health care system, the Republicans in the Senate have failed to produce any legislation that has gone through the scrutiny this legislation has faced in terms of its impact on America, its impact on our budget. They are emptyhanded. What they bring to us on the floor of the Senate are speeches, press releases, charts, and graphs, and an occasional criticism. I say ''occasional'' because for 19 days on the Senate floor we have debated this measure—comprehensive health care reform—and let's take a look at the RECORD after 19 days of debate on the floor of the Senate.

The Republicans in the Senate—there are 40 of them—have offered four amendments to the bill in 19 days. Four amendments. Oh, and they have offered six motions to take the bill off the floor and send it back to committee. They have looked at this—and you heard the minority leader and his criticism of this measure—and found four things they are willing to bring before the Senate to change. It doesn't strike me that this is a good-faith effort to try to bring us to closure in a bipartisan way. Instead, what we hear from the Republican side of the aisle in addition to only four specific amendments over 19 days is: We haven't had enough time to offer amendments. Nineteen days, four amendments.

I guess some of us are reaching advanced stages in life and in age and maybe we don't have the energy we once did, but I honestly believe that even the Senate could come up with one amendment a day on health care reform, but the Republicans have come

up with four over 19 days. It tells us one of two things: Either this is hard work and they are not up to it or they like the current system of health care; and if they do, I would like them to defend the current system of health care. I would like for them to try to explain in their States what I have found in my State. Instead of soaring rhetoric and abstractions, let's get down to specifics.

This is a gentleman who lives in Evanston, IL, named David Buckley. Evanston is a great town just north of Chicago. I enjoy going up there and I have a lot of friends there. David had insurance when he needed it, but it ended up costing him his financial health. He is a freelance videographer. He was paying $4,500 a year for health insurance when he was diagnosed with cancer at the age of 48. David Buckley had a prompt surgery followed by chemotherapy and radiation. He managed to rid his body of cancer. But that battle ended and another battle began.

David's insurance company agreed to cover his cancer treatment but only after 3 solid months of investigations of his application for health insurance to determine whether they could find in that application a preexisting condition which would eliminate any responsibility to pay for David's bills. They couldn't. After covering his cancer treatment costs, they did the next thing that insurance companies do: They raised his premiums, and they didn't just raise them a little bit. In the year following his cancer diagnosis, David's insurance rates went up 80 percent, and that was just the beginning. Within 7 years, David was paying $28,000 a year in premiums. He had gone from roughly $400 a month to more than $2,000 a month in 7 years. He had a $2,500 deductible, not to mention out-of-pocket expenses. He is self-employed, makes a decent living—about $70,000 a year—but imagine taking $2,000 out of your paycheck every month just for health insurance. He tried.

Incidentally, 12 days after his surgery, David, who is not lazy by any measure, flew into a war zone to shoot video. He was still wearing a chemo pump when he arrived for work. He pushes himself to pay his bills, but it has been a losing battle. What started as a $5,000 debt in the year 2000 grew to a $70,000 debt by 2003 and a large portion of it came from medical bills. David said:

> I thought the point of having insurance was to keep you out of bankruptcy, not put you in it.

It is a valid point. Insurance is meant to be a promise of protection, but for too many people it isn't enough. For David, the high costs and ballooning debt led him to drop his health insurance last year. Think about that. He battled cancer and won, and you know once you have been through that life experience, you are always vigilant. You need the best care to make certain that anything that recurs is caught early, but David had to walk away from health insurance coverage because he couldn't afford it. He decided it was health care or saving for retirement or meeting the costs of living. He is in his late 50s and he is worried about the years when he won't be able to work.

Health reform is going to help people like David—people who have insurance but still find themselves vulnerable to financial ruin. It will stop insurance companies from running the rates up sky high when you get sick. For those with employer-sponsored, large-group coverage, it will provide access to a broader insurance pool where costs will be pooled and spread.

Health reform will hold insurance companies to annual caps on how much they can charge for out-of-pocket expenses.

Think about the battle this man went through and won over cancer and then went to battle with his health insurance company. It is not unusual. It happens every day. This bill, which has been criticized by those on the other side of the aisle, will give David and others like him a fighting chance.

Let me tell my colleagues about another person. This is an interesting story. Valerie, this beautiful young woman, is from Arlington Heights, IL. She is a student, a doctoral student studying biochemistry at Cambridge University in England. When she was 4 years old, Valerie was diagnosed with type 1 diabetes. She decided early in life that she wasn't going to let her diabetes stop her career ambition. She couldn't become an artist or an entrepreneur; she knew she needed a stable job because she always needed to have health care. She had diabetes. Now, at 24, this brilliant young scientist, this doctoral candidate, worries that her diabetes and what she calls the ''broken, insecure U.S. health system'' will keep her from returning to the United States from England and using her skills to help her home country.

To control her disease, Valerie needs a lot of medical service, including regular doctor visits and insulin shots. For most of her life, her medical care was paid for by her parents, but those of us who raise children know what happens next. Most health care plans we have for our families cut off our kids at age 24, and that is Valerie's age. However, Valerie is going to school in England. If you listen to some of the criticisms on the floor here about England and Canada and other nations that approach health care differently, you might have an impression in your mind about what that means to be living in a country such as that.

Valerie, because she is a student at Cambridge in England, receives free health care through England's national health service that she says is as good or better than anything she had in the United States. In addition to free doctor visits, insulin, and syringes, her care includes regular contact with a dietician and an endocrinologist, also free of charge.

These medical professionals have encouraged Valerie to take a more active role in managing her own disease and she is in better health now than she has been for years. Eventually she hopes to open her own laboratory where she can use her great education and skills to continue research in mitochondrial biology and develop treatments and cures for disease. Valerie worries about whether she will be able to do that if she came back to the United States, and here is what she said:

> As long as the same broken, insecure health system remains in place, I see little incentive to come home to the United States with my talents and experience.

We can't afford to lose talented scientists such as Valerie who one day might find a cure for a disease such as Parkinson's. We are the only industrialized Nation in the world where people can die for lack of health insurance, and that is a fact: 45,000 a year. They can't get the care they need to stay healthy and they lose their lives. If we don't change this system, if we don't reform it, we stand to lose talented people and we also stand to lose valuable lives.

The last person I want my colleagues to see is a friend of mine, Dale Mizeur. Dale lives in Blue Mound, IL. The Mizeur family is well-known in my part of the world. I think I have met them all, and they are a big family. Over the years, I have visited with them in their homes and in their home towns. Blue Mound is a little town south of Decatur, IL, 1,100 people. Everybody knows one another. They are all neighbors and friends. Most of them go to church together and have their community picnics; a great small town in Midwestern America. There are a lot of farmers there. There are retired factory workers from the Caterpillar plants up in Decatur and a lot of folks who like living in a small town. This used to be a thriving area. It has struggled with changes in manufacturing and changes in our economy, but it is a close-knit community.

Dale Mizeur lives there. He was born in Owaneco 61 years ago. He was a hard worker at a Cat plant up in Decatur for 32 years. He decided to retire 11 years ago. Based on a simple calculation, he was told he would have a modest pension and his health care costs would be covered in his union contract.

In the time since he retired, his expectations haven't been met. A difficult economy and new contract negotiations up in Decatur have resulted in the erosion of Dale's union health care coverage. As a result, he now has to spend more of his pension on filling the gaps in his reduced health care coverage. His monthly premiums have skyrocketed from nothing when he first retired to almost $400 a month, and that is 20 percent of his pension check. In addition to these premiums, the quality of his coverage has gone down. What was once a generous health care plan has such high out-of-pocket

costs that Dale questions whether he can afford to stay with it.

He is like most Americans; he doesn't worry about his health until he needs to do something about it. During the early years of his retirement when his insurance coverage was rock solid, he considered himself healthy and never saw the need to use it. But we all get a little older, our bodies aren't what they used to be, and things have changed for Dale. A few weeks ago he noticed some pain in his chest, some dizziness that was too noticeable to ignore. He saw his doctor who told him to go to the emergency room. He fretted about what this was going to cost him, but he went anyway. Thankfully, Dale is physically OK, but economically and emotionally is another story.

Last week, Dale received his bill from the ER. His own personal out-of-pocket expense: $600. He now has to figure out how he is going to pay that bill out of his pension. What other expenses will he have to delay? What about the mortgage and utility bills? He has to worry about the costs he will endure next time.

Dale and his wife live on a fixed income. As I said, he is 61 years old. The money that comes in each month is accounted for and there isn't a lot of wiggle room.

He is contemplating coming out of retirement after 11 years, primarily because he can't make ends meet and because of medical expenses. This isn't a very good economy for a 61-year-old retired factory worker to look for a job. He is one of the many early retirees who have found that health care costs threaten their financial stability. The unlucky ones lost their health care coverage completely, perhaps because their employer has gone bankrupt. Even those such as Dale, who still has coverage, are finding themselves in a much more precarious situation than they expected.

I tell these stories because they are real-life stories of people I have either met or come to know because they have contacted our office. I listened to the minority leader come and say: Stop the presses, stop the debate, stop moving forward in this effort to have real health care reform in America. The minority leader, from Kentucky, said we need to start over.

We have been starting over on health care for decades. We have never reached the finish line because there are always obstacles in our path. Right now, the obstacle is bringing this matter to a vote. Why were we in session at 1 a.m. this morning casting a vote? Because the Republican side of the aisle is determined that, regardless of the issue, they are going to stop us from bringing this matter to a debate and vote. They don't want us to have a vote on this. They don't want us to make a decision. They don't want to be on the record.

That is unfortunate. The bill they have chosen to filibuster—the one before us in the Senate—is a bill that should have no controversy whatsoever. It is a bill to fund our troops. It is the Department of Defense appropriations bill. Can you imagine, in the midst of a war, when the bravest men and women in our Nation are risking their lives at war, the Republicans are filibustering the bill to pay their salaries, the bill to pay for the equipment they need to stay safe, the bill to pay for the medical care of these soldiers, sailors, airmen, marines, and their families. It is unthinkable.

This is a bill that passed over in the House of Representatives overwhelmingly. I think the number was 394 to 35, and 164 Republicans voted for it because we want to stand behind our troops.

Last night, only 3 Republican Senators out of 40 would step up and say we should go forward on this bill—only 3. The rest of them, led by the minority leader and the minority whip, said we will stop this bill if this is the only way we can stop the health care debate. Why did they pick this bill of all bills—a bill where we should be standing in solidarity behind our troops, and we now have split into partisan camps.

There is nothing partisan about standing behind our troops. That vote early in the morning, unfortunately, was very partisan. There is also a provision in the bill that deals with the unemployed in America.

We want to go home. I want to go home. I called my wife this morning. I have been here 3 straight weeks now, and it looks like there is another week to follow before the holidays and Christmas. I don't like this. You give up a lot in this job. There are certain pieces of my family life I hold dear, and this is one of them—to be back home for Christmas, not just at the last minute but to be there, and it doesn't look like we will be able to do that. The Republicans decided they will use every political and parliamentary device possible to delay this vote. So we will do nothing today because we are running the clock out under the procedures of the Senate, and then we will meet at 7:30 tomorrow morning and have several votes on this Department of Defense appropriations bill, which should have been passed instantly when we received it from the House of Representatives. Then we will start the clock running again to move toward a vote on health care reform.

Why? Let's be honest. We ought to bring this matter up for a vote and see if we, in fact, have 60 votes on this side of the aisle. I hope we do. We are working on it. The reason I am here and the majority leader is not is because he is working, at this very moment, to bring those 60 votes together. Instead, the Republicans have said they are going to do everything possible, including asking Members to stay here Christmas Eve and Christmas Day, in order to stop this vote on health care reform. That is unfortunate.

Let me tell you the bottom line of what this bill does for America. This bill is not perfect, and no bill we ever consider is. This bill, first, is the biggest deficit reduction ever introduced on the Senate floor. If we bring down health care costs, it not only will help families and businesses but even our Federal Government. As we bring down the increase in the cost in health care, Medicare for seniors will cost less to the government. The same thing is true of Medicaid, the health insurance program for the poor and disabled.

First and foremost, CBO tells us this bill, at a time when we have great national debt, will actually bring down America's debt $130 billion in the first 10 years and $650 billion more in the next 10 years. So it is a fiscally responsible bill. That is what President Obama challenged us to do: If you are going to pass health care reform, don't do it at the expense of the next generation. Pay for it.

We do. We more than pay for it. We also reduce the cost of government in the process. The second thing the bill does is start to bring down health care costs. It does it in a variety of different ways. I wish it were bringing it down faster. I commend the Presiding Officer, the Senator from Virginia, Mr. WARNER, who joined with a group of freshman Democrats, and they introduced cost-containment amendments to the bill—to be part of the managers' amendment—which have been heralded by the major business and manufacturing groups in America—a thoughtful amendment that addresses the core issue of how to bring down health care costs. They rolled up their sleeves and went to work and made an amendment.

You cannot say the same, I am afraid, for the other side of the aisle. Their amendments have not been as constructive as the one I just described. They have tried to stop this bill rather than improve it. Senator WARNER of Virginia and his freshman colleagues have taken a more constructive and positive approach.

Bringing down costs of health insurance and making it more affordable is job one for this health care reform. But it does something else. This bill extends the coverage of health insurance in America. Currently, there are 50 million Americans who don't have health insurance. They are people who have lost their jobs. They are folks who work for small businesses and cannot afford health insurance. They are people who have tried their best, but they can't get health insurance. There are 50 million of them. Imagine, if you will, going to sleep tonight, if you are a father or mother with a sick child, and you have no health insurance. Imagine, for one frightening moment, waking tomorrow morning to face a diagnosis from a doctor of a serious illness or to be involved in an accident that requires medical care and having no health insurance. One out of every six Americans—50 million—have no health insurance.

This bill will change that. Thirty million Americans will be covered with

health insurance who currently don't have coverage, and 15 million in the lower income categories—the working poor and lower income folks—will go into Medicaid at the State level; 15 million will go into private health insurance. At the end of the day, with this bill, 94 percent of Americans will have health insurance. That has never happened in our history—ever; 94 percent will have the piece of mind of having health insurance.

There is something else this bill does. It goes back to my illustration. It says to the health insurance companies it is over; the way you have been mistreating the people who pay your premiums is going to come to an end. We are not going to allow you to ''fly-speck'' applications for health insurance to find a preexisting condition. We are going to make sure those with preexisting conditions have a real opportunity for health insurance coverage and will not be denied when they need coverage. We are going to also make sure that when you get sick, the health insurance company cannot cut and run, as so many do. We are going to extend that coverage for young people through ages 24 and 25. This is all good and positive. It will mean the Patients' Bill of Rights, which former and late Senator Kennedy and even Senator MCCAIN worked for, will be part of the law of America.

There are critics of this health insurance plan, for sure. We saw them come out at townhall meetings and protests and so forth. Some don't want to change the system; they like the system. They fear government or whatever it may be. Their motive is to stop this. There are also critics who say this bill doesn't go far enough. It doesn't go as far as I would like to go. I think there ought to be a public option. We ought to have a not-for-profit plan that competes with private plans. The realities of the Senate don't make it possible to do that in this bill at this time.

When the Republican leader comes to the floor and says so many people oppose it—some oppose it because they may want to do nothing; others don't think it does enough—that is the nature of this process. I have been around long enough to know you can't satisfy everybody. Is it better if this bill passes or not? I think the answer is overwhelmingly it is.

Howard Dean is my friend and a former Governor. He said he would vote against this. I say to Dr. Howard Dean: Don't you believe 30 million Americans with health insurance are worth the effort? I think you do. I think most people do. We can do better, and we will work to improve the bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana is recognized.

Mr. LUGAR. Mr. President, how much time remains on this side?

The PRESIDING OFFICER. There is 16 minutes remaining on the Republican side and 3½ minutes on the Democratic side.

Mr. LUGAR. Mr. President, the bill before us contains more than $128 billion for operations in Afghanistan and Iraq. Since the President's announcement 2 weeks ago that he would be ordering tens of thousands of additional U.S. troops to Afghanistan, the Congress has held numerous hearings examining the military strategy to be employed, political issues in the region, and the dispensation of funding for the war.

As we consider our course in Afghanistan, we should evaluate options according to how well they contribute to U.S. national security. The ultimate purpose of committing tens of thousands of new troops and tens of billions of additional dollars to the war effort in Afghanistan must be to enhance U.S. security and our vital national interests in the region.

Sometimes during long wars, specific tactical objectives can become ends in themselves, disconnected from the broader strategic context or an accounting of finite resources. Congressional oversight of the funds in this bill is part of that accounting. We need to get the most value for our defense dollar in Afghanistan, as well as Iraq. This is especially true at a time when our Armed Forces have been strained by many years of high deployment rates, our capacity for new government debt is limited, and our Nation has not fully emerged from a severe recession. As we think through the implications of the defense spending bill before us, we need to be cognizant that even if the President's Afghanistan plan achieves the very best stabilization scenario, allowing for U.S. withdrawals on the schedule he contemplates, we may be responsible for most of the Afghanistan defense and police budgets indefinitely.

Much of the debate in Congress has focused on the President's stated intention to begin withdrawing some U.S. troops by July 2011. Some Members have voiced the concern that such a date undercuts impressions of U.S. resolve and gives the Taliban and al-Qaida a target beyond which they can wait us out. Other Members, with a very different view of the war, worry that the July 2011 date is so flexible that it offers no assurance at all that troops will be withdrawn. This is a legitimate item for debate, but I am doubtful that success or failure hinges on this point nearly as much as it does on the counterinsurgency strategy employed by allied troops, the viability of the Afghan security forces, and most importantly, how the United States engages with Pakistan.

I have confidence that the addition of tens of thousands of U.S. and allied troops, under the direction of Generals Petraeus and McChrystal will improve the security situation on the ground in Afghanistan. More uncertain is whether the training mission will succeed sufficiently to allow U.S. forces to disengage from combat duties in a reasonable time period. The most salient question, however, is whether improvements on the ground in Afghanistan will mean much if Taliban and al-Qaida sanctuaries in Pakistan remain or if instability within Pakistan intensifies.

As hearings in the Foreign Relations Committee have underscored, the potential global impact of instability in a nuclear armed Pakistan dwarfs anything that is likely to happen in Afghanistan. The future direction of governance in Pakistan will have consequences for nonproliferation efforts, global economic stability, our relationships with India and China, and security in both the Middle East and South Asia regions, among other major issues. The President and his team must justify their plan not only on the basis of how it will affect Afghanistan, but also on how it will impact our efforts to promote a much stronger alliance with Pakistan that embraces vital common objectives.

Secretaries Clinton and Gates and Admiral Mullen acknowledged the importance of Pakistan in the President's calculation. They underscored that the administration is executing a regional strategy. I am encouraged by press reports that have described the intense diplomatic efforts with the Pakistani government aimed at securing much greater cooperation.

But we should remain cognizant that the focus of policy tends to follow resources. By that measure, Afghanistan will still be at the core of our regional effort.

The President has said that the United States did not choose this war, and he is correct. But with these troop deployments to Afghanistan, we are choosing the battlefield where we will concentrate most of our available military resources. The Afghanistan battlefield has the inherent disadvantage of sitting astride a border with Pakistan that is a porous line for the militants, but a strategic obstacle for coalition forces. As long as this border provides the enemy with an avenue of retreat for resupply and sanctuary, our prospects for destroying or incapacitating the insurgency are negligible.

The risk is that we will expend tens of billions of dollars fighting in Afghanistan, while Taliban and al-Qaida leaders become increasingly secure in Pakistan, where the long-term strategic stakes are even higher. If they are able to sit safely across the border directing a hit-and-run war against us in Afghanistan, plotting catastrophic terrorist attacks abroad, and working to destabilize Pakistan from within, our strategic goals in the region will be threatened despite progress on the ground in Afghanistan.

Some reports indicate that Taliban leaders, aware of the threat from U.S. operated Predator drones, are moving out of remote areas into crowded Pakistani cities, including Karachi. If such reports are true, the United States will have even fewer options in pursuing Taliban and al-Qaida leaders in Pakistan, absent the active help of Pakistani authorities. Specifically, will

Pakistan work with us to eliminate the leadership of Osama bin Laden and other major al-Qaida officials?

In addition to improving the cooperation of the Pakistani authorities, the United States and our allies will have to become more creative in how we engage with the Afghan and Pakistani people. We should understand that as a matter of survival, people in dangerous areas on both sides of the border will tend to side with whoever is seen as having the best chance of winning. We should also recognize that tribal loyalties, most notably Pashtun loyalties, are at odds with a strong central government and with acquiescence to external military power. As Seth Jones of the Rand Corporation has observed: ''The objective should be to do what Afghanistan's most effective historical governments have done: help Pashtun tribes, sub-tribes, and clans provide security and justice in their areas and manage the process.'' Meaningful progress in Afghanistan is likely to require tolerance, or even encouragement, of tribal administration in many areas, as well as convincing tribal leaders that opposing the Taliban is in their interest.

In these circumstances, we should explore how cell phones and other communication technologies can be used more effectively, both as an avenue for public diplomacy to the Afghan people and as a means for gathering intelligence from them. Already, seven million cell phones are in Afghanistan—one for every four inhabitants. The Taliban's reported priority on destroying communications towers underscores their understanding of the threat posed by these technologies. For example, cell phones could be used by sympathetic Afghans to produce real-time intelligence, including photographs of IEDs being prepared or calls alerting coalition troops to movements of the Taliban. Phones eliminate the need for informants to take the risks of visiting a police station in person or of conversing openly with U.S. troops. Similarly, expanding the use of credit card transactions could prove revolutionary in addressing some vexing problems in a country that lacks an effective banking system. They can provide a way to reduce corruption, improve accounting within the Afghan government and security forces, and relieve soldiers from the need to go AWOL to deliver pay safely to their families.

I want to recognize that the President has been confronted with extremely difficult choices in Afghanistan and Pakistan. He and his team have worked through the problem carefully and deliberately to reach their conclusions. There are no options available that are guaranteed to succeed. Every conceivable course, from complete withdrawal to maintaining the status quo to the plan outlined by the President, to an unrestrained and unlimited counterinsurgency campaign has its own set of risks and costs for the United States. The President deserves credit for accepting ownership of this difficult problem as we go forward. In this situation, the advocacy of the President and his national security team must continue to be as broad-minded and thorough as his policy review appeared to be.

Within months, the President is likely to ask Congress for additional funds for Afghanistan, beyond what is contained in this bill. In the meantime, the administration must be prepared to answer many questions about its strategy as the American people study the potential consequences of the President's decision.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, my friend, the Senator from Illinois, whom I see back on the floor—for the record, the Senator from Illinois and I entered the House together longer ago than we would like to mention, particularly for those who favor term limits. We have had our philosophical disagreements, but I have appreciated his leadership. I have appreciated his honest approach to the issues. We obviously have significant disagreements. Those disagreements have been respectful, and I look forward, during the next whatever period of time until we dispense with the issue of health care reform and the issue of DOD appropriations, to discussing this issue with him.

The Senator from Illinois has been saying that the Republicans are holding up funding for our troops by not conceding to an immediate vote on the Defense appropriations bill after the House sent it to the Senate. I understand that, and I understand his zeal to get onto other issues, which is the job of the majority, to get legislation passed, but I would like to point out the real facts.

The real facts about the Defense appropriations bill are that the House passed its version on July 30, last July 30. The Senate passed its version on October 6. By my calculation, that is well over 2 months ago. All they had to do then, of course, was go to conference and report it out to the floor of the Senate—something that could have been done in 24, 48 hours. Instead, over 2 months has gone by and the Democratic leadership in both the House and Senate held captive this bill for the troops. Why would they do that? Because they knew that at the end of the year, they would stuff in unrelated must-pass legislation which has nothing to do with the Department of Defense or the men and women in the military, they would have to put that in so they could get it passed. We have a number of additional pieces of legislation stuffed into the bill which the Democratic leadership knew had to be passed.

I say in all due respect to my friend and colleague from Illinois—he and I, as I mentioned, have been around here the same amount of time—the fact is, after the House and Senate both passed their bills over 2 months ago, they could have brought it to the floor and we could have debated it and, of course, passed it into law.

So now we have the Secretary of Defense calling around to people saying: We have to pass this immediately. Where was the Secretary of Defense, whom I admire and respect, on October 7, 2009, after the Senate passed its bill? Where was he then urging Members to not harm the men and women who are serving in the military?

I will get from my staff the bills that are stuffed into this bill which have nothing to do with our Nation's defense and have everything to do with the agenda of the Democratic majority. I want to say again to my friend from Illinois, I understand that. I understand why they are doing what they are doing. But I don't understand why they are blaming us when after 2 months the bill has not been passed.

Let me just add, there is a portion of the bill called division B, ''Other Matters.'' Only in the Senate could we call it ''Other Matters.'' Let me tell you what they have larded onto the Defense bill.

Food stamps. Food stamps are very necessary. Is anybody going to be against food stamps? Of course not. It extends appropriations for the Supplemental Nutrition Assistance Program in the USDA. Food stamps administration, $400 million in emergency funds through September 30, 2011.

Satellite Home Viewer Act extension. Perhaps the Senator from Illinois, my friend, can tell me what the Satellite Home Viewer Act extension has to do with defending our Nation. I know it has a lot to do with the ability of millions of Americans to watch NFL football, but I do not think it has a lot to do with defense spending.

PATRIOT Act extension. Section 1004 provides a clean 2-month extension until February 28, 2010, of the three PATRIOT Act provisions expiring at the end of this calendar year. That has to do with investigation of business records and also roving wiretaps. Is there anyone who did not know the PATRIOT Act was going to expire? Was the Senator from Illinois unaware that we needed to extend the PATRIOT Act? Most people believe we do. We still have extremist organizations that want to attack the United States of America.

Flood insurance extension. It extends the Flood Insurance Program through February 28, 2010.

Small business extension. There is $125 million for the Small Business Administration to continue offering reduced-fee and higher cap loan guarantees under the American Recovery and Reinvestment Act. It extends the higher limits through February 28, 2010. It further designates such amounts as emergency spending; i.e., it is not included in the budget. But that is an argument for another day.

The point is, again, small businesses are vital. Small businesses are what

have been ignored. Small business is the reason the stimulus package has failed. It has done a great job for Wall Street—boy, these bonuses, $16 billion, $18 billion, are going to be distributed. They are going to have a Merry Christmas up on Wall Street at Goldman and Morgan and all those places. It is going to be great, thanks to the TARP and the stimulus package. But what is it on Main Street where we have 10-percent unemployment?

Of course we need to help small businesses. They have not done much so far, I tell you that. I will take you to my State and take you all over this country outside of Manhattan, and they will tell you small businesses are hurting very badly. We could not do that before. We had to put it on the Defense appropriations bill.

We also have payment for a North Carolina construction project. Here is something that really has a lot to do with defending the Nation. It provides a $12.8 million appropriation for a construction project in North Carolina, of which—note designation of the State—of which $4 million will be obligated immediately and the rest will be available 120 days after the signing of an agreement between the Federal Government and several local authorities. This is paid for through rescission funds previously appropriated for this project. I don't know what the project is, I say to my colleagues, but I am not sure we are in dire need.

In addition, highways extension. Section 1008 extends the authority for the highway trust fund to make and receive payments through February 28. It also provides $33.4 million for administrative expenses, paid for out of the earlier rescission from the highway trust fund. I am one who believes we need to make sure the highway trust fund is funded and we move forward with the highways. Again, what does that have to do with defending this Nation? Not a lot.

Unemployment insurance extension. Here we are again. It extends the authority of expiring Federal unemployment insurance programs and benefits through February 28, 2010, continuing the current availability of up to 99 weeks of total unemployment. Of course, we have to extend unemployment. Unemployment, except up on Wall Street, is at 10 percent. In my home State of Arizona, real unemployment is 17 percent.

In addition to that, I guess the conferees were beavering away by adding earmarks, and plenty of them—in fact, 1,720 earmarks, totaling $4.3 billion; $2.5 billion in unauthorized and unrequested C–17s. No one outside of those who are contractors believes we need to spend $2.5 billion on unauthorized C–17s which cost $2.5 billion; $500 million in unrequested and unwanted funding for the Joint Strike Fighter alternative engine and Presidential helicopter. That is $7.3 billion. There is $18 billion in new non-offset funding for food stamps, unemployment assistance, COBRA benefits, physician payments, the so-called doc fix, and small business lending. By designating the funding as an ''emergency,'' none of it is paid for. It is just another $18 billion of debt that will be laid on our children and grandchildren and our national debt in 2010.

I guess some Americans wonder why we are going to have a debt for this year of $1.5 trillion—trillion, ''t,'' trillion. Someone said to me—several times it has been said to me—we hope the President never learns what comes after a trillion.

Here we are with another $18 billion of funny money. Here we are with a bill passed by the Senate 2 months 10 days ago and passed by the House months before that. Clearly, one can only assume—let me put it this way: One would question, if the Senate passed its version on October 6 and the House passed its version on July 30, then why would we wait until December 16 to bring it to the floor of the Senate? One might conjecture that they did not bring it to the floor of the Senate because they knew it was going to have to be passed by the Congress of the United States. Of course, we are going to pass it. So this is the best opportunity to add these programs and projects that would never otherwise be passed. So here we are with legislation to take care of the men and women in the military and our national security needs and we have loaded it up with $7.3 billion in pork and $18 billion in new offset funding, which is not paid for. So then my friend and colleague from Illinois comes to the floor and says: Republicans are holding up the passage of this bill, even though—even though—the Senate passed this bill on October 6.

Mr. DURBIN. Would the Senator yield for a question?

Mr. MCCAIN. I would be more than happy to engage in a colloquy with my friend from Illinois, if he requests to do so or just has a question—either way.

Mr. DURBIN. I have a question. When we were here at 1 a.m., bleary-eyed and voting, there were two unanimous consent requests made to pass the Department of Defense appropriations bill immediately. Does the Senator from Arizona remember the objections to passing the bill immediately so we could get the money to the troops came from his side of the aisle when we tried to pass this bill?

Mr. MCCAIN. I do recall that, I say to my friend, and I also recall I was only allowed 10 minutes—10 minutes—to talk about this bill and the 1,720 earmarks such as the telescope in Hawaii and—I have a list here somewhere. But I was allowed 10 minutes, and I need a long time to talk about this.

If the Democratic majority, which is their right, wants to wait until December 17 and then jam it through in the middle of the night, that is their right to try it. But we need to talk more about why the American people are angry. Here we have a bill to defend the Nation—to defend the Nation—and $18.9 million for a center at the University of Massachusetts ''dedicated to educating the general public, students, teachers, new Senators, and Senate staff about the role and importance of the Senate.''

I hope this organization, this center at the University of Massachusetts, will somehow come into being, perhaps, but not by taking it out of money for Defense. If there is ever a time the American people need to understand the role and importance of the Senate—given our approval rating is about 4 percent, and I haven't met any of them—I understand why someone would want to have a center to teach new Senators and Senate staff about the role and importance of the Senate. But $18.9 million, when people are not being able to stay in their homes, when they are unemployed, when they can't feed their families, when unemployment is 17 percent? Sure, let's add it on to the Defense appropriations bill. That is the way to do it.

Here are some more: $500,000 for my old favorite—the old Brown Tree Snake Program. I totaled up the millions that have been spent on the old Brown Tree Snake Program. Of course, Historical Fort Hamilton Community Club, that needs $1.8 million. The old Historical Fort Hamilton Community Club, I am sure it is a nice place to visit.

I am sure it is great to have $1.6 million to study human genetics at the Maine Institute for Human Genetics and Health in Brewer, ME; $3.5 million for a microalgae biofuel project in Hawaii; $5 million for the Presidio Heritage Center, a museum, in San Francisco; $1.6 million for the Center for Space Entrepreneurship. I think that would match with the $2.9 million we appropriated on the previous bill to study surgery in outer space.

I am telling you, the Trekkies are happy about these appropriations bills. Here are more: the $1.6 million for a Virtual Business Accelerator for the Silicon Prairie; $7.8 million to develop key technologies needed for the long-term operations in near-space conditions. So we have surgery in outer space and key technologies needed for near-space conditions for the Orion High Altitude Long Endurance Risk Reduction Effort, the Aurora Flight Sciences in Columbus, MI; $2.4 million for Fusion Goggle System; $800,000 for Advanced Tactical Laser Flashlight in Wyandotte, MI; $10 million for the Hawaii Technology Development Venture.

My friends, this is kind of a classic example. I see my friend and colleague on the floor, Senator COBURN, a man of courage and integrity and one who I think has led, in many ways, this fight. But here is an earmark in this bill—it has never been authorized, never had a hearing—$10 million for the Hawaii Technology Development Venture. What could that be? What could that be? Did we ever have a hearing? Did we ever have a depiction of this? Did we ever have it? No. It is included by the appropriators.

A few more: $3.9 million for Intelligent Decision Exploration. If there is ever a place that needed that, it must be, in my view, the Congress. So $3.9 million for Intelligent Decision Exploration. I think, frankly, the results of that exploration would be rather bleak. How about $2.3 million for marine species; $2.4 million for NAVAIR High Fidelity Oceanographic Library.

The list goes on and on and on. Oh, here is Hawaii again—strange how Hawaii pops up—$2 million for Advanced Laboratory for Information Integration, naturally, in Hawaii; $1.2 million for the Model for Green Laboratories and Clean Rooms Project.

Now, again, I wish to point out, as my colleague from Oklahoma has, these may be very worthwhile projects. They may be projects that maybe will help America. Maybe spending our Defense appropriations—$5.8 million of it—for the Rock Island Arsenal Roof Replacement in Rock Island, IL, is something that is badly needed. Maybe the $800,000 for the Natural Gas Firetube Boiler Demonstration at the Rock Island Arsenal is also very necessary. But how are we to know? How are we to know?

So the Senator from Illinois and the Democratic leader have come to the floor and are saying: The Republicans are blocking passage of vitally needed funding for the men and women in the military who are defending our Nation as we speak. My response is: Where were you for the last 2 months after the Senate passed this bill? The Senate and the House could have had a conference and we could have had this bill long ago.

The fact is, it has been loaded up with food stamps, the Satellite Home Viewer Act extension, the PATRIOT Act extension, flood insurance extension, small business extension, payment for construction projects, highways extension, unemployment insurance, COBRA extension, the old doc fix—the old doc fix that we do year to year, which is another chapter in profiles of courage on the part of the Congress—poverty adjustment freeze, rescission of DTV funds, and it goes on and on. What does all that have to do with Defense? What does that have to do with defending this Nation? What does that have to do with giving the men and women, who are serving in our armed services today in harm's way, the best equipment, the best training, and the best support we can provide to them?

I see my colleague from Oklahoma on the floor and so I yield the floor at this time.

The PRESIDING OFFICER (Mr. KAUFMAN). The Senator from Oklahoma is recognized.

Mr. COBURN. I thank Senator MCCAIN. I think America looks at us and says: Here it is, a week before Christmas, and we are debating the Defense appropriations bill, but it is interesting to note that the first appropriations bill that passed out of the Congress was the bill to fund us.

We put us first. We didn't put our troops first. We didn't put the Department of Defense first. We have had no inflation this year, and what did we do? We gave ourselves a 5.8-percent increase. The first appropriations bill to be passed and signed by the President. We put us first.

So here we find ourselves a week before Christmas debating the Defense bill, while we are in the midst of two wars, and there is an increase of only 4 percent. Yet we have all these people who say they are for Defense. We pass a bill that increases our own expenses by 5.8 percent and then we tell the Defense Department: You can't do that. You can't have what we have.

The fact is, it is easy to return 15 percent of everything you take in up here, in what you are allotted. I have done it, on average, every year I have been here. My employees are well paid. They work hard, but they are well paid. So we gave ourselves a 5.8-percent increase, but this Defense Department bill, in the middle of two wars, has a 4-percent increase.

That is not the worst of it because the average of all the increases right now is almost 11 percent on all the rest of the bills and here they are. That doesn't include any of the spending for each of these agencies—which averaged around 30 percent of their budget—that they got in the stimulus bill. Here we go: We give ourselves a 5.8-percent increase; Homeland Security, 7.2 percent; T–HUD, 23 percent; Interior, 16 percent; State and Foreign Ops, 33 percent. We did ours first to make sure we got us covered.

All of this is very ironic to me, based on the fact that out of every dollar we spend this year, 43 cents of it is borrowed. Of every dollar the Federal Government spends, 43 cents out of that dollar is borrowed. We are borrowing $4.2 billion a day. That is not every business day, that is every day of the week. There is $350 billion to $380 billion worth of waste in the Federal Government. Yet not one place in any of these bills do we eliminate duplicative services; not one place in any of these bills did we eliminate fraud; not one place in any of these bills did we cut the value of earmarks—though the number is down, only slightly, but the total dollar is up.

We made no attempt to do what every family in America is doing today; that is, to prioritize. Next year, it is going to be 45 cents of every dollar the Federal Government spends we are going to borrow. Why is that important? It is important because the people making the decisions to borrow the money are not the ones who will have to pay it back. We are going to transfer that. We are going to violate the tradition and heritage of our country because we are going to transfer a markedly lower standard of living to our children.

I met this little girl. She is from Maryland. Her name is Madelyn. If you divide the total debt by the total population—just the debt we owe now—and that is truly Enron accounting because it doesn't count the internal debt we owe or money we borrowed from Medicare, money we borrowed from Social Security, and other transfer funds—it equals $38,375. That is what it was when this picture was taken. It is well over $39,000 for every man, woman, and child, and that is just on external debt. The only thing she owns is a dollhouse.

The real tragedy is, when Madelyn is 45, everybody her age and younger will be responsible for $1.19 million worth of debt and over $70,000 worth of interest per year before they pay any other taxes, before they buy themselves a home or an automobile or before they send their kids to school. They will be $1.19 million in debt, plus combined unfunded liabilities.

This is the U.S. debt clock. It sits in the doorway of my office in the Russell Building. I had it out in the hall, but the Rules Committee would not allow people to look at that. I don't know whether they didn't want them to see it or it truly doesn't fit with protocol. Now I have a door open in my office and I have this on the live computer screen and it changes every day.

It is pretty interesting. This was as of November 21. So, November 21 to December 18, that is 27 days, we have borrowed another $100 billion since we took this picture off the Internet. We are at $12.118 trillion. Calendar year to date, the Federal Government had spent $3.285 trillion. The debt per citizen on the 21st was $39,000 and, per taxpayer, it was $110,000. Our deficit as of November 1, for the calendar year, was $1.409 trillion—all of it borrowed.

The private debt in the country is $16 trillion. That is our private debt. That is what all of us owe on our own stuff. The mortgage debt is $14 trillion.

If you look at the second screen that is outside my office, what you see is the total cost of the bailout so far—$11 trillion. We only have personal savings of $643 billion. Our savings per adult is less than $3,000. How do you take that $3,000 against the $39,000 and make any sense out of it?

The final screen shows the personal individual debt, the credit card debt, and the payment debt. It also shows our GDP. We are good as a nation. Our workers are good. We produce $91,000 worth of product per person every year. That is going to decline because of what the Federal Government is doing.

There was a guy once named Cicero and he warned of some things that were happening in one of the best known and most successful republics in the world. It happened to be Rome. Here is what he said. ''The budget should be balanced.'' I think 90 percent of America would agree with that:

> The Treasury should be refilled, the public debt should be reduced, the arrogance of officialdom should be tempered and controlled, and the assistance to foreign lands should be curtailed lest Rome become bankrupt. People must again learn to work, instead of living on public assistance.

They didn't listen to Cicero, much like the Senate is not listening to the

citizens of this country and we are growing a Federal Government we cannot afford, outside the bounds of what this document, the U.S. Constitution, says is our legitimate role. If you go to it and look at article I, section 8, you see the enumerated powers and you go look at the 10th amendment and ask: How in the world is the Federal Government involved in all these things?

We have before us a bill to fund our troops and fighting two wars. Other than one other appropriations bill, we gave it the smallest increase.

By the way, in this bill is $18 billion of what we call emergency so we do not have to play inside the budget. We automatically transferred another $18 billion to Madelyn and her generation.

How do we get out of this? What do we do? We actually, in Congress, should be following the lead of the families in this country. What are families doing? Families are sitting down and making priorities. They are saying what are the things we must do? What are the things we want to do? What are the things we would like to do? Most of the ''What are the things we would like to do?'' are going out of the window for American families today. A large portion of the things families want to do is going out the window so they can maintain the things they must do. It is called making hard choices.

When you see that the Congress took care of itself before it took care of anybody else, it describes the problem in Washington. We are absolutely clueless as to what the average American is going through. We could have all the words on this Senate floor said that we want to say, but our actions speak far louder than any words we could ever say. What are our actions? Our actions are to steal the future and prosperity of our children. It is not a very noble cause.

We are here this week not because of the Defense Department bill. We are not here the week before Christmas because of this bill. We are here the week before Christmas because somebody has set an artificial deadline that we must pass a health care bill, any health care bill, so we can say we passed a health care bill. That is why we are here. When we look at health care in our country, we recognize that we have significant problems in making sure everybody has access to care. We know what the problem is on access to care because we know per capita we spend almost twice as much as anybody else in the world on health care. The problem plaguing access to care—and as a practicing physician for over 25 years—is cost.

We have some bill coming sometime that will not be available for 72 hours for everybody in the country to read, that by the time you add the 2,074 pages to the couple of hundred pages we are going to add on, nobody is going to understand exactly what they are voting on. But we are going to vote on it because we said we would. We are going to impact one-sixth of our economy and we are going to destroy the best of our health care system in the name of fixing some of the problems in our system.

We are totally disconnected with America, the America I know. There was a guy who said—I will paraphrase the statement:

> Freedom is a precious thing. It is not ours by inheritance alone. It must be fought for and defended by each and every successive generation.

What is that freedom he is talking about and who was he talking to? He was talking to the American people. He wasn't talking to our troops. The freedom he was talking about was the liberty that comes when free people come together under a democratic Republic with a limited Federal Government to make the best choices they can make for themselves and their families, and the freedom to do just that. That person was Ronald Reagan.

I got an e-mail from a constituent of mine. I can't use the exact words because they are not appropriate for the Senate floor. But he kind of paraphrased that statement and then he said: Every now and then somebody comes along and pees it all away. He said: Son, don't let it be you.

Our freedom is being taken away in this country—not intentionally but unintentionally. Because as the Federal Government grows and expands, your opportunity to make choices for yourself and your family become limited. We have a health care bill that is going to spend $2.5 trillion over the next 10 years. It is going to cause premiums to rise, it is going to cause quality of care to go down, it is going to cause us to lose 1.6 million more jobs, and it is going to involve the Government between the patient and the caregiver. That bill will create 70 new government programs, 15,000 to 20,000 new Federal employees. It will create three panels that will ration care in this country directly. And it will in fact take Americans'—not just Americans on Medicare or Medicaid—Americans' freedom to make the best decision for them and their family as regard to their health care and stuff it in a box.

That is because we are going to tell you what you can have, what you can buy. We are going to totally disregard the art of medicine and we are going to practice cookbook medicine in this country.

A week ago we reversed the U.S. Preventive Services Task Force recommendation on breast cancer screening. We are going to have to do that hundreds of times every year under the bill that is being proposed right now because all of that is based on cost estimates. It was based on 1 out of every 1,970 women they find a breast cancer in between 40 and 50; but what people didn't say is in 1 out of 1,400 women between 50 and 60 they find a cancer. So on a cost basis they are right; on a clinical basis they are not.

The majority whip earlier today said the Republicans didn't have any ideas on health care. The fact is we do have ideas on health care. What we know from a Thomson Reuters study that came out in April of this year is that there is $700 billion in our system today that is not helping anybody get well and isn't preventing anybody from getting sick. If we want to truly cut the cost of health care, what ought to be required reading for every Senator in this body is the Thomson Reuters report. Because they can go through the fraud and abuse—19 percent of everything we spend. Unwarranted use—that includes me as a doctor doing tests I should not be doing. That includes defensive medicine, administrative inefficiencies, provider inefficiency and errors, avoidable care and lack of care coordination—duplication.

We have not attacked the disease of runaway health care costs in this country. What we have attacked is the symptoms. You do not cure people by treating their symptoms. You cure people by finding out what their disease is and curing the disease and treating the disease.

We are accused of being the party of ''no.'' I want to tell my colleagues and the American public, ''no'' is a wonderful word. When your child is misbehaving, you say ''no.'' When your adolescent child is making bad judgments, you say ''no.'' When somebody is stealing something from somebody else, i.e. liberty, you say ''no.'' When you are stealing the future, in terms of opportunity, we should say ''no.'' When you are creating a government-centric health care system rather than a patient-centric health care system, ''no'' is a great word.

We have heard all about why we do not have any ideas. We had two markups. The ideas we offered were rejected.

I see Senator WYDEN on the floor. He has a wonderful health care bill. It is somewhat different than the one I introduced but it is a great bill. It does not fall into any of the traps the bill that is on the floor today falls into. It also addresses many of the problems that are outlined in the Thomson Reuters study on health care in America.

Saying ''no'' at the right time saves lives. Saying ''no'' at the right time saves money. Saying ''no'' at the proper time preserves our future. Saying ''no'' when no is the best answer is the correct, right thing to do.

We have a government we cannot afford.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. COBURN. I ask unanimous consent for 30 seconds.

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

Mr. COBURN. We have a government we cannot afford. We are borrowing money to buy things we do not need. We earmarked $18 billion worth of projects this year. Some were good and some were terrible.

We eliminated no duplication in any agencies. We got rid of none of the fraud. We did nothing about efficiency,

and we did nothing about creating priorities. I agree with my Democratic colleagues that health care should be a priority. When we had the leadership, we didn't do anything with it, and we should have. But mark my words, this is a turning point in America if we pass this health care bill. It is a turning point from which we will not recover.

I yield the floor.

The PRESIDING OFFICER. The majority whip.

Mr. DURBIN. Mr. President, it is my understanding the Democratic side has 30 minutes now.

The PRESIDING OFFICER. The Senator is correct.

Mr. DURBIN. I see the Senator from Oregon is here. If I could have a few minutes to respond and then turn the floor over to him for as much time as he would need—I thank the Senator from Oregon.

First, a history lesson. Sometimes facts are tenuous, difficult, sticky things you can't get rid of. Let's look at the facts. When William Jefferson Clinton left the Presidency, America's budget was in surplus. For the first time in 30 years, we were generating more revenue than we were spending. We were adding life and longevity to the Social Security system, to Medicare, and many others. We did this with a prosperous, booming economy, one of the most prosperous we had seen in modern history. We created new jobs, new businesses, new home opportunities. When William Jefferson Clinton left office, we had a national debt of $5 trillion.

In came the Republicans, billing themselves as fiscal conservatives. They were going to do it better, get government off our backs, reduce spending, and show us how they could manage. They took a $5 trillion national debt, and over the next 8 years more than doubled it. In other words, when George W. Bush left office, America had more debt, twice as much, as was the case when he took office.

How did we reach a point where our debt mushroomed and more than doubled in 8 years? Because these fiscally conservative, flinty-eyed, styptic-hard Republicans engaged in a war they wouldn't pay for. Some of the Senators who just spoke this morning voted for us to go to war and not pay for it and just add it to the debt.

Secondly, President Bush did something no President had ever done in history. It was counterintuitive. It made no sense, but he did it. What was it? He cut taxes in the midst of a war. It has never been done because you can't explain it. You have the ordinary expenses of government that still continue, and now you have a new expensive war. And instead of doing what Franklin Roosevelt did in World War II, saying we are going to sell bonds, we will do our best to pay for this war, they said just the opposite: We will go into debt even deeper to not pay for the war. That is what they did. They went into debt by cutting taxes on the wealthiest Americans.

Unpaid for wars, tax cuts in the midst of wars for the wealthiest people, and then to add insult to injury, they passed the Medicare prescription Part D Program—a needed program, for sure—and didn't pay for it, adding hundreds of billions of dollars to the debt too. So at the end of 8 years, George W. Bush, who inherited a surplus from Bill Clinton, gave us twice the national debt, gave us the largest annual deficit we had ever seen, and left the economy in shambles.

Witness the recession we are currently in just starting to inch away from. That was the record of the fiscally conservative, let's-get-tough-on-debt Republicans for 8 years, and many of those years they controlled Congress. All of those years the President had a veto pen.

When I come to the Senate floor and hear my Republican colleagues relate how they have a better vision of America—and their vision is in many respects a good one, to reduce debt for future generations—the record speaks for itself. They failed.

Now comes President Obama, and he says to Congress: We have to get the economy moving again. Some Republicans are criticizing him saying it is a mistake for us to put money into our economy. The President said we have to put people back to work, give working families a tax cut, create jobs building highways and infrastructure, do the things that help small businesses expand their payrolls. It costs money for sure, and I know we are in debt, but if we don't get that engine of the economy churning and moving forward, then we will never get out of this hole and more suffering will be the lot of the American people.

Not a single Republican would support that, not one. We didn't get one Republican vote for that in the House of Representatives. Over here, we had three—the two Senators from Maine and the Senator from Pennsylvania who has since crossed the aisle and joined the Democratic party. That was the reality. As a party, the Republicans opposed stimulating the economy in the midst of the deepest recession.

Now comes health care. President Obama says to us: Before you pass this health care bill, there is one basic rule—do not add to the deficit. Find a way to reduce health care costs for individuals, families, and businesses. Do not add to the deficit. The Congressional Budget Office took a look at this bill—it took a year to prepare it—and said it is the biggest deficit cutter in the history of the United States because over 10 years, this bill alone will save the Federal Government $130 billion and over the next 10 years, $650 billion. If we continue without changing the current health care system, it will mean more debt for everyone, higher premiums, higher costs, and more deficit. That is the fiscal choice we face.

I hear Senator MCCAIN, who is my friend—I respect him. We served the same period of time together in the House and Senate, and we disagree on a whole lot of things. But I like him. I think he likes me a little bit some days—come to the floor and say: Do you know what is wrong with this Department of Defense appropriations bill? In his words, the Democrats have ''larded it up.'' They have larded on things.

What is the lard in this bill? The extension of unemployment benefits for millions of Americans out of work. Last time I came to the floor of the Senate it passed 97 to nothing—not exactly a hotly controversial issue. Sadly, it took us 1 whole month to get to a vote. Then it passed 97 to nothing.

We larded it up with food stamps. In the State of Michigan, one out of six people is on food stamps. Food stamps in this economy are a lifeline for people to feed their children when they are out of work and don't know where the next meal is coming from. Is that the kind of squandering of taxpayers' dollars that we often hear from Senator MCCAIN. I don't think so. He is not a hardhearted man. He wants to feed children. He wants food stamps.

How about COBRA? COBRA is an acronym for a program that allows people to pay for health insurance. One of the first casualties when you lose your job is your health insurance. We want people to keep that health insurance. We help them pay the premiums. That is in here. I don't think we are larding it up when we include that.

The extension of the PATRIOT Act for a few months. Of course, if we are going to be vigilant against enemies, we want to extend it. We can debate what should be in it, but an extension of the PATRIOT Act is going to mean that America will be safer. The alternative is unacceptable.

Money for the Small Business Administration—that is where jobs are created. If we don't give money in loans to small businesses, we will see people losing their businesses and cutting back on employment. This is just fundamental. There is no credible, respectable, mainline economist who argues that the way to get out of a recession is to cut spending at the Federal level. Exactly the opposite is true. You have to help people with the safety net. You have to try to create a catalyst for more job creation. That means spending money.

I don't think this is lard and earmarks and porkbarrel. We are talking about the basic necessities of life. The Department of Defense appropriations should not be filibustered as the Republicans are currently doing.

Before I hand the floor over to the Senator from Oregon, I salute him. He has given more hard thought as an individual Senator than almost anyone in this Chamber about what to do with the system. The Senator's premise in health care is the right premise—more competition, more choice. We may disagree on some concepts. That is what we are here for. But I want to salute

the Senator from Oregon and tell him this underlying health care bill is going to do things for America that need to be done. It is going to start—not as much as we would like—to bring down the increase in costs and provide affordability for families and businesses. It will extend the reach of health insurance to 94 percent of the American people. It is amazing. It is historic. It is going to create a Patients' Bill of Rights which gives every family in America the legal tools to fight back when the health insurance company says no to their doctor and no to what they or their families need. It has a lot of positive things in it.

I want to salute Senator WYDEN, as well as Senator BERNIE SANDERS of Vermont, for one particular provision in the bill. We don't have the details yet, but we believe this will result in the most dramatic expansion of health care clinics across America. Those of us who represent communities such as Chicago and even downstate Illinois know these clinics are the first line of defense for medicine. Men and women can walk through the front door and find primary care and have their needs taken care of even if they are poor. Some of the most dedicated, hard-working professionals in medicine are in those clinics.

I have walked into many in Chicago, such as the Alivo Clinic where my friend Carmen Velasquez is the director. I have said: Carmen, if I were sick or my wife were sick, I would feel confident walking in the front door of your clinic. You have the best people on Earth who are doing dramatic things.

I ask unanimous consent there be printed in the RECORD an article from the Chicago Sun Times that talks about the terrible health care disparities in the United States, particularly between African Americans and White Americans.

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

[From the Suntimes, Dec. 18, 2009]

HEALTH GAP KILLS 3,200 BLACK CHICAGOANS EVERY YEAR

(By Monifa Thomas)

The wide racial gap in health is growing in Chicago, a major new study has found.

Already lagging far behind whites on most key measures of health, blacks in Chicago have fallen even further behind in 11 of 15 areas reviewed by Chicago's Sinai Urban Health Institute between 1990 and 2005—including infant mortality, heart-disease deaths and diabetes.

There's a stark, human cost in that: In all, the researchers estimated that the toll of the black-white health disparity is an additional 3,200 deaths of African Americans in Chicago every year.

It isn't that blacks' health is declining. In fact, overall, the health of both African Americans and whites in Chicago and across the United States has improved on most of the measures studied between 1990 and 2005. But whites showed gains at a sharply higher rate, resulting in a wider gap, according to the Sinai institute, which is part of Chicago's Sinai Health System and which works to find ''approaches that improve the health of urban communities.''

Nationally, the racial gap in health between blacks and whites in the United States has remained fairly constant over the same 15-year period, according to the new analysis, which was abased largely on communicable disease reports and birth and death records and was published online Thursday in the American Journal of Public Health.

In Chicago, areas where the divide between blacks and whites in Chicago worsened significantly included: the death rates from heart disease and breast cancer, rates of prenatal care during the first trimester of pregnancy and the number of cases of tuberculosis.

The death rate from all causes for black Chicagoans was 36 percent higher than whites in 1990. By 2005, the difference had grown to 42 percent. In contrast, at the national level the racial gap in death rates shrank, going from 35 percent to 29 percent.

The researchers attributed the growing racial gap largely to whites' greater ability to benefit from health care advances because of ''racism and poverty.''

''What's happening is that, as advances become available for these different diseases, white people are able to gain access to advances, and black people are not,'' said Steven Whitman, director of the Sinai Urban Health Institute. ''It's absolutely essential to understand the underlying structural issues that are causing these disparities: those are racism and poverty.''

Whitman said the segregated nature of Chicago puts minorities at a disadvantage for accessing high-quality health care. He also noted that blacks in Chicago often live in poorer neighborhoods with underperforming schools, fewer parks and recreation areas and more ''food deserts''—areas that don't have supermarkets and the array of healthy foods they carry.

What isn't clear and needs to be studied, according to Whitman, is whether the disparities seen in Chicago are worse than in other cities.

Romana Hasnain-Wynia, director of the Center for Healthcare Equity at Northwestern University's Feinberg School of Medicine, said the racial health gulf isn't helped by ''one size fits all'' public health messages aimed at lowering death rates from heart disease, cancer and other illnesses.

''We have to be targeted in our interventions,'' said Hasnain-Wynia, who was not involved in the study.

James Randell recently was diagnosed with heart disease at Mount Sinai Hospital after coming in with chest pain. The Chicago man said he was troubled—but not surprised—to learn that African Americans aren't seeing the same level of improvement in their health as whites. His layman's take? It's the result of a lack of health literacy among minorities.

''A lot of us, we don't know what we should be doing to be healthy,'' said Randell, 47. ''If I had taken better care of myself, I wouldn't be here.''

The gap between blacks and whites in Chicago on a number of health indicators has increased between 1990 and 2005. Here are a few areas where the divide has grown significantly:

Heart-disease deaths: 1990: 8 percent difference (meaning deaths for blacks were 8 percent higher than whites). 2005: 24 percent.

Female breast-cancer deaths: 1990: 20 percent difference. 2005: 99 percent.

No prenatal care during the first trimester: 1990: 119 percent difference. 2005: 199 percent.

Tuberculosis cases: 1990: 310 percent difference. 2005: 497 percent difference.

Mr. DURBIN. In heart disease deaths in 1990, there was an 8-percent difference between African Americans and White Americans. Today it is 24 percent. Female breast cancer deaths, there was a 20-percent difference between African Americans and White Americans in 1990. Today there is a 99-percent difference. Prenatal care during the first trimester, there was a 119-percent difference in 1990. Today it is 199 percent; tuberculosis, 310 percent difference in 1990, 497 percent today.

These gross health care disparities are the result of the lack of primary care in the neighborhoods and towns of America. Senator WYDEN and Senator SANDERS, thank you for leading the fight to expand that.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before he leaves the floor, I commend the distinguished Senator from Illinois for his statement and want to make sure the body recognizes that it has been Senator SANDERS who has championed this cause relentlessly, making the case that, dollar for dollar, there is no better investment in American health care than these community health centers. I was going to spend my time talking about the opportunities for Democrats and Republicans to continue to team up on this health reform issue. I think it is worth noting that Senator SANDERS, who has championed this effort in this bill, is actually picking up on work that a number of the most influential Republicans in this country have been interested in for years.

President George W. Bush was a great champion of community health centers. BERNIE SANDERS, now in this bill, is making sure we get a very significant increase so that there will be many new clinics across the country.

There are opportunities for Democrats and Republicans to work together. I will talk about a way we can create a new marketplace in American health care through health care exchanges and get more value for the health care dollar. This is an opportunity for Democrats and Republicans to team up, much like with community health centers. I thank my colleague.

I know because of our work together on health legislation the Senator shares my view that we can continue this effort to bring the Senate together on both sides around key principles of health reform. I want to do that again this morning by focusing on one of the most transformational and least understood parts of the health care debate; that is, the question of health insurance exchanges. My guess is across the country people are still trying to figure out what in the world these are and whether this is yet some other kind of health care lingo. It is fair to say, in basic English, these exchanges will be like farmers markets. This will be an opportunity for people to go to one place and to do what they can't do in the dysfunctional American health care system today; that is, actually shop and be in a position to compare

various kinds of products and services. When you invest wisely, you can put the savings in your pocket. The reality is, that has not been possible in our country ever since the middle of the 1940s. During the 1940s, when there were wage and price controls, judgments were made about the delivery of American health care. The decision to tie insurance to someone's job made sense back then, when people went to work somewhere and stayed put for 30 years until their employer gave them a big retirement party and a gold watch.

But today's economy is very different. On average, people change their jobs 11 times by the time they are 40. We need to make sure that no longer is the consumer insulated from the health care system, no longer are most consumers incapable of being rewarded when they shop wisely. People understand that they lose out in terms of their wages if health care costs continue to rise as a result of inefficiency. So these health insurance exchanges are the key to making health care markets work, in effect, for the first time since the middle of the last century.

In the merged bill, Senator REID, in my view, has laid an important foundation. There are three fundamental principles in Senator REID's merged bill. Of course, we are going to continue to work on this. When the managers' package and this bill get out of the Senate, we are going to be working on this for quite some time. We are going to work on this long after 24/7 cable TV has moved on to other topics.

But in Senator REID's merged bill, there are three important features of the exchange. The first is, it is going to be possible for consumers to make apples-to-apples comparisons of various health care plans. Consumers will be able to see that one plan will cost them $20 in copays for a physician visit, but perhaps another plan will cost them $30. It will be much like you can do in a store, a Costco, a grocery store, where consumers look at products on a shelf, look at the price, look at the various offerings, and choose the best product for themselves.

The second feature in the merged bill that Democrats and Republicans alike should appreciate is that it will be possible to keep low-quality plans out of the new marketplaces. This is especially important at the outset. I learned this back in the days when I was codirector of the Oregon Gray Panthers, the senior citizens group. One of the things the country learned in the early days of Medicare is a lot of the policies that were sold to supplement Medicare were just junk. They were not worth the paper they were written on, and people would buy 10, 12, 15 policies, literally wasting money they could have used for food and fuel and paying the rent. It took us until the mid-1990s to drain the swamp, and finally we were able to do it, standardize those packages, stop the ripoff of older people with products that literally were not worth the paper they were written on.

The consumer protection provisions Senator REID has put in the merged bill, as it relates to exchanges, are going to keep low-quality plans out. This is going to offer customers the peace of mind of knowing that when they look at the plans, they can be certain they will have to meet minimum consumer protection standards. This is an important message to send in a new marketplace, and it will be an opportunity to have a very different start than we saw with Medicare, during those early days, when seniors were sold these policies to supplement their Medicare, private insurance policies that were a lot of junk.

Finally, under the merged bill, you are going to be able to see the value you are getting for your health care dollar, in an important respect, through what are called loss ratios that insurance companies will have to make public. What this means, of course, is consumers want to know that when they put out a dollar for premiums, they will get a significant portion of that dollar back in actual benefits and services. With the exchange, it is going to be possible to finally get this kind of loss information in one place and make it public.

So what I would like to do is talk about the steps from here and particularly build on principles the President talked to us about earlier this year in terms of ideas that bring Democrats and Republicans together; that is, more choice and more competition in the health care marketplace. What we are pointing to is the day when every consumer in America can say to their insurance company: I am giving you an ultimatum. You treat me right or I am taking my business elsewhere. That is what we are pointing to.

Here are some of the steps it is going to take in the days ahead to build to that future.

First, you have to have a big enough pool of people as soon as you can so as to maximize their clout in the marketplace. You have to make sure the exchanges are open to more than just folks who have been uninsured. If you open it just to folks who are uninsured, who have not seen a doctor, who have had chronic illnesses, who have not been able to get the preventive care they need, you have coming to the exchanges folks who are sicker and, of course, they are more expensive in terms of getting them good health care, and it is harder to hold down costs.

Once you have a big enough pool, where the risk is spread across a large group of people who have a wide range of health risks, you will be in a better position to force the insurance companies to compete and drive down costs for everybody.

In effect, in the days ahead, we will be in a position to put in place a cycle in the health care marketplace that will get more value for the American consumer. More and more people will come to the exchanges because the premiums are lower. More insurers will come into the exchange because they see that is the place you have to go in order to get business. Then you have what amounts to the beginnings of a revolution in the health care marketplace: get as many healthy people into the exchange; make it impossible for insurance companies to find loopholes and use slick marketing campaigns to cherry-pick just the youngest and healthiest; force them to compete on the basis of price, benefit, and quality and then you are on your way to taking a dysfunctional American health care system and getting the choice and competition that will finally pay off for the American consumer.

There are some additional interim steps I wish to mention briefly. The majority leader, Senator REID, and Chairman BAUCUS and I have come to an agreement that will also provide the opportunity to get more choice and more competition into the health care marketplace. What we have agreed to is, folks who spend more than 8 percent of their income on health care but are not eligible for subsidies—in effect, folks with what is called the hardship waiver—they would be able to get a voucher from their employer and go into the marketplace. With that kind of approach, which would be tax free to them, our estimate is that it will be less than one-third as expensive, in terms of getting health care for those folks, as the alternative—the system of subsidies. Again, we get more people covered in a more affordable way, building on these time-honored principles of choice and competition.

Finally, Senator COLLINS, Senator BAYH, and I have a proposal, a proposal that has been endorsed by the National Federation of Independent Business, that would say that employers that are in the exchange can voluntarily say they want to give their workers more choices. In effect, it would say to those small employers in the exchange: You and your workers will have a choice to have a choice. No employer is required to do anything. But should they want to concentrate on making their widgets rather than being in the health insurance business, they would have the opportunity to do it.

What they would give their worker would be tax free to the employer, tax free to the worker. Once again, you bring the principles of choice and competition into the health care marketplace and move us closer to that day when the consumer can give the insurance company the ultimatum I have envisioned; which is: Treat me right or I go elsewhere.

I close by saying, in my view, the majority leader has laid the foundation for a new health care marketplace. I certainly would like to do more. As the distinguished Presiding Officer knows, as cosponsor of our bipartisan Healthy Americans Act, I would like to do more, and I would like to do it faster. But make no mistake about it, this is laying a foundation to create a new

marketplace in American health care, where that concept has been foreign.

To let people make apples-to-apples comparisons, keep crummy products out of the exchange, make sure people can get information about loss ratios, that is a real foundation. Then we seek to go further. We have had the counsel of some of the country's leading thinkers about American health care.

Let's get more healthy people into the exchanges. Let's make sure we have these big pools. Let's make sure the insurers cannot try to steer the marketplace because we know they are going to try, in ingenious ways through advertising and market promotion strategies, to still find the best risks. Let's build on what Senator REID has laid out with respect to the exchanges in the days ahead.

We are going to be at this a long time. You are not going to fix a dysfunctional health care marketplace in a matter of weeks. We are going to be at this the rest of this week, next week, well into 2010. I have been part of this debate since I was codirector of the Oregon Gray Panthers, going back 30 years now.

I continue to believe there is an opportunity for Democrats and Republicans to work together. Our party has been right on the issue of coverage. You cannot fix this unless all Americans have good, quality, affordable coverage because otherwise there will be too much cost shifting. But as I have said to my colleagues on the other side of the aisle—I see Senator BUNNING, and he and I have worked together on the Finance Committee—our colleagues on the other side of the aisle make important points with respect to choice, with respect to markets, with respect to competition. This is an area we can work on together.

There is nothing partisan, in my view, about creating a new health care marketplace through these exchanges. This bill lays a foundation, and there will be opportunities for Democrats and Republicans to build on that foundation in the days ahead.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. BUNNING. Mr. President, what is the current order of business?

The PRESIDING OFFICER. The Republicans control 29 minutes at this point.

Mr. BUNNING. Twenty-nine minutes?

The PRESIDING OFFICER. Yes.

Mr. BUNNING. The order of the day would be the Defense appropriations bill?

The PRESIDING OFFICER. The Senator is correct.

Mr. BUNNING. Thank you very much.

Mr. President, I rise to talk about the 2010 Department of Defense appropriations bill. There are several parts of this legislation I would like to discuss. But first of all, I would like to talk about the process the majority has used for this bill.

This past weekend, we passed an omnibus bill that jammed together six different appropriations bills. I had high hopes that this year we would not have to resort to an Omnibus appropriations bill. We have done it in the past. I was hoping this year we would not. I hoped we could go through regular order and give each bill the time and attention it deserves. In fact, I think we could have done that if we were not spending so much time on the floor with this monstrous health care bill. We have had a lot of floor time but not much action on health care. However, earlier this week, we passed a bill containing all the remaining appropriations bills, except the one for funding the Department of Defense.

Why was this done? Why was this bill left for last? It was done because this bill was used as a political football. The majority felt that because this bill contains important funding for our troops, they could attach unrelated provisions to it and then insinuate that anyone who has concerns about these provisions and tries to slow down the bill to look at them is jeopardizing our fighting men and women. In fact, some Members of the majority have made those claims this week.

My question to them is, why didn't the majority include the appropriations for the Department of Defense in the omnibus we just passed? The funding for our troops could have been signed by the President and made into law by now. However, the majority wanted to use this funding as a political hammer. This is not right, and the American people should know what is really going on here. Our troops deserve better.

I wish to talk about some of the provisions contained in this bill, beginning with the detention facility at Guantanamo Bay.

The bill before us does provide that no detainees from Guantanamo may be released into the United States. It also does not provide funding for the closure of the Guantanamo detainee facility. These are good provisions, but they are not good enough. This bill does not prevent sending these prisoners to the United States for trial and housing them in our own backyards. It would be much improved if it contained a complete ban on moving them to the United States.

On January 22, 2009, President Barack Obama signed an Executive order to close the detention center at Guantanamo Bay. I am against the shutting down of that facility. It is absolutely irresponsible to order this closure and not have a plan in place to address what the United States will do with all the detainees held there. Under no circumstances should they be brought to the United States. The terrorists housed at Guantanamo Bay are the worst of the worst. I have personally visited these facilities and met with the brave men and women who guard these detainees. As long as the terrorists remain housed at Guantanamo, they cannot harm us or any of our allies. However, the administration has seen fit to push ahead on sending Guantanamo detainees to the United States. In fact, we learned they now plan to send some of the most dangerous terrorists in the world to Illinois. President Obama could not bring the Olympics to Illinois, but it looks as though he will bring terrorists there instead. The plan appears to be to use a currently empty supermax facility in northwestern Illinois to hold Guantanamo detainees.

I think bringing these terrorists to the United States is a terrible idea. First of all, there are serious legal problems associated with bringing these terrorists to our soil. The Supreme Court has noted that it is ''well established that certain constitutional protections available to persons inside the United States are unavailable to aliens outside of our geographic borders.''

The nonpartisan Congressional Research Service said that ''noncitizens held in the United States may be entitled to more protection under the Constitution than those detained abroad.'' This means they could be afforded extra rights which are available to American citizens. They could include protection under the fifth amendment due process clause, which would cover how they are confined, or they also may raise claims regarding religious practices.

Furthermore, while the Obama administration may not have the intention to release any detainees, their wishes could be overruled by a civilian judge. Guantanamo detainees who are cleared for release have, in fact, petitioned the court to be released into the United States. Last year, a Federal judge even approved such a request before being overruled by an appellate judge. The reason the higher court cited for overturning the ruling was that the government could not be forced to accept someone into the United States from outside the country. If we start bringing detainees to the United States, this legal safeguard will be removed.

Throughout the debate on whether closing Guantanamo is good policy, supporters of the idea have consistently maintained that the facilities serve as a lightning rod for anti-U.S. sentiment and that it is used as a recruiting tool for terrorists. I don't buy that argument. I would argue that the greatest recruiting tool for these terrorists is the United States itself and our way of life with democracy and freedom of religion. What if it was found that the Statue of Liberty was being used as a symbol to incite attacks on our country? Would we tear it down? Of course not. The United States has suffered many terrorist attacks prior to the opening of the Guantanamo Bay facility, including the horrific events of September 11, 2001. If we close this facility, then those who hate us will simply find another tool of motivation for their followers.

The bottom line is that the Guantanamo Bay detention facility works and we are putting ourselves at a disadvantage by not using it. I wish this bill had taken a stronger position on making sure this facility is not abandoned.

As everyone here knows, this bill also provides further funding for the wars in Iraq and Afghanistan. I was glad to see that the President finally announced a plan for Afghanistan earlier this month. We waited far too long for this decision. I was very concerned that this wait was unnecessary and was putting the lives of our servicemembers at risk. I am glad he finally heeded the call of our commanders on the ground for more troops. In fact, I agree with the bulk of his strategy for waging the war in Afghanistan.

However, I strongly disagree with him on one particular issue. I have serious concerns about the administration's decision to set a timetable for troop withdrawal. I could not disagree more with the announcement that U.S. troops will begin leaving Afghanistan in July of 2011.

What makes this situation even more confusing is that the announcement also claimed that any withdrawal will take conditions on the ground into account. This is puzzling and it is a contradiction. What will the administration do if conditions on the ground dictate that no troops be removed from Afghanistan? Will it proceed with a withdrawal anyway? I don't want to keep any of our brave men and women in Afghanistan any longer than absolutely necessary, but we have work to do. Leaving before it is done is unacceptable.

By announcing an arbitrary deadline for our forces to come home, possibly before the job is done, the President is telling our enemies how long they will have to hold out and wait until we leave. They will bunker down and emerge after we are gone. It is unimaginable what the horrible consequence of this would be. I was glad to see this strategy rejected in Iraq, and it is no less foolish to apply it to the war in Afghanistan. I fear we could be setting our efforts up for defeat and putting our fighting men and women in further danger, and I am deeply troubled by this.

While I strongly oppose President Obama's notion for a timeline for withdrawing from Afghanistan, I do support his call for a surge of troops to stabilize the country. We learned a great deal from our counterinsurgency strategy implemented by GEN David Petraeus and Ambassador Ryan Crocker in Iraq. He knew that if the U.S. forces spent most of their time only in a small protected area such as the Green Zone in Baghdad, then little would be accomplished.

The surge in Iraq was successful not only because there were simply more troops in Iraq; it was what they did that mattered. By simply going out into insurgent areas and being more visible, this gave reassurance to the local populations that Americans were still around, but it did not stop there. Previously, coalition forces would clear an area but then retreat. This time, they were there to stay.

Our soldiers became involved with the local communities, assisting with infrastructure and even doing things such as helping to set up farm cooperatives. The strategy evolved from only clear, to clear, hold, and build. Soon, our forces had the trust of the locals. The citizens of Iraq began to help with the stabilization and rebuilding of their country. They began to cooperate with our military efforts and help us fight insurgents. Before, they were scared and powerless. Now they were safe and had the ability to make their lives better. These conditions have made it very difficult for our enemies to operate. It is now time to apply these lessons to Afghanistan. It is time to clear, hold, and build there.

It is unfortunate but true that the Afghan Government suffers from a deplorable level of corruption. However, it will not do us any good to refuse to help until things get better. This is because they won't get better without our help. The citizens in Afghanistan by and large do not trust their government, and this creates an atmosphere that is very helpful to our enemies. When our forces move into communities, they create stability and undermine insurgent forces and corruption.

Use of the proper strategy can help improve the government, as we have seen in Iraq. However, if it is not improved, then the people will never trust it and it will not protect them. They will have no choice but to comply with the wishes of the insurgents. Eventually, the government will slide into chaos and the Taliban and al-Qaida will return to power. We cannot let this happen. A return to Afghanistan's previous status as an unhindered launching pad for global terrorist plots is totally unacceptable. We know all too well what the consequences of this are. However, it could possibly get even worse than that.

We have seen the difficulties Pakistan has had in fighting the Taliban on its own soil. Currently, U.S. and NATO forces are fighting and hopefully soon beating the Taliban and al-Qaida in Afghanistan. If we were to leave before finishing the job, the result could be disastrous for Pakistan. A Taliban-controlled Afghanistan would be a sanctuary and staging point for the radical Islamist terrorists to attack from. Pakistan is a nuclear power, and its fall to these groups would be utterly catastrophic.

Victory in Afghanistan is essential.

We learned a lot from the Bush administration's revised strategy for Iraq that put that war on a path to success. It would be a shame if we did not apply those hard-learned lessons to the current conflict in Afghanistan.

As I mentioned at the beginning of my remarks, this is a large bill—larger than it had to be. The use of this Defense appropriations measure as a political football is why it is so big. I think it is a shame that the majority chose to legislate in this manner.

We did not need to do it this way. It is probably too late in this process for us to fix this mash-up of different bills and give all of these issues the individual attention that they deserve. However, hopefully, next year will be different. Hopefully, the majority will not try to once again politicize the bill that is supposed to be about funding our military. Hopefully, they will not hold this bill back and wait until the last minute like they did this year. It is the responsibility of the majority to set the schedule of the Senate.

We will see this time next year if they are still devoted to playing politics with the funding of our troops. I sincerely hope they are not.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska is recognized.

Ms. MURKOWSKI. How much time remains on our side?

The PRESIDING OFFICER. There is 10½ minutes remaining.

Ms. MURKOWSKI. Mr. President, I rise to speak today on H.R. 3326, the Defense appropriations bill for fiscal year 2010. I appreciate all of the hard work that goes into the formulation of this bill and commend the leaders of the Defense Appropriations Subcommittee, Mr. INOUYE and Mr. COCHRAN, on an outstanding product.

It is a product that does justice to the men and women who wear the uniform of the United States in defense of peace and liberty. It is a product that does right by our military families who we must never forget also serve.

I would like to take a few moments to share some comments about what this bill means for the fighting men and women in my State of Alaska. Alaska is home to about 21,000 men and women who serve on active duty. Add to that number approximately 4,700 members of the National Guard and Reserves.

The bill that is before us supports the soldiers of Fort Richardson, Fort Wainwright and Fort Greely; the airmen of Elmendorf Air Force Base, Eielson Air Force Base, Clear Air Force Station, and 18 radar sites in remote, rural areas of the State; the Marine detachment hosted by Elmendorf Air Force Base; and Naval Special Warfare Center Detachment in Kodiak.

It supports units big and small. Units like the 4th Airborne Brigade Combat Team, of the 25th Infantry Division based at Fort Richardson near Anchorage which number in the thousands of troops.

The 4th Airborne Brigade Combat Team is known as ''the Spartans.'' This Spartan Brigade will be spending Christmas in Afghanistan.

Also in Afghanistan this Christmas are 11 members of the Alaska Air National Guard 176th Wing who left Anchorage on November 5 after serving an early Christmas.

We wish you well this Christmas. We are thinking about your families and we collectively pray for your safe return.

Mr. President, I mentioned Christmas. We know that we are upon the holiday season, although in this Chamber it certainly doesn't feel that way. There is no sense of giving and sharing and the general cooperation and cheeriness that comes—at least in my family—with the holiday season.

I think we have to also, as we approach the holidays, think about what is going on throughout the country as we face an economic recession. Families are choosing to do differently this year. They are squeezing back on their family budgets, and they are making some different choices—some hard choices. I think it is fair to say that folks are probably looking at us in Congress and saying: We wish they would be doing more of the same, making some of these hard choices when it comes to spending.

To put it into context in terms of what we have seen in Congress this past week or so, last Sunday—less than a week ago—we passed a $1 trillion-plus spending bill. These were six different appropriations bills, and three of those six bills were not subject to Senate amendment and debate. We went above and beyond the regular order and produced an omnibus package. Again, it was a package in excess of $1 trillion in spending or about a 12-percent increase over the previous year.

Shortly before that, about a week prior to the action on the omnibus, the EPA, the Environmental Protection Agency, issued an endangerment finding. This endangerment finding—for those who are following this issue, I think many recognize that the potential cost to this country, the financial burden that could be placed on this country if we advance through the regulatory process, as opposed to the legislative process, these regulatory burdens, I think it is clear the costs and impact to this country and our Nation's economy are truly dangerous.

When we talk about an endangerment finding coming out of EPA, it is just that—it endangers our economy, it endangers jobs, and it endangers the competitiveness of those of us in this country.

Again, people are looking at this and saying: What is going on in Washington, DC? Don't they realize we need to be working to save and create jobs? We need to do positive things that will help us as a nation and our economy, not those things that legislatively, or through regulation, would hurt us.

Now we are in the midst of trying to move through a health care bill in the final days before Christmas—a $2.5 trillion reform package that, at this point in time, we are not quite sure what is in it. But when it is revealed, it is possible we will have about 36 hours to review it, to understand it, and to appreciate the implications for us in our States and the impact to our economy.

Again, one of the aspects we do know about this is that the framework we are operating off of is one that will increase taxes on small businesses and individuals in this country. It will cause cuts to Medicare at a level that is incomprehensible, almost $½ trillion. For all that we can tell, it is going to increase premiums.

Alaskans are looking at this package and saying: This isn't the reform we thought the Congress was going to be giving us.

Following on the track of the spending, we are going to be discussing increasing the debt limit. Again, people in the rest of the country are wondering: What is going on in Washington, DC. What is in the water that is causing them to spend at levels that are almost uncontrollable?

Our reality is that you and I are not going to be facing the financial consequences in the outyears so much as our children. During the holiday season—I have kids, and I still try to keep their presents secret. So I have a tendency to rat-hole them away, hide them.

The one thing we cannot hide from our children this Christmas is the fact that what they will be receiving is an incredible debt. That is not a ''gift'' that we can afford to give our children. When it comes to the discussion about the health care bill and the consequences of it, there have been a great number of journalists who have been opining and commenting. We certainly have kept the press busy with this.

There was an article on the opinion page in the Washington Post a couple days ago by Michael Gerson. He made a statement that I would like to read. He states:

> The entire Democratic health reform effort is foundering, as its deep bow enters the shallow channel of fiscal reality. And that splash you hear is the sound of various groups being thrown from the ship to lighten the load. Instead of beginning with affordable, realistic objectives, President Obama and the Democratic Congress set the goal of guaranteed, comprehensive coverage for everyone. This requires a lot more money in the system, which must come from someone.

Then I go to an article in this morning's Hill magazine. For this one, the headline is ''Senate Plan to Tax Health Plan is Bad Policy.'' It starts off:

> Millions of working Americans will pay thousands of dollars more in taxes under the Senate proposal that taxes healthcare benefits to finance reform.
>
> According to the Congressional Budget Office, this excise tax will affect one in five Americans.
>
> Millions more will have their health benefits cut and see their costs go up. This is the opposite of healthcare reform.

You might think that was an article that I might have written or that some of my Republican colleagues wrote. Actually, this article was penned by Jim Hoffa, who is the Teamsters' general president, and Mr. Larry Cohen, the president of Communication Workers of America.

Mr. President, my point in saying this is that as people understand more and more about what is contained within this health care legislation, they are coming to understand the impact to them and to their families. They are quite anxious because they know that as the years go out, the costs don't go down, the costs only go up.

We are concerned in Alaska about access to care. I have stood on this floor many times and talked about how, in Alaska, we simply do not have the Medicare providers that we need to see the people in my State, particularly in our largest communities. We just learned that one of the medical clinics in Anchorage has made an announcement. They issued a letter to their patients saying that Northwest Medical had four practicing physicians who were seeing Medicare patients earlier this month, and three of the four physicians opted out of Medicare, resulting in 550 Medicare beneficiaries being without a physician.

What is happening is that they are calling us for a doctor's appointment. The problem is that we can't get them in anywhere either. We have one facility in Anchorage where they are taking new Medicare-eligible individuals. When we did a count—the institute of economic research did a count as to how many providers in Anchorage, AK, were taking new Medicare individuals. It was 13. We heard from a provider just last week that she is opting out. These three make a total of four. This is simply not sustainable.

For us as a Senate and as a Congress to be moving forward in the name of health care reform, any provision that will further jeopardize access for the people of Alaska or the people of rural America or all over this country, that we would do anything that would jeopardize their access is foolish. It makes no sense.

We must stop this reform effort. We must do our job in Congress to provide the people of my State, and all of our States, real health care reform that reduces the cost, provides for access, and does right by the American people.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. BROWN. Mr. President, as we near Christmas, our troops are overseas, away from their families during this holiday season, facing dangers most of us cannot even contemplate. Many in this Chamber have long supported the wars in Iraq and Afghanistan, but the loudest supporters of war today are leading the charge in trying to block the Defense appropriations bill.

It is irresponsible, plain and simple, to play politics with the funding of our troops. It is a disservice to them. It is a disservice to their families. It is a disservice to our great country.

We do not agree on health care reform. I understand that. I get that. But to hold up the funding for our troops, I do not get that. This bill funds our overseas military operations and provides our troops with a hard-earned

pay raise. It includes funds for joint IED Defeat Fund, Mine Resistant Ambush Protected Vehicles, so-called MRAPs. It provides equipment for our National Guard and Reserve.

The tired politics of delay and distraction offered by my Republican friends does a disservice to our troops, to their families, and to the Nation.

It does a disservice to the millions of Americans also who would benefit from the provisions of the Defense appropriations bill that would extend the COBRA Premium Assistance Program.

This month, thousands of Americans—hundreds in the Miami Valley were hit so hard, where in the Dayton area they were hit so hard from DHL to General Motors to NCR to the suppliers for those companies, hundreds and hundreds in the Mahoning Valley, where people in the Washington Post read about Warren, OH, what happened to people there with this terrible recession.

It is a disservice to hundreds all over my State who saw a 65-percent spike in their monthly health insurance premium. That is because the 9-month COBRA subsidy—one of the things we did right earlier this year. The government has never stepped in to do that to help people in tough times with their health insurance. The 9-month COBRA subsidy started phasing out in December.

COBRA provides a much needed health insurance option to those Americans out of work. It allows workers to stay on their previous employer's health plan for 18 months, but it could be prohibitively expensive. That is why I introduced a bill 11 months ago—the Coverage Continuity Act—to provide a health insurance subsidy to laid-off workers. They simply cannot afford COBRA without it.

Remember, COBRA is the health insurance program where if you lose your job, you can keep your same health insurance. You continue to pay your own premium, but you have to pay the employer contribution. If you have lost your job, it is pretty hard to do that, putting it mildly.

This, for the first time, gives a very generous subsidy so people can keep their insurance. A version of that proposal I introduced in January was included in the stimulus. It provided a 65-percent subsidy toward the price of a COBRA premium for recently laid-off workers.

Now that subsidy has expired for some. It is about to expire for many more. Nearly 16 million Americans are out of work still and 14,000 lose their health insurance every day.

When I hear my friends on the other side of the aisle say: You have to slow down on health reform, we don't want to do this too fast, they need to go back to their States. I hope they get some time off at Christmas. I hope, after they spend time with their family, they go out and start talking to people getting hurt by this recession. They are not hard to find. They are in every neighborhood in every community in every State—people who lost jobs and are losing their health insurance.

In Ohio—from Toledo to Millard to Mansfield to Ravenna, Gallipolis—350 Ohioans every day lose their insurance. Across this country, 1,000 people a week die because they do not have health insurance. Mr. President, 1,000 people a week die because they do not have health insurance. Yet too many people in this institution, too many people think we have to wait.

They need to know, when you think about 1,000 people dying every week without health insurance in this country, they need to understand a woman with breast cancer is 40 percent more likely to die if she does not have insurance than a woman who has breast cancer with insurance. If that is not reason enough for them to get on board and stop their delay tactics and quit saying: Let's slow down; let's slow down, it clearly has not worked. That is why the COBRA extension is so important. The extension is similar to one included in S. 2730, the COBRA Subsidy Extension and Enhancement Act, which I introduced with Senator BOB CASEY in November.

The bill before us will ensure Americans receive the COBRA subsidy for 15 months, not 9. It means that most workers who first started receiving the subsidy last March when it started will continue to receive it until May of next year.

It extends the day on which you can be laid off and still be eligible for the subsidy. Under current law, only those who lose their job in the next 2 weeks will be eligible. We need to extend that eligibility window at least to February of next year. This will help Americans, such as Don Hall from Castalia, OH. Castalia is a community west of where I live near Sandusky, OH, in the northwest part of the State.

Don was laid off from an auto supplier in October of last year. As severance, the company gave him 6 months of paid COBRA coverage and then he became eligible for the premium assistance program we included in the stimulus.

However, his ninth and final subsidy payment came through in November. He is still out of work. Earlier this month, on December 1, he and his wife were charged $763 for their coverage, up $500 from the month before. He was paying about $250. Now he is paying $763. Don is also fighting to save his house from foreclosure. He has cut back as much as he can, but he doesn't want to stop paying for a cell phone because that is his only way for potential employers to contact him. He has had six job interviews in the last 13 months. None have panned out because there are not enough jobs in Castalia, Sandusky, Toledo, and Lorain.

Don worked hard and played by the rules. Similar to so many American men and women, he is experiencing hard times and needs some help. They on the other side of the aisle say: Let's slow down; we have to slow down.

For Don, slowing down means the loss of his house. It means he is more likely to get sick and ruined financially because they want to slow down.

Don's story is not unique. Take Tim Wolffrum from Milford, OH. His COBRA subsidy is scheduled to expire at the end of December, at which point he will owe $417 a month. That is nearly as much as he receives in unemployment benefits.

When Tim started shopping around in the individual market knowing he would be forced out of COBRA, everything he found either had exorbitant premiums or bare-bones coverage. That is because Tim suffered a heart attack 2 years ago and suffers from a digestive disease. These preexisting conditions made him a liability for private insurance companies.

Tim is confident he can find a job once the economy picks up. But in the meantime, he needs the COBRA subsidy.

Carol Williams from Dayton, OH, is in a similar bind. She is 63 years old and was employed at R.J. Reynolds for 18 years before being laid off in October of last year. She started receiving the COBRA subsidy in March but was responsible for the entire premium this month.

Remember, COBRA is what you were paying when you were employed. If you lose your job, you continue to pay COBRA to keep your insurance and you also have to pay your employer's contribution. Almost nobody can do that after they have lost their job for very long. That is why the subsidy we put in the stimulus package back in February and that is why the subsidy we want to put in this Defense appropriations bill is so darn important to so many Americans.

Because Carol remains unemployed and suffers from minor thyroid problems and high blood pressure, her insurance options are limited.

She decided to pay the full COBRA premium in December, with the hope that Congress will act to extend the subsidy. Here is her calculation: While they delay, while they say: Let's slow down, on the other side of the aisle, Carol says: My premium went up several hundred dollars. If I cancel, I will never have insurance. If I dig deep and do not heat my house as warm, do not eat as well for the next few weeks, I will pay more and hope Congress passes this so she can get that better rate again.

That is what delay says; delay for their little political reasons and the little political games and tricks the other side of the aisle is playing, such as they did at 1 o'clock this morning, puts Carol Williams in a position where she has to make those hard decisions. I wish some of my friends on the other side of the aisle would meet the Carol Williams of the world. I wish for 1 day we could walk in the shoes of the Carol Williams of the world and see the kind

of horrible decisions they have to make because they want to play their political games.

Let's not let Carol down and Don and Tim down. Let us in this Chamber hear their cries. I hope they hear the cries of thousands of people in Helena, Kalispell, Wilmington, Dover, and all over this country. It is too important for us to fail.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I thank my friend from Ohio for his statement, for two reasons. It is very much on target and, second, a couple towns in my state of Montana have the same problems that some of the towns in his State of Ohio have. We are all in this together. So many people and so many towns all across the country need health care coverage or are denied coverage because some insurance company has said they have some preexisting condition.

I thank my friend for his statement.

The Defense appropriations bill before us provides essential support for American troops fighting for our freedom abroad. The bill before us also continues crucial safety net programs for American families, for those families struggling with tough economic times here at home.

What our colleague and former majority leader, ROBERT C. BYRD, said in 1988 remains true:

> Without economic security, we cannot have national security.

Millions of jobless Americans struggle for economic security every day. Even people with jobs are seeing their paychecks stretched.

For every six unemployed workers, there is only one job opening—only one for every six unemployed. We need to continue to work to help create jobs. We also need to address the challenges that unemployed Americans are facing right now. This bill takes action to help Americans who are seeking jobs.

Without this bill, the three unemployment insurance provisions established or continued by the Recovery Act that we passed at the beginning of the year will expire in 2 weeks. If we don't pass this legislation, unemployed Americans will not be able to apply for new unemployment insurance benefits after December 31, and those who are currently receiving benefits will lose this vital help.

The loss of these benefits will be devastating to many Americans, including a young father in my home State of Montana from whom I heard recently. He was working hard to support his family at a carwash in northwestern Montana. Then he was laid off. Since then, he has simply been unable to find work.

His work situation only adds to his concerns because he recently lost a child to sudden infant death syndrome, and his wife is now pregnant with another child. They are living in a house 20 miles out of town. They heat their house entirely by burning wood because that is all they can afford on his unemployment benefits.

Without this bill, his benefits would run out in 2 weeks, and his family would be left in the cold while he struggles to try to find work.

This bill would extend emergency unemployment compensation for 2 months. That program provides additional weeks of unemployment benefits for out-of-work Americans, such as my western Montana constituent, during this period of high unemployment.

The bill would also provide 2 additional months of extended unemployment benefits. Those benefits provide targeted assistance to areas of our country that have been affected by particularly high unemployment rates.

The bill includes a 2-month extension of the Federal Additional Compensation Program. That program increases all unemployment benefits by $25 a week. Together, these provisions will protect unemployment benefits for roughly 2 million Americans. Those are people who would lose unemployment benefits if we do not pass this bill.

These extensions would provide much needed economic security for Americans who are struggling to find work in these uncertain times.

I do not think enough of us realize the depths of angst people suffered when they are out of work and trying to find work and when potentially their unemployment benefits, which help a little bit, might not be extended.

In addition to the critical unemployment insurance extensions in this bill, this package also includes an extension of what people call COBRA. What is that? That is assistance that helps unemployed Americans and their families to maintain their health care coverage.

When workers lose their jobs, they lose more than just their paychecks. Unfortunately, they also lose their ability to afford health insurance coverage as well.

To address this problem, the Recovery Act we passed earlier this year provided assistance to help their families to pay for health insurance while looking for a new job.

Fortunately, in most cases, workers who lose their jobs have the right to keep their employer health care coverage for up to 18 months under the COBRA program. It is called that after the name of the Consolidated Omnibus Budget Reconciliation Act that set up the program. That is why it is called COBRA. To be eligible for COBRA health benefits, workers typically had to pay all the premium costs, plus an additional 2 percent for administrative costs.

Can you believe that? People laid off have to pay all the costs, plus an additional 2 percent. That is a penalty. It is not a gift. It is not assistance. It is a penalty.

Paying the full premium, plus administrative costs, is simply more than most families can afford when out of work. It is just plain wrong that we even had that in the law in the first place.

Fortunately, this provision, the COBRA provision in the Recovery Act, provides relief to struggling workers. And what did it do? It made a change. That provision covered up to 65 percent of health premium costs for up to 9 months for unemployed Americans. Previously, it was zero percent, and now it is 65 percent of health premium costs for up to 9 months for those who are unemployed.

This premium subsidy has made a real difference in helping unemployed workers and their families maintain health insurance. Roughly 7 million Americans have benefited from this assistance. The bill before us today would extend that for another 6 months for those who remain unemployed. In addition, the legislation would offer similar assistance to people who lose their jobs between now and the end of February.

This assistance is the right prescription for families in these tough economic times. For many Americans who have lost their health coverage because they have lost their jobs, this benefit provides critical help to ensure they can get their health care when they are in need.

This bill also protects access to health care for seniors and military families. The legislation would ensure that doctors will not suffer a reduction in payments for their services. The bill would reverse planned cuts to physician payments under what is called the sustainable growth rate, otherwise known as the SGR. Blocking cuts to doctors' payments would keep health care available to seniors in Medicare, and it would help keep health care available to military families insured by the TRICARE program. Without this provision, Medicare and TRICARE providers would see a 21-percent cut in their payments. That could make it difficult, obviously, to continue to participate in the program. Doctors say they can't do it. They are not going to participate.

I am committed to finding a permanent solution to the flawed payment formula that has caused this cut. In the meantime, this bill would make sure our physicians in Medicare and TRICARE will not face deep, unfair cuts. This bill would help ensure they can continue to care for our seniors and military families—another reason this legislation is so important. Not only does it help fund our troops, but all these other benefits are here, those I am outlining, which make a big difference and mean so much to so many people, basically people who are out of work in these tough economic times.

The bill also includes a provision to protect access to critical safety-net programs for low-income families who would otherwise lose those benefits in already tough economic times.

This legislation would hold the poverty level constant at the 2009 level. That would prevent a decrease in the year 2010, because prices went down

this last year. This legislation would thus keep struggling families, who are right at the poverty line, from dropping off of critical safety-net programs. To keep up with the rising cost of living, the Federal poverty level is adjusted for inflation each year. Because of the great recession this year, prices actually went down. There was what is commonly called deflation instead of inflation. As a result of this deflation, the Federal poverty level could actually be lower in 2010 than it was in 2009. That means American families right at the poverty line, who rely on programs such as Medicaid, home heating assistance, and food stamps, could actually lose their access to these vital services even though they did not have any additional income. This legislation would allow families who qualify for safety-net provisions today to stay on those critical programs if their circumstances don't change. These families cannot afford to bear any additional hardship in this recession, and this provision would ensure they do not lose the vital services they need to keep them afloat.

This bill also extends vital funding for the repair and maintenance of our roads and our bridges. This would save hundreds of thousands of highway jobs. These are jobs that pay well and jobs that cannot be shipped overseas. This provision provides a 2-month extension of Federal highway funding—not very much but 2 months is better than no extension, and that will allow important repairs to America's roads and bridges to continue so we can, next year, pass a meaningful highway program, a multiyear program, hopefully 4 or 5 or 6 years.

Without this provision, this 2-month extension, the Federal Highway Administration and construction projects across the Nation will be forced to shut down, taking thousands of jobs along with them. The safety of our Nation's roads and bridges is vital. And at a time when unemployment is already more than Americans can bear, we cannot afford to lose hundreds of thousands of good highway jobs. These provisions make sure we don't.

Economists have seen some signs that the economy is starting to recover, but many American families, unfortunately, continue to struggle. This legislation will provide vital support and services that the economy and American families need to get through these tough times. Working together, we are going to get this economy back on track. Passing this bill is part of the answer. Passing this bill is important for both our national safety and our economic security. I urge my colleagues to support this vital legislation.

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. BOND. 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. BOND. Mr. President, earlier this month President Obama renewed his commitment to the counterinsurgency on a ''clear, hold, and build'' strategy for Afghanistan. As I have said several times before on this floor, I believe this strategy will allow our troops to return with success and put Afghanistan on the road to stability. But, as I have also said, when you go into a war, when you launch a major effort such as this involving tens of thousands of Americans who will be putting their lives on the line, we must go in with an attitude of success. We are going in to succeed. Let's be clear about that. We must succeed in Afghanistan unless we are to face the kinds of risks we faced on 9/11.

HARKIN back to the early 2000s when the Taliban ruled Afghanistan. Their friends from al-Qaida came into Afghanistan and used it as a ground for recruiting, training, issuing command and control, and preparing for attacks. From that part of Afghanistan came the directions and the leadership for the tragic attacks on 9/11.

As President Obama has said many times over, fighting in Afghanistan is the war of necessity. It is one we cannot fail to win because we have seen what happens when Afghanistan falls into Taliban hands.

I happen to disagree with him because Iraq was the next featured spot for al-Qaida, Osama bin Laden, and Ayman al-Zawahiri to go. We had that from the Clinton administration. Their intelligence chief, Security Chief Clark, said that when we drive Osama bin Laden out of Afghanistan, he will boogie to Baghdad. That is what all of the information we saw in the intelligence committee indicated. They wanted to make Iraq—Baghdad—at the confluence of the Euphrates and Tigris Rivers, headquarters for their operations. They call it the Caliphate.

We went in and cleaned out Saddam Hussein, who was a vicious, murderous tyrant. We didn't find any weapons of mass destruction. People said we didn't need to go in. However, in the intelligence community, we found out that, No. 1, the intelligence was off base. They made assumptions they should not have.

But we also sent in the Iraq Survey Group, headed by David Kay, who went in to look at the conditions in Iraq and found out what those conditions were prior to our going into Iraq to clean out Saddam Hussein. The conclusion Mr. Kay and his very skilled team came to was that Iraq was a far more dangerous place even than we knew. There were terrorist groups running around in there.

Abu Mus'ab al-Zarqawi, who later became famous for beheading Westerners he captured, on television, for the edification of his twisted viewers, had a group called Ansar al-Islam. That group later morphed into al-Qaida and became al-Qaida in Iraq.

Fortunately, very good intelligence work and the administration of a shot from a litening pod on an Air National Guard F–16—and I am proud to have been a sponsor of earmarks to put litening pods on Air National Guard aircraft—wiped out Abu Mus'ab al-Zarqawi.

At the same time he was running around, he was looking for weapons of mass destruction. There is no question that Iraq had used weapons of mass destruction before. He had used them against the Kurds, his own people. He had the facilities to produce them. He had the scientists to produce them. He had the recipes to produce them and what we call a just-in-time inventory system. He could have started up chemical or biological weapons of mass destruction, had he not been taken out, and turned them over to terrorist groups.

In Iraq, we successfully took out Saddam Hussein. Then we tried to prevail with a counterterrorism strategy. That is where you send in some of our elite forces and you take out the leaders of al-Qaida. Then you go back to your base. The problem we found was that once we left, al-Qaida would come back.

Insurgency is different from a regular war. They would come back in. If anybody cooperated with the American forces, they would kill them or torture them first and kill them or even torture their families in front of them and then kill them. So we knew things were not going right.

President Bush chose, with Secretary Gates—he and Secretary Gates chose GEN David Petraeus, who was a real scholar. He happened to have gone to the same college I went to, but he was a real scholar. He had developed a counterinsurgency strategy that he believed was the only way to deal with insurgency, so they instituted the ''clear, hold, and build'' approach in Iraq. They would send in the troops and clear out al-Qaida. Then they would embed or lock down with the Iraqi forces there. That way, they could maintain the security of the area. People would not dare come back in with American and Iraqi troops there.

My son happened to see both sides of that. He was there in 2005, in the ground intel operation in Fallujah. They found that the locals were not interested in working with the Americans. We now know why. They were very fearful for their lives if they did.

The second time he went, he went in with the 2/6 Marines, who drove al-Qaida out of Al Anbar Province. His scout snipers were assigned to capture his old stomping ground in Fallujah. They did it, and the difference was dramatic.

By that time, General Petraeus had set up the Sunni citizens watch, working with the Iraqi Government. They had the Sunni police. When they went

in, they immediately started recruiting young Sunni men to serve in the police force in Fallujah. They offered people who had injuries medical help. They offered assistance for those who needed reparations, who had damage. They got that done.

Within a month, my son said, the marines were not all needed, they were not active, because when somebody brought in an IED, an improvised explosive device, or an AQI—al-Qaida in Iraq—person came in, the Sunni citizens watch would turn it over to the Sunni police and they would take care of it.

That is why we have made the progress, despite what some on this floor said—that the war is lost; we cannot win it; we ought to withdraw. The counterinsurgency strategy worked.

When we moved into Afghanistan, we found that in the years since we had driven the Taliban out, we turned the task of keeping Afghanistan stable and secure over to NATO. NATO forces, regrettably, were not adequate. They employed a counterterrorism ''fire and fall back'' strategy, or even less. Some rode around in armored vehicles during the daytime and went back and had tea in the late evening. The Taliban owned the evening.

So when GEN Stan McChrystal went there, he was assigned by President Obama to carry out his strategy. The President outlined a very clear strategy, which was, we need a counterinsurgency strategy, clear, hold, and build—what I refer to as ''smart power.'' You need military force, but you need economic development assistance, whether it be medical or governance assistance. You need to help people develop a better life. He tasked General Petraeus to do that.

General Petraeus outlined a strategy—he outlined it in August; we first saw it then—and he outlined a good strategy. He said he needed 40,000 troops. Since the President has said he is going to send 30,000, he has cut back on the objectives. He believes that will work.

We are now getting the troops there. It is going to take time to get the troops there. I wish we had started 3 months earlier because we had been losing ground until we got the additional troops in. But he started getting the troops there.

I believe we can provide stability and security in Afghanistan. Are we building a nation? No. But we are building stability and security. Before you can have a nation, before you can even have a working economy, you have to have security. You have to make sure the insurgents, the Taliban or occasionally their friends from al-Qaida, do not come back in and take over the area and destroy your crops.

Previously, the Taliban had cut down all the pomegranates. Afghanistan was the breadbasket for that part of the world. They had destroyed agriculture so that only their colleagues in the drug trade could control the land. That is where a significant amount of the money for funding the Taliban has been coming from, poppy production and the drugs it produces.

That process is ongoing. But we have found some test markets where that has worked. I was told by then-General Eikenberry in January 2006, and echoed by President Karzai, that they needed extensive agents from America to help them rebuild their agriculture. I tried for 2 years. With the help of my colleagues on the Appropriations Committee, we twice appropriated $5 million to the Department of State to get the USAID to send in extension agents. With $10 million, absolutely zero people went, as far as we know. So in 2007, I worked with the Missouri National Guard, good friends of mine. They sent a survey team over and said: We can help. In early 2008, they sent a 50-member agricultural development team to Nangarhar Province, Jalalabad. It was the No. 2 poppy producing province in the nation, but they had an excellent Governor. They wanted to work. So the Guard team went in. These were trained soldiers and armed airmen and women who knew how to fight in a battle. But they also had agricultural backgrounds in their day jobs, in civilian employment. They were farmers, agronomists, soil specialists, foresters, food processors, veterinarians. They went in and helped the farmers of that province rebuild their agriculture.

By the end of the growing season in 2008, President Karzai said they had made a tremendous difference. He said it was one of the great successes. Ten more National Guard teams are going. In December of last year, when I was there, before I went out to Nangarhar, President Karzai served us a wonderful dinner including broccoli from Nangarhar. I found that not only did they have security but poppy production in Nangarhar went from being second highest in the Nation to almost zero. We now have our third Missouri National Guard team over there. They are planning on going 7 more years, because they want to continue that partnership. Guard units across the Nation are lining up to partner with other provinces.

This is a great model. Unfortunately, it is not enough to have Guard forces there. We have to have a national security budget that includes the civilian side, the economic and development side, the agricultural side, the educational side along with the military force. That is one of the things I am worried about. We have to make sure that we get the ''build'' side of clear, hold and build, of smart power working in Afghanistan. We cannot expect them to maintain their security if they don't have a way of earning a good livelihood. Make no mistake, they are earning a better livelihood with legitimate crops than they were with poppies. They are not bowing down to the drug lords or to the Taliban. Most of all, producing flowers for drugs was against their religion so they are happier. But we need to do a lot more of that.

I think the first and most significant part in doing that was sending the 30,000 more of our trained military volunteers deploying to Afghanistan. The bill before the Senate today is critical to ensuring these troops have the equipment, training, and resources needed to execute their mission. You can't send that many more troops there without giving them resources. This bill is essential for giving the resources.

I especially thank the majority of the House and Senate for not loading this critical troop bill up with poison pills. I know there was some discussion—it must have been tempting—to use legislation to pass unrelated and controversial proposals. I have always voted for and continue to support funds our troops need. If we had seen on this bill things to add, for example, another expensive, doomed-to-fail stimulus bill, I would have had to vote no. We have seen that the majority's $1 trillion stimulus bill, passed late last winter, has failed to produce the jobs promised and the budget which doubles the debt in 5 years and triples it in 10. It puts our children and grandchildren's financial future at hock. I didn't want to see that on legislation to appropriate the funds that our troops needed. I am delighted they didn't.

I offer a very special thank you to my good friend Chairman DAN INOUYE who heads our Appropriations Committee. He is a true American hero, and I have the utmost admiration for him and greatly commend him for the manner in which he is leading the Appropriations Committee. He tirelessly works to ensure that America's priorities in defense are put in the right place. I issue my strongest thanks to him and our distinguished Republican leader THAD COCHRAN. One of the things I think they did, which was absolutely necessary, was to add the most reliable, heavily used workhorses in the Air Force inventory, the C–17 cargo aircraft, to the bill. This is the modern transport plane used to move our warfighters into battle. It gives them the equipment and supplies to execute their mission. With the President's recent announcement of an additional 30,000 troops, there is going to be more need for them. It is only growing. Secretary Gates has said we must prepare for the fights we are in today. It is no secret that the C–17 is in the middle of the fights, getting equipment and troops to and from Iraq to Afghanistan today. It is a combat-tested aircraft, essential to the fight we are in.

The CRS said it was designed to fly 1,000 hours per year over 30 years. But overseas we have seen it flying 2,400 hours a year. The logistics are particularly responsive to the kind of delivery the C–17 can make. Some people say: We have enough C–17s and C–5s. I agree with General Schwartz who stated ''too much iron is not enough.'' The C–5As, which must be retired and now can be retired, only have a 50-percent readiness level, a per-hour operating cost of

$29,000, and 40 maintenance man-hours per 1 hour of flight. It is time to retire them and replace them with the C–17.

Dr. Ashton Carter hit the nail on the head. I commend him for his vision. He said:

> I feel industrial base issues are completely legitimate because having the best defense industrial technology base in the world is not a birthright. It's something we have to earn again and again.

As America's only large airlift production line, if we were to end C–17 production, it would risk our Nation's long-term opportunity to produce the aircraft we need. It will also keep the scientists, engineers, designers, and dedicated workers who can turn out the future aircraft we need.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, I was listening to the remarks of the Senator from Missouri about his football team. I couldn't possibly follow that without mentioning my beloved Texas Longhorns who are going to play for the national BCS championship.

Mr. BOND. I am on the Senator's side.

Mrs. HUTCHISON. I appreciate the Senator from Missouri saying that he supports fully the Longhorns as the Big 12 champions. It is always good for the conference, of which the University of Missouri is a great member, that we win the national championship which I have all confidence that my beloved Longhorns will do.

Moving right along to the other important issues of today, I certainly am serious when I start talking about the issue that is before us today. I see the distinguished chairman of the Appropriations Committee sitting on the floor. The winner of the Congressional Medal of Honor, the only Member of our body who has that great distinction, and well deserved, Senator DAN INOUYE is one of the great leaders who fought in World War II, was a hero, was given the Congressional Medal of Honor, our Nation's highest military honor that can be bestowed. He has led our committee in such a commendable way.

Senator INOUYE has always assured that we have the support for our troops. I have served with Senator INOUYE and Senator COCHRAN, our ranking member, and Senator Ted Stevens before him. I can tell you that all of these Senators have led our Defense Appropriations Committee. They have led it by assuring that our troops always have what they need, whether they are in the field of battle, which has been the case for part of our terms here, or whether they are not in the field of battle which has also been the case for much of our terms here. But it happens that our troops are on the field of battle today. That is why I have supported this appropriations bill, supported it as a member of the Defense Appropriations Subcommittee and certainly am assured that we have the appropriations that give our troops who are in harm's way today the support they need.

I was in Iraq this year. I was in Afghanistan and Iraq last year visiting with those who are doing the work that keeps us free, that allows us to speak on this floor, that allow us to have Christmas holidays with our families. There is not a better experience in my entire time in public life than to get to visit with our troops on the field when they are in harm's way. I have been to Bosnia when we were in Bosnia, Kosovo, then Iraq, Afghanistan, Kuwait, where we have so many troops who are supporting our troops in Iraq, and also now supporting our troops with the equipment transfers into Afghanistan.

Those troops are not going to be with their families this Christmas. We will pass this bill. We will support our troops. We will follow in the great tradition of the Senate. This will be a very bipartisan vote.

HEALTH CARE REFORM

I also wish to mention that the major issue we must face before we finish in the Christmas holidays and then hopefully go on into next year is the health care reform bill that is before us. This is of great concern to me because I don't think we ought to rush the health care reform bill. Health care affects every family, every person in our country. It is a quality-of-life issue. America has had the great tradition and now expectation that we will have the best health care in the world, that we will have a doctor-patient relationship that determines what treatment is best and what is needed, and the patient then makes the final decision.

I very much fear this government takeover of health care is going to put government in between the doctor and the patient. This is a bill that, for the next 10 years, is going to transform our health care system with $½ trillion in new taxes, new mandates, which can only run up the cost of health care. For those who have coverage, it will be more expensive. For those who do not have coverage, I fear the alternatives are not going to be much better.

I think we have alternatives that can work; I just do not think this one is it. What would work? What will Republicans support? Republicans have a plan with three basic principles. No. 1, we want to bring the cost of health care down so there could be more affordable access for more people in our country. That means we have medical malpractice reform to curb frivolous lawsuits. It means we have the ability to have risk pools that are bigger so premiums are lower.

That means small business health plans. It means that we allow small businesses, without a bunch of bureaucratic nonsense, to come together, form bigger risk pools, and give lower cost options to employers to give to their employees. That is what every employer in this country wants. They do not want mandates. They do not want taxes. They do not want sticks. They want carrots; and that is, alternatives that are affordable for them.

Last, but not least, why not give every individual who buys their own health care a tax credit that helps them buy their own health care at an affordable cost? I am supporting a bill. It is the DeMint-Hutchison bill that would have a $5,000 tax credit available for people who have to buy their own health care coverage because they do not have employer options. That would take away the burden that is so heavy on families today.

So we have alternatives. We can do this right. We can do it right if we will take the time to do it right.

The bill that is going to be voted on, surely within the next 3 or 4 days, is actually a bill we have not seen. We have a bill before us. We have been debating it for 3 weeks. But there is another bill that supposedly is the consensus bill that is being written behind closed doors that we have not even seen, and we are going to be asked to vote on it in a 2- or 3-day period. We do not know how long it is, so we do not know how much time we are going to have to read it. But we know we cannot mess around with health care in this country and pass something that may not be right, that may not cover all the bases, that may have hidden things in it we cannot prepare for.

We need the time to do it right. The Republicans are offering a hand to the other side and saying: Let's do this in a bipartisan way. I stated the Republican principles. We can do health care reform with those principles. Maybe the Democrats have certain principles they could lay out, where we could come together and have something that would not be a government health care takeover, that would not be $½ trillion in Medicare cuts, that would not add $2.5 trillion to the debt of our country, which is about to sink in debt, and that would not have taxes and mandates and burdens on small business at a time when we want small business to hire people. We want small business to grow and help our economy thrive. But it cannot with more taxes and burdens.

We know we can do better.

The PRESIDING OFFICER (Mr. BURRIS). The time for the Republicans has expired.

Mrs. HUTCHISON. Thank you, Mr. President. I hope we will go back to the drawing boards and create a bill that America will be proud of and that we will see the American people support.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii is recognized.

Mr. INOUYE. Mr. President, first, I wish to thank the Senator from Texas for her very generous remarks.

The measure before us represents the culmination of the work of the Appropriations Committee for the year. But in many respects, it is our committee's most important responsibility.

What could be more important today, 1 week before Christmas, than demonstrating support for our men and

women in uniform, whose sacrifices and dedication to the people of this country are unmatched.

If I may be a bit personal at this point, I have spent several Christmases away from home in my youth when I was serving in Italy and France during World War II. I have seen the anguish of wives without their husbands on Christmas Eve. I have seen the tears of mothers when they received the news of the death of their son. I have seen the blood. I have seen the misery.

As has been noted by others, this measure before us provides the essentials for the Department of Defense. That is the least we can do for our men and women. Yes, the amount involved is tremendous, $636 billion. The amounts in this measure will go to pay the troops, support their families, provide care for the wounded, and equip our forces. Funding of $128 billion is included in this total to give our men and women in harm's way the resources they need—the guns, the bullets, the bulletproof vests, helmets, and such.

I know there are some who oppose the wars in Afghanistan and Iraq. I should like to remind my colleagues that I too voted against sending forces to Iraq. Yes, I did—1 of 23 of us here. Nonetheless, when the majority of both Houses voted to engage in that conflict, regardless of my personal view on the wars in which our Nation is involved, I have always supported the funding required to ensure that those who have responded to our Nation's call are provided all the equipment and resources they require to carry out their missions. That is the least we can do. While others may disagree, I will flatly state that it is unconscionable not to support them.

This is a good bill. It is a good measure. Some will criticize the relatively small amounts which are allocated to items requested by Members of Congress. Some will question the overall level of resources for defense and, as noted earlier, there are some who oppose funding the war.

But, despite the few loud voices who raise objections to this bill, I am certain the majority of my colleagues support this measure because this is a good bill which provides essential funding to provide for the common defense.

I think we should remind ourselves that at midnight tonight the continuing resolution providing stopgap funding will expire. Tomorrow morning, if it is not clear that the Congress will pass this measure, the Department of Defense will begin to take steps to shut down some of their functions worldwide. And I can assure you, it will be costly, it will be inefficient, and totally unnecessary.

The Senate has already voted overwhelmingly to cut off further debate on this measure. It is clear there is broad-based support. There is no reason to wait any longer.

As we sit here 1 week from Christmas, we are engaged in an extremely partisan debate in a highly charged atmosphere over our Nation's health care system. Both sides of the aisle feel passionately about this issue. I do not fault my colleagues who oppose that measure. But this defense bill is too important to be caught up in partisan politics. This bill was drafted in a bipartisan agreement, and I think we should recall that it was reported out of the Appropriations Committee by a vote of 30 to 0, unanimously. In both bodies of this Congress, the respective versions of the bill were supported overwhelmingly.

The compromise measure we are working on at this moment passed the House of Representatives by a 398-to-24 vote. That is almost unanimous, unheard of. So I plead with my colleagues, let's not force a wasteful shutdown of the Defense Department. Let's not continue the delay which has stalled action on this bill. And, above all, let's not raise doubts in the minds of our military men and women worldwide, who would follow our actions, and make them question us: Do we support them? Instead, let's come together in the bipartisan spirit in which this bill was created and crafted and vote to pass it today.

As in ancient times, it was said: Peace on Earth, good will to all men.

Mr. President, I would like to submit a short list of technical corrections to the Disclosure of Congressionally Directed Spending Items report that is attached to the explanatory statement for H.R. 3326, the Department of Defense Appropriations Act for fiscal year 2010. The following corrections are necessary to provide the most accurate description of congressionally directed spending items in this bill.

Senators BINGAMAN and UDALL of New Mexico should be removed from the list of sponsors for the Advance Propulsion Non-Tactical Vehicle in Research, Development, Test and Evaluation, Air Force.

Senator REED should be added in support of the Standoff Sensors, Detection of Explosives and Explosive Devices—IEDs—in Research, Development, Test and Evaluation, Army.

Senator SCHUMER should be added in support of the WMD Civil Support Team for New York in National Guard Personnel, Army.

Senators CRAPO and RISCH should be added in support of the Radiation Hardened Cryogenic Read Out Integrated Circuits in the Defense Production Act account.

I yield the floor, Mr. President.

The PRESIDING OFFICER. The Senator from Delaware is recognized.

Mr. KAUFMAN. Mr. President, I thank you for your help in this, as always. I say to the Presiding Officer, you are a great colleague, and I appreciate it.

Mr. President, I ask unanimous consent to speak as in morning business.

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

BROADCAST STATIONS

Mr. KAUFMAN. Mr. President, I want to take a few minutes today to speak about television and to alert my colleagues to a troubling situation.

Recently, the only VHF television station licensed in Delaware canceled the one nightly public affairs program which covered Delaware issues, closed its local studio, and moved almost all of its employees out of Delaware.

That station—WHYY–TV—did this even though the community it is supposed to serve first, that should be its primary focus, is Wilmington, DE. This is offensive and it is wrong. These and other actions led the city of Wilmington, last week, to challenge the license renewal of WHYY. I understand and commend the city's complaint, and I hope it will bring about better service to Delawareans.

Frankly, I think WHYY was emboldened to make these changes by the weakened oversight of the regulatory agency charged with making sure broadcast stations serve the public interest: the Federal Communications Commission. If this sort of snub to the community of license proceeds with no repercussions, we could be seeing less and less local service from stations all across the country.

If the requirement to serve the public interest has no meaning, if the broadcast station provides its community of license with nothing more than what we can get from a national cable, satellite, or Internet channel, then the public is getting a bad deal for giving away spectrum at no charge.

At the core of the FCC's licensing policies—right from the beginning—is a principle that every community of appreciable size needs and deserves its own station. As a nation, we have licensed broadcast stations to cities all across America. In America, we do not have nationwide broadcast channels. You get that on cable channels such as HBO or Discovery, either through cable or through DISH. TV channels are local. These stations that are granted free use of public airwaves are required to be responsive to local needs. Each has a duty to determine the programming appropriate for its viewing community and then make its programming decisions based on those needs. That is the deal. You get the spectrum, you take care of the local needs. Broadcasters are, for all intents and purposes, temporary trustees of the public airwaves. For that privilege, they must serve their own communities.

It is exactly because broadcasters must address local issues and needs that the FCC required cable companies to carry local broadcast channels. For the same reason, satellite carriers have been restricted in their ability to bring distant network signals into homes that should be receiving their local stations. That all makes sense. Yet unless the FCC steps up and makes it clear to broadcasters that their duty to serve the public interest is real and includes making program decisions that are responsive to their communities of license, I fear the public is going to lose out and local needs will go unmet.

As long as stations think they can get away with doing less, they will be tempted to do less. If there are no consequences to ignoring their obligations, they will take shortcuts and our communities will be the worse off for it. If that happens, our historic allocation of channels all across the country designed to ensure community-oriented service will become a sham.

I call these concerns to the attention of my colleagues today because this is what is happening in my own hometown of Wilmington, DE. We have one VHF station in Delaware. It is Channel 12, WHYY–TV. Its city of license is Wilmington, DE, and it is a public television station.

WHYY–TV is not always on Channel 12. In fact, it started out on a UHF channel in Philadelphia. But in the 1960s, when a commercial station operating on Channel 12 ran into problems, WHYY beat out the competition for the VHF license. It was no secret that WHYY made this move not because it wanted to relocate from Philadelphia to Wilmington but because it wanted to move from a UHF channel to a stronger VHF channel with greater viewership. However, this move nonetheless was tied to a promise that the station's primary duty was to serve the interests and needs of the people of Wilmington, DE, its new city of license. Unfortunately, it has been a near constant struggle for our community to get the attention it was promised.

When its license was first granted, WHYY agreed to present 16.5 hours per week of Delaware-oriented programming. Let me repeat that. They promised and agreed to present 16½ hours per week of Delaware-oriented programming. By the time its license came up for renewal in 1978, it was providing less than 3½ hours per week. As renewal of its license was challenged, WHYY added some additional Wilmington-oriented programming. Nonetheless, the FCC conditioned the grant of its license on demonstrating a commitment to local programs broadcast from Wilmington rather than Philadelphia.

WHYY was again chastised for failing to serve Wilmington during its 1983 license renewal proceeding. The criticism touched on such issues as the location of its main studio; its station log, staff, and management; the production of nonnetwork programming; and the amount of locally produced programming focused on Delaware. The FCC ordered WHYY to base personnel in Wilmington capable of addressing the many failures.

With the diminishing of FCC oversight of broadcasters' responsiveness to local needs, WHYY service to Wilmington diminished as well. Its main studio has long been in Philadelphia, and the Web site for both the Corporation for Public Broadcasting and the Public Broadcasting Service list it as a Philadelphia station. This is even though its license was based on being in Wilmington, DE. In June of this year, WHYY announced it was closing and putting up for sale its studio in Wilmington, closing its news bureau in Dover, and eliminating most of the 16 employment positions in Delaware. In short, it is virtually leaving our State and its city of license.

WHYY's programming decisions also mock its community of license. Gone is the daily afternoon report that focused on issues of interest to those living in and around Wilmington. Today, Delaware's only VHF station has committed to producing merely a single, 30-minute weekly—weekly—program focused on our State. The program is scheduled to air at 10 p.m. on Fridays and to be rebroadcast over the weekend.

If you look at the listings of locally produced programs that are touted on WHYY's Web page, you would be hard-pressed to find programs focused on Wilmington.

WHYY has the audacity to rationalize its cut in local programs by saying it will provide more Delaware-focused stories in its Philadelphia licensed FM radio station and online. So they get a broadcasting license and the programming is going to be on their radio station in Philadelphia and online. You don't have to be a genius to see this is not an acceptable substitute. This plan leaves entirely unserved those who look at television for information about the local community. Reporting through other media is not the same as reporting on television, and to do so WHYY does not need a TV license.

The people of my State feel short-changed and they should, and they are, especially because WHYY operates a noncommercial educational television station that receives support from tax revenues as well as individual and corporate donations. The public expects the licensee will be responsible and attentive to the obligations it holds to its community of license. There is no doubt WHYY has failed in this regard.

Those of us who live in Delaware understand we are situated in one of those areas of the country where airwaves are crowded. Also, television channel assignments to major cities in adjacent States have left little room in the spectrum for allocations to communities in our State. I know other States face the same problem.

The television stations to which Delawareans tune their sets predominantly broadcast out of Philadelphia, Pennsylvania, and Salisbury, MD. These out-of-State stations, however, owe only a secondary obligation to address the needs of their Delaware viewers.

Broadcasting in this country is coming to a significant transition, but the promise that comes with digital transmission should mean States such as Delaware and communities such as Wilmington will receive more attention to the local needs and interests, not less. That was the promise of digitalization. That was the promise of high-def TV. That was the promise of broadband. The allocation of a channel to a particular community must bring with it some special duty or else it has no meaning at all.

The FCC needs to reassert its role to insist that the licensees—companies that get free use—that is free use—of the public's airwaves take their responsibilities to serve the public interests seriously. If they do not, we will see more stations such as WHYY take advantage of lax policies. We will have more citizens in more communities left with little or no local programming. The complaint filed by the city of Wilmington last week against WHYY's license provides the FCC with a perfect opportunity to give real meaning to a broadcaster's obligation to its community of license.

I strongly encourage the FCC to use this chance and act decisively to protect the public interests.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. President, I rise today to support the DOD appropriations bill before us and to take a few minutes to talk about a couple of the provisions in the bill that are important to Georgia but, in particular, I think, also point out something important for us to recognize as Members of the Senate.

In this appropriation is an appropriation to the Office of Economic Assistance for $40 million. That money is appropriated to be competitively granted back to communities for various economic difficulties they have suffered. One of those communities is Hinesville, GA, in Liberty County, the home of Fort Stewart. Fort Stewart is the base through which most of our troops who serve today in Afghanistan and Iraq pass and many are trained. It is an outstanding facility in a town with a population of about 29,000. It is a rural county near the coast and near the great Port of Savannah where almost all of the materiel and equipment is shipped from the United States to the theater in the Middle East.

A few years ago, it was announced by the DOD that we would add three new brigade combat teams in the United States of America, and Fort Stewart would be the host of one of those new brigade combat teams. Immediately, the community has done what it has always done. It invested tens of millions of dollars in infrastructure, road improvements, community improvements, and it incentivized the private sector through the banks and the developing community to build the housing necessary to house the dependents

and families of those new troops who would come and be a part of that brigade combat team. So the construction work began over 2 years ago. Moneys were borrowed, developments were begun.

A little earlier this year, it was announced quickly and summarily that the Department of Defense was dropping back those three brigade combat teams and that none of the three would be created or deployed. Unfortunately for the community of Liberty County and for the private developers and the banking system there, they cannot get a do-over. They have already borrowed the money. They have already deployed the capital. They already made the investment.

Worst of all, the announcement came at a time when we are in great economic turmoil anyway, where our banking centers are under great stress. As I know everybody is aware, of all the States in the United States, the State of Georgia has had the most banks closed by the FDIC during the last 18 months. To have these assets become nonaccruing assets because the military changed its mind and the decision puts all of the banks that participated in that in a difficult situation.

I rise to thank the committee and Chairman INOUYE and Ranking Member COCHRAN and all the members of the House committee, especially Congressman JACK KINGSTON from Savannah, for adding this $40 million to the Office of Economic Assistance. It will be a help, but it also should be a warning. Whenever we announce to communities in our States an expansion of our military in that State, and we call upon them to provide the money, the infrastructure, and manpower as their cost to support those troops, if we pull the plug, we change our mind, unfortunately, they don't get a do-over. It is important for us to live up to the responsibilities we have to see to it that, to the maximum extent possible, those communities are made whole.

In the months ahead, I will continue to work on behalf of Liberty County and the people of Hinesville, GA, who have made this investment to see to it we do everything we can to have the deployments necessary to make up the difference, and where that is not possible, to see to it that funds are available to hopefully mitigate some of the damage.

The beginning of that starts with passage of this bill today or tomorrow morning. It will pass this $40 million program for the Office of Economic Assistance, so that Hinesville in Liberty County, and other communities damaged by the decision made to withdraw the brigade combat teams, will have a chance to be made whole.

TRIBUTE TO BILL BOLLING

Mr. ISAKSON. Mr. President, it is Christmas. We are all here in Washington working. Our troops are working for us around the world, in Afghanistan and in Iraq. There are a lot of other soldiers who have been working very hard this past year, the soldiers who support the Feed the Hungry programs and the community food banks all over the United States of America.

In Atlanta, GA, our State, there has been an award sponsored by Atlanta Gas Light for many years, called the ''Shining Light award.'' The award is that a gas light is installed somewhere in Atlanta to pay tribute to an individual who has made a historic contribution to the community and for the betterment of mankind—people such as former President Jimmy Carter, such as Ambassador Andrew Young, such as the founder and the gem of our State, S. Truett Cathy, the founder of Chick-Fil-A.

This year, the award has been named and will be given to Bill Bolling. Bill Bolling runs the Atlanta Community Food Bank. Bill Bolling, this year, will oversee the distribution of 20 million pounds of food to 800 nonprofit agencies to feed citizens of our State. It is his 29th year in building the Atlanta Community Food Bank into one of the finest facilities in our country.

Bill Bolling is an unselfish, untiring, honorable man of our community, who unselfishly gives of his time to see to it that others in pain and in hunger have food, support, and nourishment.

In this Christmas season of 2009, on the floor of the Senate, I pay tribute to Bill Bolling for his unselfish contribution to our State and to those less fortunate. But, equally, I do the same for those around the country who, in this difficult time of recession and this wonderful time of holiday, see to it that those who have little have food and those who have hunger have some nourishment, and see to it that America is what it always has been: a giving and compassionate country on behalf of its people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas is recognized.

Mr. ROBERTS. Mr. President, the bill pending is, of course, appropriations for our national security, our defense. But within this bill is legislation containing a doctor fix—meaning to prevent any further cuts in reimbursements to our Nation's doctors. They now only get reimbursed up to about 80 percent. I think it is very important to do that—to do something for doctors. But it is equally important to prevent something that would be very disastrous to doctors and the entire health care delivery system of our country.

In that vein, there are a lot of things in the bill that I object to: the $2.5 trillion cost, the 24 million people still left uninsured, the $½ trillion cut to Medicare, with another $½ trillion in job-killing tax increases, the stunning assault on liberty, and the Orwellian policies making health insurance even more expensive—any one of these things would make me vote no on this ill-conceived and dangerous legislation. We don't even know what the last iteration, the manager's amendment, of the effort will look like. We don't even know what the cost of that will be.

There is another issue that has troubled me the most, and that is the issue of rationing. I don't think this issue has sunk in with the American people, and especially within the media.

I want everyone to understand this bill aims to control the government's spending by rationing your access to health care. That is not ''scare-mongering'' or a scare tactic. Facts are stubborn things.

In this bill, there are at least four government entities, and we are going to call them the ''rationers'' over here to my right on the chart who will stand between you and your doctor. These four entities are represented by the four walls on this chart behind me standing between you and perhaps your wife and the doctor. These folks are obviously somewhat elderly, and that is the big issue in regard to rationing, which I will talk about in just a minute.

Let's talk about the first one, the Patient-Centered Outcomes Research Institute. The acronym is PCORI. You haven't heard of that before, but it is the Patient-Centered Outcomes Research Institute. This one here, that is the first wall between this couple, or you, and your doctor. The Obama-Reid bill establishes the Patient-Centered Outcomes Research Institute to conduct something called comparative effectiveness research, or CER. Rest assured, every health care provider in the country knows what CER is. I am not sure the public understands it. I am not sure those in the media yet fully understand it. It is research that compares two or more options for the same condition to see which one works best.

That sounds like a great idea, and it is a pretty good idea. But unfortunately, when CER is conducted by a government under pressure to meet a budget, it can be manipulated in some very sinister ways. That has been demonstrated by the United Kingdom's CER institute. Let's look at that as an example. It is the National Institute for Health and Clinical Excellence, the acronym being NICE—but it hasn't been very nice.

NICE is notorious for delaying or outright denying access to health care treatments based on comparative effectiveness research that takes into account the cost of the treatment and the Government's appraisal of the worth of the patient's life or comfort.

Some of the more shocking CER decisions handed down by NICE include restricting drugs to save seniors' vision from macular degeneration until the patient is blind in one eye; denying access to breakthrough treatments for aggressive brain tumors; and refusing to allow Alzheimer's therapy until the patient deteriorates. That is unbelievable, but that happens.

This Patient-Centered Outcomes Research Institute will be the American version of NICE, using CER to save the

government money by rationing health care. We tried very hard in the HELP Committee to insert one word, ''prohibit,'' that CER could not be used in any way for cost containment. It should be used for patient care, and we tried to put in the word ''prohibit.'' It was talked about for 2 or 3 days, and then in a very partisan decision, ''prohibit'' became a thing of the past.

I have offered several amendments, along with my friend and colleague, Senator KYL, a real leader on trying to alert the Senate all about CER and the dangerous path it might be taking. Senator COBURN also talked about this, and he had an excellent article in the Wall Street Journal 2 days ago. Senator ENZI, the ranking member, also serves on the Finance Committee and has been involved with this effort. These amendments were to protect American patients from NICE-style rationing. Unfortunately, they have all been voted down on party-line votes. It is not that we haven't tried.

Let's get to rationer No. 2, the independent Medicare advisory board, right here, the second wall between you and your doctor.

The Obama-Reid bill establishes a new independent Medicare advisory board. It is to be an unelected body of 15 so-called experts who will decide Medicare payment policy behind closed doors with no congressional input. When they make this decision on reimbursement to all of the health care providers, and then all of the health care providers, some of which their national organizations have chosen to go along with this bill, when they wake up to the fact that they are not protected, they will come to the Congress, and some will say we cannot do anything about it because, obviously, the Medicare advisory board will make that kind of decision.

That is a complete abrogation of our responsibilities, one way or the other, in terms of cutting reimbursements in the appropriate way to save money, or to make sure the reimbursements don't close down a particular vital part of our health care delivery system.

Although this bill says this anonymous board ''shall not include any recommendation to ration health care,'' what else would you call denying coverage for Medicare patients based on cost? That is what it will do—deny payment for knee replacements or heart surgery or breakthrough drugs—all to achieve an arbitrary government spending target. I don't know what you call that, but I call that rationing.

Also, notice that this board will necessarily ration access to health care based on age and disability, of all things, since its payment policies will only affect the elderly and disabled who receive Medicare. What will be a patient's recourse if Medicare refuses to pay for an innovative new therapy that could save or prolong their life?

These are the reasons the Wall Street Journal dubbed this board the ''Rationing Commission.''

Let's go to No. 3. This is another rationer, the CMS Innovation Center. The Centers for Medicare and Medicaid Services, or CMS, currently administers the Medicare Program on which 43 million Americans rely. That is almost 15 percent of the population.

Listen up: CMS already rations care. It is not authorized to do so, but it does. It does so indirectly through payment policies that curtail the use of virtual colonoscopies, certain wound-healing devices, and asthma drugs.

Medicare already has a higher claims denial rate than most private insurance companies. Let me repeat that. Medicare already has a higher claims denial rate than most private insurance companies—something you are not going to hear my friends on the other side admitting, not when it is so convenient to simply demonize the big bad insurance companies. In fact, the courts recently had to intervene to prevent CMS from rationing a relatively expensive asthma drug in Medicare because rationing is now against the law. However, the Reid bill establishes a new CMS Innovation Center which will be, for the first time, granting CMS broad authority to decide which treatments to ration.

Last one, the last rationer—it is like the four horsemen—the U.S. Preventive Services Task Force. They got a lot of headlines recently, and I will go into that in just a moment. It is yet another panel of appointed experts—we have four panels here, none of them elected or accountable. This particular task force will make recommendations on what preventive services patients should receive. Currently, the task force recommendations are optional. But the Reid bill bestows this unelected, unaccountable body with substantial new powers to determine insurance benefit requirements in Medicare, Medicaid, and even the private market.

The task force has already revealed the types of recommendations it will be making. Just recently, it decided to reverse its longstanding recommendation that women get regular routine mammograms to detect breast cancers starting at age 40. One really has to wonder if the task force's abrupt about-face—and it was abrupt—has anything to do with the fact that the Federal Government's financial responsibility for these screenings and for the health care needs they would potentially reveal would be greatly expanded if this health care reform bill passes.

In the words of one prominent Harvard professor:

> Tens of thousands of lives are being saved by this screening, and these idiots want to do away with it. It's crazy—- unethical really.

The outcry from oncologists, the American Cancer Society, the American College of Radiology, and breast cancer survivors and families all across the country has forced Secretary of Health and Human Services Kathleen Sebelius to backpedal, to do a backstroke real quick from the task force's recommendations, saying that they do not affect government payment policy. But this bill relies on the task force's recommendations some 14 times throughout the legislation to set benefits, to determine copayments, to make grant awards, et cetera—all policy decisions. So contrary to Secretary Sebelius's assertion, if this bill passes, the recommendations of the task force will become government policy. Not only that, they would be forced onto private insurers as well.

I know some may ask: Senator, why so cynical? Why not trust that these tools will be used only for good, to advance medical science and patient care? To those folks, I answer by showing this chart. This is my favorite chart, Dr. Ezekiel Emanuel's ''Complete Lives System.'' It sounds like something you would be hearing somebody selling over a Del Rio radio station. It is Dr. Ezekiel Emanuel's ''Complete Lives System.''

As many of you know, Dr. Emanuel is the brother of White House Chief of Staff Rahm Emanuel. He is a bioethicist and one of those special advisers to the President. I am sure he is very intelligent, very smart. Maybe he should be the rationing czar.

Dr. Emanuel has published some very disturbing ideas on how to ration care which can be summed up by this ''brave new world, humpback whale'' graph behind me. Dr. Emanuel's ''Complete Lives System'' basically works off the premise that the older you are—listen to this—the older you are, the more you have lived, and therefore the less you deserve health care. Let me repeat that. The older you are, the more you have lived, and therefore the less you deserve health care.

You know something, the average age of my colleagues in this body is 62 years old—just something to think about.

President Obama has clearly been listening to Dr. Emanuel's counsel. Remember his observation in an interview this summer that, as patients get closer to the end of their life—from the President no less—''maybe you're better off not having the surgery, but taking the shots and the painkiller'' instead.

Telling someone they cannot have a knee replacement because they are too old—how old is too old? Who should be making that decision? The doctor and the patient or any one of these four task forces, more especially this ''Complete Lives System'' as a blueprint?

The Wall Street Journal reported on the age rationing that occurs in Canada's government-run health care system. Apparently in that country, 57 is too old for hip surgery. Luckily, many of those so-called old geezers can drive south and find care right here in the United States. I am not sure where they will go after this bill passes, however.

The White House may complain that I am taking Dr. Emanuel's musings out of context. My response to that is this:

This is the context. This is how the government will contain costs. This is the blueprint right here, the ''Complete Lives System.'' This is what we are going to be basing decisions on in terms of reimbursement, not between a doctor and patient.

All of the rationing policies in this bill must be viewed through the prism of Dr. Emanuel's ideas, of this chart, and consequently this is the goal—to save the government money by rationing care. That is what the President means all the time when he says we are going to squeeze money out of the health care delivery system by basing that rationing on something like a pseudoscientific graph such as this. At least in the United Kingdom they are honest about it. These are the tools of rationing. These tools will restrict your ability and your family member's ability to get a knee replacement or a breakthrough cancer drug or treatment for Alzheimer's or a mammogram.

The four rationers—if we are not able to stop this, you are going to see the destruction of the American health care system, the best health care system in the world.

They are among the main reasons I will vote no on this bill.

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

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Mr. President, first, I compliment my colleague from Kansas. He and I have been working on this problem of delay and denial of care, the problem of rationing of care specifically as it comes about through the comparative effectiveness research that is in this legislation, for a long time. I appreciate what he has said today.

Given the amount of time, if I am not able to get a little bit more time over there, I am going to speak off the cuff, commenting on a couple of things he said.

I am concerned about the cost of this legislation. I am concerned about the cuts in Medicare. I am concerned about the taxes. I am concerned about the fact that premiums go up, not down, under the legislation. I am concerned about all sorts of things that are in this government takeover of health care in our country. But nothing concerns me more than the problem raised by my colleague from Kansas because, in my view, nothing is more important to all of us all over the country than the health of our families and ourselves, except, perhaps, our freedom.

In many respects, this legislation takes that away by denying us the ability to work with a physician, a family physician who can help decide what is best for us and then provide that kind of treatment to us. When that is taken away from us in the name of cost cutting for the Federal Government, yes, we are bending the cost curve down all right and we are also hurting the quality of health care for all Americans from now on. That is what bothers me most about this legislation.

I wonder why, if my colleagues on the other side of the aisle are so certain rationing is not going to occur, they have defeated over and over again the amendments my colleague from Kansas and I have proposed that very simply say: You will not use cost-effectiveness research to deny coverage. It is very simple. They say: The language already covers it. I don't think so. But if it is your view that we should not ration care, then let's just say it. No, they don't want to do it. I think the reason they don't want to do it is very clear—because throughout this legislation there are numerous ways in which rationing will occur, and it has to occur under their scheme of things because it is the only way to accommodate the promises that have been made relative to the amount of money they have to pay for it.

In some countries, they basically set a budget and say—I will pick a number out of the air—$50 billion this year to spend on health care. It is kind of like we deal with Indian health care in our country. It is said on Indian reservations that you better get sick early in the year because when they run out of money, that is it. Your appointment will be next January. Get in line.

We don't want the kind of care Great Britain, Canada, and some other countries have where the quality of your care depends upon how much money they have available to treat you. At first, it is done subtly. They simply don't inform you of things that might otherwise be available, so you don't even know the treatments are available. Then they begin delay. It takes long and longer to get an appointment with the doctor. Then, finally, it is actual denial of care. They simply don't make various treatments available, various pharmaceutical products available to you, and so on.

I was going to mention one of the experiences in Great Britain where they finally figured out how to get the delay down to 4½ months and are really proud of that.

The National Health Service in Great Britain launched what they called an End Waiting, Change Lives campaign. The campaign's goal was to reduce patients' waiting time from 18 weeks from referral to treatment—18 weeks. And that is supposed to be a good thing? That is not what Americans want. They know what starts with delay in getting an appointment eventually results in denial of care.

But probably the most pernicious thing is what my colleague was talking about with comparative effectiveness research where panels of experts decide what kind of treatments work best and which ones are most cost-effective for most people most of the time. The difference between that and a physician treating a patient is the physician knows each one of his or her patients.

He knows their needs, and they are not all average. They are not all the general rule. Some require special circumstances.

Mr. President, let me just conclude by reading from what one of our colleagues, Senator TOM COBURN, wrote in the Wall Street Journal. As everyone knows, he is a physician. He wrote:

> The most fundamental flaw of the Reid bill is best captured by the story of one of my patients I'll call Sheila. When Sheila came to me at the age of 33 with a lump in her breast, traditional tests like a mammogram under the standard of care indicated she had a cyst and nothing more. Because I knew her medical history, I wasn't convinced. I aspirated the cyst and discovered she had a highly malignant form of breast cancer. Sheila fought a heroic battle against breast cancer and enjoyed 12 good years with her family before succumbing to the disease. If I had been practicing under the Reid bill, the government would have likely told me I couldn't have done the test that discovered Sheila's cancer because it wasn't approved under CER [comparative effectiveness research]. Under the Reid bill, Sheila may have lived another year instead of 12, and her daughters would have missed a decade with their mom. The bottom line is that under the Reid bill the majority of America's patients might be fine. But some will be like Sheila—patients whose lives hang in the balance and require the care of a doctor who understands the science and the art of medicine and can make decisions without government interference.

Mr. President, I rue the day that government stands in between a patient and a physician, when the physician says: I don't care what the research says the average patient needs or generally what is indicated or what costs too much. I know what this patient needs, and unless she gets it, she is going to die. At that point, if our government has inserted itself between the patient and physician and says: We are sorry, it can't be done, then our freedom will have been taken away, the quality of our health care will have been taken away, and we will have succumbed to a government so powerful that it literally has life-and-death control over us and our families.

That is fundamentally wrong, and we cannot allow that to happen by adopting the legislation that is before us now.

Mr. ROBERTS. Would my friend and colleague yield for just a moment?

Mr. KYL. I would be happy to yield, but I think I only have about 30 seconds left.

Mr. ROBERTS. I promise to be brief. I thought about saying this, but I think the example Senator COBURN wrote about in the Wall Street Journal about Sheila made me decide to speak of it.

I had a very close friend, a member of the British Parliament, who thought he had broken his wrist. He had a lot of pain. It took quite a while to get in to see a doctor for a broken wrist. He finally did, and it was put in a cast. Then he kept feeling bad and thought maybe it was set wrong. Finally, he got back in and never left the hospital. He died within about 2 or 3 days. He had bone cancer.

That, to me, was incredible that in Great Britain, this could happen. It

was just inconceivable to me. You have to sort of equate it to what this bill would do and what other people would experience, very similar to that and the situation Sheila found herself in as well.

So I thank the Senator for yielding.

Mr. KYL. Mr. President, I believe my time has expired.

The PRESIDING OFFICER. The Senator from Illinois is recognized.

Mr. DURBIN. Mr. President, for those who are keeping score and following the Senate, you may wonder what we are doing. We are in the middle of a filibuster, which is an attempt to stop legislation from moving forward. It is a filibuster inspired by the Republican side of the aisle. The bill they are filibustering and trying to delay is the Department of Defense appropriations bill. This is the bill that funds our military. It is the bill that funds our soldiers, sailors, airmen, and marines who are at war in Iraq and Afghanistan.

This is a bill that, almost without fail, passes overwhelmingly with a bipartisan majority in the Senate and the House each year. It has passed the House of Representatives with a substantial vote of about 394 to 35, with 164 Republicans voting for it over there. There was no controversy associated with it. Yet when it came to the Senate, the Senate Republicans announced they were going to filibuster the Defense appropriations bill.

Why? Do they disagree with any of the contents? I have yet to hear—aside from Senator MCCAIN and Senator COBURN, who went through two or three provisions in the bill they disagreed with—anyone say we shouldn't fund our military. We certainly should. Now some have come to the Senate floor and argued the reason we are in this predicament is because the Democrats, who are in control, have waited too long to bring this bill to the floor. But that statement fails to acknowledge the reality of what this calendar year has meant because day after day and week after week, month after month, with very few exceptions, the role and strategy of the minority—the Republicans—in the Senate has been to slow down and stop the consideration of important legislation.

Mr. ROBERTS. Mr. President, would my friend and colleague yield?

Mr. DURBIN. Pardon me?

Mr. ROBERTS. Would my friend and colleague yield?

Mr. DURBIN. Only for a question.

Mr. ROBERTS. Only for a question.

Mr. DURBIN. I will be happy to yield for a question.

Mr. ROBERTS. I just want to assure him—in the form of a question—if he were asking me, am I filibustering, that is not the case. The problem was, as I see it—and I am asking the distinguished Senator whom I have known for a long time and whom I respect—what would he think about the response—this is the question—where we have only had seven amendments that have been allowed on this bill? I have one on the Medicare advisory board. We have the one on CER here—rationing—and I had another one in regard to a tax matter—about four amendments—all of which have been considered in the Finance Committee.

All were defeated by a party-line vote, so I knew where it was headed, but I thought it certainly deserved some debate and some consideration on the Senate floor. To all of a sudden limit a bill of this size—the health care bill, not the Defense bill—to seven amendments seems to be very untoward and showing a lack of comity in regard to a bill of this size.

The defense bill has the doc fix in it, and so, as such, I think you can pivot into the problems doctors face and at least have an opportunity to talk about it. But this is the first time I have had 10 or 15 minutes to talk about anything about health care. It is not that I would choose to do it when we are considering a Defense appropriations bill. I have served on the Armed Services Committee, the Intel Committee, as the Senator knows. There is no person stronger for our warriors and our men and women in uniform, and they will get their money.

This bill is going to pass. That is not the issue. The issue is we haven't had enough time, and I would ask the Senator to comment on my comments and tell me if I am wrong.

Mr. DURBIN. I would say in response to the Senator from Kansas, he has a grievance with the consideration of this bill—the health care reform bill—a 2,000-page bill, which I will address in a moment. But I would say to the Senator from Kansas that we are considering this bill—the Department of Defense appropriations bill. And because of a grievance over the consideration of this bill, the Republicans are filibustering the Department of Defense appropriations bill. They are trying to slow down as much as possible the passage of the Department of Defense appropriations bill.

Many of us think that is unfair, particularly when we have our best and bravest young men and women at war, that we would somehow make the bill funding their effort and funding the things they need to protect themselves the center of a political debate over another bill. And it is a filibuster. Twice last night on this floor, early this morning—I should say in the early hours of the morning—I made a unanimous consent request that on a bipartisan basis we fund our troops. I offered it on the floor and twice it was objected to—the last time by the Republican leader and the Republican whip in the well of the Senate. They had a chance to pass this bill.

Now, the funding for our troops runs out at midnight tonight. We are going to come in at 7:30 tomorrow morning because the Republicans insist on this delay, and we are actually going to fund the troops. I really believe when push comes to shove, we will. I hope we do. I will be voting for it, and I hope the Republicans will join me. So I don't understand why the Republicans are holding the Department of Defense appropriations bill for our troops hostage to their anger or frustration over health care reform.

Then let me address health care reform. I would say to the Senator from Kansas, we have been on this bill for 19 days. Do you know how many substantive amendments have been offered by the Republican side to this bill in 19 days? Four—not even one a day. And six amendments—or I should say motions—were made to this bill to send it back to committee and start over. So if the Senator has substantive amendments—and others do—the obvious question is, Where have they been? Nineteen days, four amendments.

It appears to me that when a decision was made several days ago on the Republican side to order the reading of an 800-page amendment, it was very clear that this had nothing to do with debate and voting on amendments. It was all about slowing things down and stopping them, and they tried and couldn't on the reading of this bill. Now they are trying, as best they can, when it comes to an unrelated bill.

You know, there comes a point when, I would say to the Senator from Kansas, there has to be a vote. I mean, we are here to vote. Let's get on with it. We either win or lose. You either win or lose, and we have to go forward. I know you don't support this from what you have said. I do. I may prevail; you may prevail. But at some point, don't we owe it to the American people to take a vote? Unfortunately, this delaying tactic that has been going on is just postponing what I think we are here to do, and it is doing it at a time of year when I have to tell you—and I always say, at least they told me when I ran for the House, if you don't like this job, you know, don't run for it. And if you get this job, don't complain about it.

Well, I am not going to complain, but I do have to tell you, most of the Members of this Senate would like to be home with their families for Christmas, and we may not be.

Mr. ROBERTS. Will the Senator yield to allow me to answer the Senator's question?

Mr. DURBIN. I will yield for a question, otherwise I would be yielding the floor. But I will certainly yield to the Senator from Kansas for a question.

Mr. ROBERTS. You could go for it, yield the floor, and see what happens.

I think the question the Senator asked of me—and I will defer it back to him in the form of a question was, Was I taking part in the filibuster? The only reason I am here to talk about rationing—and I had that rationing amendment ready, along with the Medicare advisory board, along with several others, is because we have not had the time or opportunity to offer them. Why are we rushing and not allowing time to consider amendments?

Consequently, I have four amendments sitting on my desk waiting to at least talk about them, as opposed to bringing them up. I don't think that is filibustering. I think I am taking advantage of whatever time we have to at least talk about these amendments, certainly on the health care bill.

On the Defense appropriations bill, it is very unfortunate this situation has developed, but I want to assure the Senator, and my good friend, that I am not here trying to hold up anything. One other thing—is it not true there is a bill out there but nobody has seen it? More especially, the managers' amendment, which will be combined with what came over from the House, and we do not have a score. So whatever you have there, if that is the bill, I would sure like to get it up on the Web or something so we can take a look at it and also have the score.

We keep talking about the bill. I would ask the Senator: Is that the bill? Is that the final bill with the score?

Mr. DURBIN. I would say to the Senator from Kansas that it is not the final bill. There will be a managers' amendment offered tomorrow, and it will be considerably smaller than this. It will have specifics in it that have been reviewed by the Congressional Budget Office. That is underway. It will be introduced, I hope, tomorrow morning, and it will be up for consideration for a procedural vote early Monday morning, and then the remainder of the week, as long as the Republicans want us to stay.

It is your decision whether we will be here for Christmas, and we are prepared to stay, if necessary, to get it done, if that is what it takes.

But it is true there is a managers' amendment coming. It is also true the Congressional Budget Office—maybe one of the most powerful agencies of the Federal Government—can literally stop the Congress in its tracks while the people who work there pour through these bills and try to make some estimate as to whether they are going to add to the deficit; whether they will, in fact, reduce health care costs.

The good news for all of us is they took a look at our bill—the Democratic health care reform bill—and concluded it would, in fact, reduce the deficit $130 billion over the next 10 years and $650 billion beyond that.

It is also true this is the only bill that has been brought before us—the Democratic bill—which would expand the coverage of health insurance to 94 percent of Americans.

There has been a lot of talk about rationing in other countries. Senator KYL of Arizona speaks about England and Canada and rationing and waiting in line and how unfair it is—and there is a fundamental unfairness to waiting in line when a doctor says you need some medical treatment. But keep in mind there is rationing in America. Fifty million Americans have no health insurance. That is rationing. Many Americans have health insurance policies that are not worth anything. That is rationing.

We know more and more people are filing for bankruptcy in America because of medical bills because they do not have the out-of-pocket money for medical care they need in America, and that is rationing. In the developed world, which America certainly leads, we are the only Nation on Earth where a person can die for lack of health insurance, and that is rationing and that is our current system.

Some say these reforms are too complex—2,000 pages. I defy anyone to take 2,000 pages and write down and describe the current health care system in America. They cannot. It is much more arcane, complex, and bewildering than this bill itself.

Also, I think this bill, it is critically important to note, is going to give people an opportunity to fight the health insurance companies who consistently turn down the requests of doctors and patients for care, saying they are not covered by the policy or the person failed to disclose everything they should in their application for health insurance.

We take them on. It is about time we did. These health insurance companies make a fortune. Their CEOs are paid a fortune, and they have created a situation which rations care to Americans today. I have seen it firsthand. I know friends who are going through it, people right in my office. And anyone who is listening to their constituents back home knows this is true.

There is also one other element I will mention before yielding the floor to the Senator from Minnesota. We will dramatically expand the Community Health Care Clinics in America with this bill. If you are aware—and you should be—of these clinics in your community, you know these are the clinics with the medical professionals, doctors, nurses, dentists, radiologists, who provide basic primary care to people who are not wealthy. They provide care at a fraction of the cost to people going into a hospital or emergency room for a fever or a child with an earache, and they do it well. They do it in Chicago, do it in Springfield, and do it all over my State—and we will expand it. You will see after this bill passes a dramatic change in primary care in America, more and more primary care physicians' costs being brought down with quality care at a local level.

We need more of it. This bill does it, and there is nothing coming from the other side that even matches it. I am prepared at this point to yield the floor to the Senator from Minnesota for the remainder of the time until 4 o'clock.

Mr. ROBERTS. I have one other question to ask of the Senator.

The PRESIDING OFFICER. The Senator from Minnesota has the floor.

Mr. FRANKEN. I will yield to the Senator from Kansas for a question.

Mr. ROBERTS. OK. ''You again?'' Just a personal aside.

When we get through with the Defense appropriations bill, which will be soon, and that issue will be settled—and I am not going to talk about it anymore with the exception that this is the only time I have had to speak to several amendments I feel very strongly about. But as I say, I don't know whether four is the accurate number being substantive. I think the three amendments I have on my desk are substantive.

I would say to the Senator, when we take up health care again, would the Senator give me some assurances that I can offer these three amendments? One would be the Medicare advisory board; one would be to cut out the cuts in regard to the hospitals, $1.5 billion to Kansas alone; and then what we are talking about are the four rationing task forces and boards that we had when I was making my speech.

If I could have some assurance I could offer those——

The PRESIDING OFFICER. The Senator from Minnesota has the floor. If he has yielded for a question, the Senator from Kansas will propound a question.

Mr. ROBERTS. That is the question, if he could give me some assurance that those would be considered? That would be fine. But that has not happened, which is why we are in the situation we are. I am done.

Mr. FRANKEN. Thank you, Mr. President.

Mr. DURBIN. If the Senator from Minnesota will yield for a kind of question?

Mr. FRANKEN. Certainly.

Mr. DURBIN. I would like to ask the Senator from Minnesota if he is aware of the fact that we have been debating health care reform for 19 days on the floor of the Senate, and in that period of time there have been four amendments offered by the Republican side of the aisle to change the bill and six motions to commit the bill back to committee, stop the debate on the floor, and that is the sum total of all of the effort on the Republican side to date? We do not choose the amendments, the leadership chooses it on the Republican side of the aisle.

I ask the Senator from Minnesota, is he aware of that?

Mr. FRANKEN. I am now. I was aware of the general shape of things, which is the sort of dearth of substantive amendments offered and the delay—yes. That I am aware of. Thank you.

Mr. President, I ask unanimous consent to speak for 10 minutes as in morning business.

The PRESIDING OFFICER. Is there objection?

Mr. ROBERTS. Reserving the right to object, and I will not object to my good friend, but I can't let this stand when the distinguished Senator from Illinois says there are only four amendments, and I have on my desk amendments I have tried to——

The PRESIDING OFFICER. Does the Senator from Kansas have an objection?

Mr. ROBERTS. I am reserving my right to object. Under my reservation, I point out to my distinguished friend, I would like to invite him to my office so he could see these amendments that this leadership has not allowed us the time to consider. I do not think that is right. I had to set the record straight.

The PRESIDING OFFICER. The Senator from Minnesota.

THE SCHOOL PRINCIPAL RECRUITMENT AND TRAINING ACT

Mr. FRANKEN. Mr. President, the American dream, and its promise of prosperity, has long been predicated on the simple idea that opportunity is a right, and not a privilege, and that every individual should be afforded a level playing field on which to set out into the world.

To fulfill this promise to our children, we must close the school achievement gap that is leaving so many of our low-income and minority children behind.

Closing the school achievement gap is one of the defining civil rights issues of our time. It is a cause that challenges our society to uphold its time-honored commitment to equal access and opportunity for all.

Yet reversing decades of educational inequality is no easy task. We cannot expect our schools to go it alone. We also need to improve social services in low-income communities to help students address the numerous challenges they face outside the classroom that make it difficult for them to learn. At the same time, we cannot absolve schools of their responsibility to improve considerably. There are exemplary schools scattered across the country that are proving every day that while they cannot solve all of their students' problems, they can push them to increasingly higher levels of achievement under the most trying of circumstances.

Our task now is to learn from these schools. While No Child Left Behind shined a light on the inequality of our educational system, it has done little thus far to address the problem. As we approach the reauthorization of No Child Left Behind, it's critical that we look to the schools that are beating the odds, and determine how to replicate their success.

One of the most common features of successful schools in low-income and high-minority communities is the presence of an effective school principal. This should come as no surprise; it is a matter of common sense to expect a successful school, or any successful organization, to have a strong leader. Moreover, research underscores the importance of school leadership. In fact, research shows that school leadership is second only to teacher quality in its impact on student learning.

Yet despite the importance of school leadership, the Federal Government has not devoted adequate attention and resources to improving the quality of principals in high-need schools, which serve high proportions of low-income and minority students.

Senator HATCH and I intend to change this. Having seen the extraordinary impact of effective school principals in Minnesota and Utah, we believe that improving principal quality is essential to turning around high-need schools.

That is why we have introduced the School Principal Recruitment and Training Act. The bill will create a pipeline of effective principals for high-need schools by providing high-quality programs with funding to recruit and train principals to take on the challenge of leading those schools.

One principal who has made a particular impression on me is Principal Andrew Collins at Dayton's Bluff Elementary School in Saint Paul, MN. The Dayton's Bluff School is diverse and poor. Nearly all its students are eligible for free and reduced price lunch. One-third of its students are English language learners.

Dayton's Bluff used to be one of the worst performing schools in Minnesota. Only 6 percent of its third graders and only 4 percent of its fifth graders were proficient in reading and math.

But that was Dayton's Bluff 10 years ago. In 2001, the school was restructured. Today, Principal Collins is in his fifth year of leading the school, and under his leadership, student achievement is increasing at a truly amazing pace. Proficiency on State math tests at Dayton's Bluff has increased from 49 percent 3 years ago—10 points below the State average—to 71 percent, or 8 points above the State average. African-American students at the school have performed more than 20 percentage points above African-American students statewide on both math and reading tests.

It is the same school, the same neighborhood, and the same kids. Yet the school is achieving vastly different results. The success of the school is a testament to the hard work of Principal Collins and his staff. Principal Collins has led the school's transformation by working closely with teachers to help them improve their instruction and their use of formative assessments and student data. He has also supported the growth of his teachers by giving them time to collaborate with each other on improving their instructional practices.

Principal Collins is, unfortunately, the exception to the rule. Many districts report shortages of qualified principals willing to lead schools that are particularly in need of a strong guiding hand. We need to recruit and prepare more principals like Principal Collins in order to improve student achievement, and close the achievement gap. We can't afford not to make this a priority.

When schools are not performing adequately, we hold principals accountable. But it doesn't make sense to place underprepared principals in schools facing great challenges—and then be surprised when these schools experience high principal turnover rates and continue to struggle with student achievement.

We need to provide principals with more intensive and hands-on training than most of them currently receive so they will be ready to tackle the challenges of leading high-need schools. They need to be ready to lead and inspire staff, create a positive atmosphere for students, engage families, and use data to drive a continuous process of improvement. The School Principal Recruitment and Training Act would provide principals with the high-quality and intensive training they need to address these challenges.

We are fortunate to have principals in some schools who have put in long hours as school leaders, constantly striving to improve their schools for the sake of their students. We owe it to our children to provide the resources necessary to recruit, train, and support more principals of this caliber so every school, and particularly those in greatest need, can benefit from effective leadership.

Senator HATCH and I will continue to work in the coming months to ensure that we invest in principal recruitment, training, and retention so that our schools have the leadership they need to do right by our students. We view this investment as key to closing the achievement gap, and, in the process, delivering on America's promise of opportunity for all.

The PRESIDING OFFICER. The Senator from Utah.

Mr. BENNETT. Mr. President, may I inquire as to what the status of the time allotment is?

The PRESIDING OFFICER. The minority now has 30 minutes.

Mr. BENNETT. I thank the Chair.

I rise to discuss the Defense appropriations bill. We think of that in terms of funding the troops and taking care of challenges overseas, but there is an aspect to this bill I wish to focus on. In this bill, in addition to appropriations for the Defense Department, there is what has come to be known around here as the doc fix. That is, every year we face a situation with respect to physician reimbursements for Medicare. Every year the law that is before us cuts the level of reimbursements for Medicare to the doctors. Every year the doctors come back to the Congress and say: We can't survive this. We can't live with this. We have to have some more reimbursement. The cuts that are in the law can't be allowed to continue.

Every year we come along and say: All right, we will fix that but just for this year. Every year we say: All right, we will give you the full amount of reimbursement that you feel you are entitled to and, thereby, postpone the amount of cuts in your reimbursement that are in the law. This has happened so often that it now has a generic name. Every time it happens it is called the doc fix. This year the doc fix is included in the appropriations bill for the Defense Department.

The reason it is appropriate for us to be talking about the impact of the doc fix at this particular time is because of the impact of the doc fix on the health care bill which is what we will return to when we are through with the Defense appropriations bill. Given the fact that the doc fix is in the Defense appropriations bill, I think it appropriate that I talk about the underlying problem for a moment. When you get to the health care bill and try to figure out how it is going to be paid for, this multitrillion dollar bill, you find that one of the main ways it is going to be paid for is by cutting the reimbursement to doctors and hospitals under Medicare. Indeed, I believe the amount that will be cut is up to $½ trillion. The reason I say I believe that is the amount is because we have not seen the actual language of the bill we will be asked to vote on probably on Christmas Eve. The bill has been drafted. The managers package has been drafted. It has been referred to CBO for a score. But it has not been shared with any of the Members of the Senate. We are guessing as to what it will be.

But there has been enough said and enough written about it that I think the guess of a $½ trillion cut in appropriations to physicians and hospitals is a legitimate number.

All right. We have never seen a cut of this magnitude before. We have had much smaller cuts that have come along, and every time we have dealt with those cuts by passing a doc fix.

Now what we are seeing here is the passage in the Defense appropriations bill of yet another doc fix. What that means is, we know, based on precedent, that the Congress will never allow the $500 billion cut that is in the underlying health care bill to actually take place. If it is not going to take place, why is it in the bill? The answer to that is something I have a hard time explaining to my constituents, because they don't understand the ins and outs of the scoring situation by the CBO. But I will do my best to help make it clear.

The Congressional Budget Office is called upon to score each bill separately. So if you have a bill with respect to defense, they score that bill, and they do not talk about the impact of that on the overall budget. They say: These are the numbers. If you have a bill that deals with Interior, they score that bill. If you have a bill that deals with Transportation, they score that bill. Each bill is scored separately as a single entity.

Let's talk about the health care bill. The health care bill is going to increase costs dramatically. When it increases cost dramatically, in order to keep President Obama's pledge that it will not add one dime to the Federal deficit, there has to be something in that bill that cuts the cost. So we assume, based on previous versions, what will be put in the managers' amendment is a $500 billion cut in Medicare reimbursements. Now you begin to balance the dollars within that bill. Because if we have $500 billion more in spending but we are going to take $500 billion out of Medicare, then the two balance each other, and you can say, as the computers at CBO do say: This bill is in balance and will not increase the deficit.

All right. But if you take the $500 billion that has been cut from Medicare reimbursement and pass a fix, if you will, for that $500 billion in another bill, it doesn't get scored against this bill. That is what we are doing with respect to the Defense appropriations bill. We are taking the Defense appropriations bill and passing a bill that would pay doctors under Medicare, would take care of the shortfall under Medicare, but would not be scored against the health care bill.

I don't know of any business that dares to keep its books that way. I don't know of any business that could possibly survive that would say: All right, we are going to calculate only in this one area the cost of the product against the sales of the product and say the two balance each other in such a fashion that this is a logical thing to do. But at the same time in a separate situation, we are going to say we are going to borrow X amount of money to pay for the shortfall in this product, and we are going to pretend that the borrowing of the money separately somehow doesn't affect the accounting with respect to the product. Nobody keeps books that way. Indeed, if a private entity were to try to keep its books that way, it would not only go out of business but possibly its owners or managers would end up going to jail. You cannot do that kind of sleight of hand in a private enterprise, but we do it all the time with respect to the government.

The attempt was made, if you will recall, for us to do the doc fix prior to the time when we got to health care. The Senate turned it down. The Senate said: No, we are not going to engage in those kinds of smoke and mirrors with respect to the budget. We turned that down. As I was driving home that night and I had the radio on and listened to people talk about today in Congress, this is what I heard. They said two items with respect to today's activity. No. 1, it talked about the progress of the health care bill in the Senate. And then, No. 2, it said the House just passed a $200 billion doc fix to take care of the shortfall in reimbursements to doctors with respect to Medicare. Again, the computers at the Congressional Budget Office can't link these two events. But they were clearly linked in the comments and the report made on the radio, and they are clearly linked in the deficit.

So the House is saying: We understand that we are not going to keep the pledges we are making in the health care bill, and we are going to appropriate $200 billion for the sole purpose of breaking the pledge that will be made in the health care bill. But because they are done in two separate pieces of legislation, we hope no one will notice. We hope the American people won't find out that this is the kind of bait and switch we are going through with respect to this bill. We are finding an example of this in the bill before us, the Defense appropriations bill. It has a doc fix in it to take care of the situation as far as the computers are concerned, but it will not take care of the situation as far as the deficit is concerned.

This is not the only piece of smoke and mirrors that we have in the underlying legislation. Going along with it is another item that I find absolutely incredible. I have run a business. I have kept books. I have paid taxes. I have dealt with the government as they have come in to audit. I know that no one in a business could ever get by with the thing that is proposed in the managers' amendment, we think—we haven't seen the amendment—along with the doc fix that I have been describing.

Let me try to put it in this form. Let's assume that you are the manager of a company and the sales manager comes to you and says: We have a new product. It is going to be a hot new product. It is going to be fabulous in terms of its return for the company.

You say: Great, love that. Good news. How does it work?

Well, we are going to manufacture this new widget and it will cost us X. But the revenue from it is going to be Y and that is much more than X so we will make all that money.

You say: All right. How much does each widget cost?

Well, each widget costs more than we are going to sell it for.

OK, how in the world are you going to make so much money when you have a widget that costs more to make than you can sell it for?

He says: Easy. This is the way we are going to do it. We are going to lay out a 10-year program of sales, and we are going to sell this widget for that entire 10 years. But we are only going to deliver the widgets for 6 years. So we have 10 years of revenue and only 6 years of cost. So we have 4 years of pure revenue and no cost whatsoever.

At that point, I am sure you would say: Let's get ourselves a new sales manager. Let's get ourselves somebody who understands that the world doesn't work that way. You cannot balance your books by charging for 10 years and then only delivering for 6. But that is what the underlying health care bill does. It says the taxes to pay for this health care plan will start in 2010. Indeed, it will start within a week or two after the passage of the bill, if we pass the bill on Christmas Eve. But the expenditures under this plan to make things available for all of these people who have been telling us we need health care reform now, that we cannot wait, we have to have it today. I have seen the placards raised. I have seen the protests. We have to have it now.

We say: All right. One thing you will get now are the taxes and the increases in premiums on people who already have health care. But you won't get any of the other benefits out of the bill for 4 years. We have to do it that way in order to make the books balance.

You have the doc fix, which the underlying bill we are debating, the Defense appropriations bill, makes clear is not going to happen as part of the way you pay for the health care. And then you have the 10-year revenue, 6-year expense kind of scheme to pay for a good portion of the rest of it.

So what is going to happen between now and 2014 when the bill finally kicks in? You are going to have three open seasons—for those who understand the language of the health insurance business—three open seasons in which people will look at their level of premiums and say: Wait a minute, how come my premiums are going up when nothing additional is being done with respect to health care reform? The answer will be: Your premiums are going up so the money can be charged by the computers as compensation for the new benefits that will kick in, in 2014.

If you are so impudent as to ask: Well, is the money that is going to come from the increased taxes and the increased premiums being put in a trust fund somewhere to be held solely for the purpose of paying for the increased health insurance benefits? The answer, of course, will be no. The money that is coming from the increased taxes and from the increased premiums will all go against the current deficit. It will all go to deal with the money we are talking about with the stimulus package. It will all go for other governmental purposes. There will not be a time of it saved to deal with health care. That is not the way the government keeps its books. The money comes in. It goes into general funds. It gets spent, and it gets spent immediately.

Oh, so that means in 2014, when the expenses of this bill kick in, there will not be a dime that will have been accumulated to help pay for that? That is true, as far as cash flow is concerned. But it is not true as far as the CBO score is concerned, and that is all we care about. All we care about is what the CBO computers tell us about scoring this bill.

One of the frustrations I have had coming to the Senate from a business background—having run a business, having understood the challenges of running a business—is the way the government keeps its books. I cannot think of a more devastating demonstration of how misleading the government accounting system is than the bill we will get to when we are through with the bill we are debating today. As I said at the beginning, one of the primary examples of that dishonesty is contained in the Defense appropriations bill, as it has this year's version of the doc fix.

Let me move to a related subject because, as I say, this bill talks about the doc fix. The doc fix is connected to the way we try to deal with entitlements. Let me step a step beyond the specifics of this bill for just a moment and describe what we are dealing with, with the entitlements.

First, I need to explain what an entitlement is. I have had constituents come to me and say: I hear all this conversation about Federal entitlements, and I don't understand. What is an entitlement?

Simply put, an entitlement is a payment to which the individual is entitled, whether the government has the money or not. It is not the same thing as the government appropriating money and saying: Now we are going to give it to you or now we are going to buy this or now we are going to pay that bill.

An entitlement means you are entitled to this money ahead of everything else. You are entitled to this money whether we have it or not. If we do not have the tax revenue that would give us the cash to pay you this entitlement, we have the legal obligation to go out and borrow the money and pay you the entitlement.

Entitlements—or as they are known in the appropriations world: Mandatory spending—now comprise more than two-thirds of all Federal expenditures. Let me repeat that because I get gasps of disbelief when I say this to my constituents back home. Entitlement spending—money the government is required by law to pay whether it has it or not—now comprises more than two-thirds of the entire Federal expenditures. The largest portion of the entitlement spending we deal with is in—you guessed it—health care.

If we allow the health care costs to continue to go up, as they have been going up, this is what we are looking at. We will be unable, by virtue of our tax base, to pay this entitlement spending. It will all be borrowed. The consequences to the national debt will be as follows. This is from the Congressional Budget Office. This is not an outside analysis. This is from within the own group we turn to in the Congress to tell us what is going to happen financially.

At the end of 2008, the publicly held debt of the United States was $5.8 trillion. There were many who were very critical of the Congress and President Bush for allowing the debt to get to $5.8 trillion.

If there is no diminution of the rate of increase of entitlement spending, if it goes as it has been going, if we take no steps to turn the cost curve down, what will it be in 10 years—not a long period of time in the Nation's history. It was $5.8 trillion at the end of 2008. What will it be in 2019? The Congressional Budget Office says it will have grown from $5.8 trillion to $17.1 trillion. It will triple in a 10-year period if we do not do something about entitlements.

So what are we talking about with respect to the health care proposal? We are talking about creating a new entitlement. We are talking about not turning the cost curve down in the entitlements we have already; we are talking about creating a new one and adding it on top.

The best way to dramatize this, is to look at the 2010 budget, where we are right now, the 2010 budget on which we are drawing up appropriations bills. We passed that budget. I did not vote for it, but it was passed. Here are the details of the budget that was passed for 2010. It projected Federal revenues in 2010 at $2.2 trillion. It seems like a lot of money. It should be enough to cover all our bills. Then you go to the next line, and it says: Mandatory spending—those are the entitlements—$2.2 trillion.

That meant that in 2010, every single dime that came into the Federal Treasury was already committed to go out to an entitlement and not subject to the appropriations process in the Congress.

That meant that everything we appropriated money for in the Congress—the Embassies overseas, the military, the war in Afghanistan, AID activities, transportation, the national parks, education—everything else you can think of that the government does was paid for by borrowed money. Mr. President, $2.2 trillion in and $2.2 trillion out for entitlements meant that the additional $1.4 trillion, that actually grew to $1.7 trillion, that we spent had to be borrowed, added to the national debt.

That is why the Congressional Budget Office says we are currently on track to go from a national debt, when President Bush stepped down, of $5.8 trillion to—10 years from now—a national debt of $17.1 trillion.

I see my colleague from Texas has come to the floor, and I will be happy to allow him to take the rest of the time. It is up to him as to whether he wishes to enter into this.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Mr. President, I would like to pose, through the Chair, a question to my colleague from Utah.

Is the Senator aware that on October 6, eight of our colleagues on the other side of the aisle wrote a letter to the majority leader asking that when a bill is introduced, the so-called substitute—that presumably is going to be revealed tomorrow morning—that eight of our Democratic colleagues asked that that legislation be posted for a full 72 hours, along with a score or cost estimate of the Congressional Budget Office, before they would be required to vote on it?

Mr. BENNETT. I say to the Senator from Texas, I was aware of the letter. I was not aware there were that many Democratic signers to it.

Mr. CORNYN. I would say to my colleague from Utah, Senator LINCOLN, Senator LANDRIEU, Senator MCCASKILL, Senator PRYOR, Senator BAYH, Senator

LIEBERMAN, Senator NELSON, and Senator WEBB were all signatories on that letter.

I know at different points of the debate we have had some discussion. I think Senator DORGAN from North Dakota, who sponsored the amendment that would deal with drug prices, had expressed some concerns—I know, certainly, the Senator from Arizona, Mr. MCCAIN, has expressed some concerns about drug price issues and what kind of deals had been basically cut on the side that Members of the Senate are not necessarily privy to.

I would ask my colleague, is he aware the Obama administration has now been sued for the visitor list at the White House—which they have claimed privilege to—has been sued because they have withheld the names of the individuals who have come to the White House, some of whom may have been involved in negotiating these side deals we are not privy to? Was the Senator aware of that?

Mr. BENNETT. I say to the Senator from Texas, I was not aware of the lawsuit, and I appreciate his calling it to my attention.

Mr. CORNYN. Well, I would, finally, ask the Senator from Utah, you have heard, along with me and others, Senators say they are for the bill. But it is amazing how few people have actually seen it. Presumably, it will be revealed to us and the rest of the world tomorrow morning. Presumably, amendments will not be allowed on that bill. The majority leader can take procedures to block any amendments to the bill but we will then be put on a fast track, presumably, for passage—at least that is the intention of the majority leader—by Christmas Eve. Is that the Senator's understanding of the process we are looking forward to starting tomorrow morning?

Mr. BENNETT. It is my understanding that is the process, but I am not looking forward to it. I had hoped to spend Christmas Eve with my family. In my family, the tradition is, we have the extended family get together on Christmas Eve. My house in Utah is being decorated on the assumption there will be anywhere from 60 to 70 people there to celebrate Christmas Eve. Regrettably, I will not be one of them.

But I say to the Senator from Texas, I will be here doing whatever I can to see to it that this bill does, in fact, not pass on Christmas Eve, for all the reasons we have been talking about. I think the best Christmas present we can give to the people of America, and particularly to their children and grandchildren, would be to defeat this bill and see to it there is not another new entitlement created that will cause the national debt to go up even more extravagantly than it is currently projected to do.

Mr. CORNYN. Mr. President, I ask unanimous consent that the two documents I referred to earlier be printed in the RECORD at the end of this colloquy.

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

(See exhibit 1.)

Mr. CORNYN. I would finally ask my distinguished colleague from Utah—he was alluding to this earlier—is he aware of any reason why this bill—much of the benefits of which will not kick in until 2014—why there is such an urgency to pass this bill before Christmas?

Mr. BENNETT. That has been the greatest logical disconnect of this entire debate. Because, as I said, I have seen the protest signs that are raised: We want health care reform now. I have seen the people come to the offices and pound on the doors and say: We have to get reform now. I have heard our friends on the other side of the aisle give examples of people who do not have health care coverage and say: They must get this coverage now. By the way, we have crafted a bill that will not do anything for them for 4 years.

If the thing is 4 years away, we can certainly wait until January to allow people to read the bill and offer some amendments.

Mr. CORNYN. I thank the Senator. I said that was my last question; this one really will be: Is the Senator aware of late-breaking news to the effect that not only Howard Dean, the former chairman of the Democratic National Committee, but several liberal pundits, including Keith Olbermann, and that now even moveon.org and the AFL–CIO have all come out in opposition to this bill? Is the Senator aware of the opposition not only on the right but apparently now on the left? We know the mainstream opposition of the American people as a result of the polling we have seen. Was the Senator aware of those developments?

Mr. BENNETT. I have been aware of that opposition. My own sense is that in the end, that opposition will melt in the face of those who are trying to rush this bill through in the hope that by next November, the American people will have forgotten the details. I do not believe the American people will have forgotten the details of the bill by next November because even though the bill will not be in force in terms of benefits, it will be in force in terms of increased premiums and increased taxes.

Mr. CORNYN. I thank my colleague.

Mr. BENNETT. Mr. President, I believe the time for the minority has expired.

The PRESIDING OFFICER. The Senator from Utah is correct.

EXHIBIT 1

U.S. SENATE,
*Washington, DC, October 6, 2009.*

Hon. HARRY REID,
*Senate Majority Leader,*
*Washington, DC.*

DEAR LEADER REID: As you know, Americans across our country have been actively engaged in the debate on health care reform. Whether or not our constituents agree with the direction of the debate, many are frustrated and lacking accurate information on the emerging proposals in Congress. Without a doubt, reforming health care in America is one of the most monumental and far-reaching undertakings considered by this body in decades. We believe the American public's participation in this process is critical to our overall success of creating a bill that lowers health care costs and offers access to quality and affordable health care for all Americans.

Every step of the process needs to be transparent, and information regarding the bill needs to be readily available to our constituents before the Senate starts to vote on legislation that will affect the lives of every American. The legislative text and complete budget scores from the Congressional Budget Office (CBO) of the health care legislation considered on the Senate floor should be made available on a website the public can access for at least 72 hours prior to the first vote to proceed to the legislation. Likewise, the legislative text and complete CBO scores of the health care legislation as amended should be made available to the public for 72 hours prior to the vote on final passage of the bill in the Senate. Further, the legislative text of all amendments filed and offered for debate on the Senate floor should be posted on a public website prior to beginning debate on the amendment on the Senate floor. Lastly, upon a final agreement between the House of Representatives and the Senate, a formal conference report detailing the agreement and complete CBO scores of the agreement should be made available to the public for 72 hours prior to the vote on final passage of the conference report in the Senate.

By publicly posting the legislation and its CBO scores 72 hours before it is brought to a vote in the Senate and by publishing the text of amendments before they are debated, our constituents will have the opportunity to evaluate these policies and communicate their concerns or their message of support to their Members of Congress. As their democratically-elected representatives in Washington, DC, it is our duty to listen to their concerns and to provide them with the chance to respond to proposals that will impact their lives. At a time when trust in Congress and the U.S. government is unprecedentedly low, we can begin to rebuild the American people's faith in their federal government through transparency and by actively inviting Americans to participate in the legislative process.

We respectfully request that you agree to these principles before moving forward with floor debate of this legislation. We appreciate your serious consideration and look forward to working with you on health care reform legislation in the weeks ahead.

Sincerely,

BLANCHE L. LINCOLN.
MARY L. LANDRIEU.
CLAIRE MCCASKILL.
MARK L. PRYOR.
EVAN BAYH.
JOSEPH I. LIEBERMAN.
BEN NELSON.
JIM WEBB.

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OBAMA IS SUED FOR WHITE HOUSE VISITOR LIST

(By Bill Dedman)

The nonprofit conservative group Judicial Watch has sued the U.S. Secret Service after the Obama administration again denied a request for copies of the list of visitors to the White House.

The records are being sought by journalists and public interest groups to help determine who is influencing White House policy on health care, the economy and a host of other issues.

Under the Obama policy, most of the names of visitors from Inauguration Day in

January through the end of September will never be released. After the Secret Service and the White House denied a request for those records, Judicial Watch filed suit on Monday in federal court in Washington.

Like the Bush administration before it, the Obama White House argues that the visitor records belong to the White House, not the Secret Service. White House records are not subject to the Freedom of Information Act, as agency records would be. Federal Judge Royce C. Lamberth ruled twice during the Bush administration that White House visitor logs belong to the Secret Service, which creates and maintains them, and must be released.

To settle lawsuits against the Bush and Obama administrations, filed by the liberal group Citizens for Responsibility and Ethics in Washington, or CREW, the Obama administration has released the names of hundreds of visitors, out of the hundreds of thousands who have been to the White House for meetings, events or tours. The administration has promised to release more of the names of visitors for the period from October onward. The first wave of records is due near the end of this year.

Even for the names it has released, the White House has not provided a city or affiliation, such as a company name or organization represented, making it difficult or impossible to tell whether a person named on the list is a well-known person with that name. And some names are not being released at all, including potential Supreme Court nominees, personal guests of the first family and certain security officials.

The White House has set up a Web page where members of the public can request the release of names of visitors, but that system gives results only for the names of visitors that the public can guess. If the public can't guess who may have visited the White House between January and September, it can't find out the names.

In addition, although the White House system requires requesters to submit their e-mail address, requests are not acknowledged by the White House, and no reply is sent to the requesters. The names sought, if they correspond to actual visitors, just show up in the next batch of names released by the White House. So far, each release of names by the White House has happened on the evening before a holiday, the classic Washington tactic for burying uncomfortable news.

NEGOTIATIONS WITH WHITE HOUSE

Judicial Watch, in a press release, described being invited to the White House to discuss its request. It met on Oct. 27 with Norman L. Eisen, special counsel to the president, who happens to be a founder of CREW, which had dropped its own lawsuits on this issue.

''During the meeting, the Obama White House officials asked Judicial Watch to scale back its request and expressed hope that Judicial Watch would publicly praise the Obama administration's commitment to transparency,'' Judicial Watch said. ''However, the White House refused to abandon its legally indefensible line of reasoning that White House visitor logs are not subject to FOIA law.

''If the Obama administration is serious about transparency, they will agree to the release of these records under the Freedom of Information Act,'' said Judicial Watch President Tom Fitton.

White House officials did not reply Wednesday to a request for comment on the Judicial Watch lawsuit.

REQUEST BY MSNBC.COM ALSO DENIED

A similar request by msnbc.com was rejected by the Secret Service, which referred us to the White House, which also denied the request. The Secret Service denied an administrative appeal of msnbc.com's request on Monday.

The White House now says that national security is a reason not to release the records for January through September, an issue not raised by the Bush or Obama administrations in their previous legal filings on this issue.

''The inherited visitor entrance system was not structured to identify sensitive records,'' Eisen wrote to msnbc.com. ''As a result, we cannot make a broad retroactive release of White House visitor records without raising profound national security concerns. For example, the release of certain sensitive national security records encompassed in your request could assist foreign intelligence agencies to identify and target U.S. government officials working on sensitive national security issues.''

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized.

Mr. CASEY. Mr. President, I ask unanimous consent that we continue with alternating blocks of time until 6 p.m.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. CASEY. Mr. President, I rise at this late afternoon hour to talk about what has transpired over the last 24 hours. As the Presiding Officer knows, we had a vote at 1 a.m. this morning. To say that is unusual is an understatement; to have the Senate voting at that hour is most unusual. What that vote symbolized—what happened here pursuant to that vote was I think an exercise in Washington game playing.

We have now a health care bill that the American people have been debating for months—the bill in front of the Senate right now, a bill we have been debating intensively over the last couple of weeks, and we want to get to a vote on it. In order to prevent a vote on health care, the Republican side of the aisle decided they would use any tactic necessary to stop the bill, so they came out in full force at 1 a.m. and voted against the Department of Defense Appropriations Act for 2010.

It is hard to understand why. I can understand opposition to a health care bill, and we can debate that, but it is hard to understand why any political party—even one that is intent on killing a health care bill—would use the Department of Defense Appropriations Act to do that, but that is what they did. It is another example of what makes people angry about what happens or doesn't happen in Washington.

We have seen over the last couple of months a real debate about what our policy will be in Afghanistan. We have had a debate for years about what has been happening in Iraq, in those two conflicts, and what our fighting men and women are doing around the world serving their country. We know now that there are more than 34,000—almost 35,000—Americans deployed in Afghanistan.

When I consider my home State of Pennsylvania, when you look at the number of Pennsylvanians overseas—Afghanistan, Iraq, as well as other places around the world where they are serving, where they are deployed—10,430 Pennsylvanians are serving around the world. There are 6,431 active duty and 3,999 Guard and Reserve Pennsylvanians. Many other States could point to similar numbers. So we have tens of thousands of Americans serving around the world, especially those who are serving in Afghanistan and in Iraq right now, and yet we have the Senate, on the Republican side of the aisle, using a Defense appropriations bill to slow down the health care debate and to stop the bill. It is beyond insulting to the American people that they would use this tactic.

What is the bill all about? Well, I won't go through all of it, but here is what the Department of Defense Appropriations Act entails. First of all, military personnel: Funding for more than 2.2 million Americans who are serving our country. More than 1.4 million are active duty and over 844,000 for the Reserve component.

Military pay: The bill provides for a 3.4-percent military pay increase above the requested amount.

Operations and maintenance, readiness and training: The bill includes $154 billion for Defense operations and maintenance.

Procurement, research, development, testing and evaluation, a whole series of expenditures that our fighting men and women need to have in place to help them around the world, and a whole list of vehicles and other equipment that are paid for by this bill.

It goes on from there, a long, important list of what our fighting men and women need. What they don't need is a group of Washington, DC politicians using the Defense appropriations bill to play a game on health care. If the Republicans want to slow down health care or stop it, they have every right to do that, and they have every right to use lots and lots of tactics and procedures. What they should never do—there may not be a rule against this per se, but one would think as Americans who are supposed to be supporting our fighting men and women in Afghanistan and in Iraq and other places around the world, one would think they would draw the line and not cross the line of using the Defense Appropriations Act to enforce their will as it relates to health care.

What our fighting men and women expect of us is they expect us to give them the resources they need to fight those battles and not to play petty, insulting political games in the midst of that, but that is what we have had. We had Republican Senators come down to this floor at 1 o'clock in the morning last night and vote one after another after another against moving the Department of Defense Appropriations Act forward.

I will note that in the midst of all that, the Secretary of Defense, Secretary Gates, who we know served several Republican Presidents—he served

now former President Bush and President Reagan and served under the first President Bush as well—recently wrote that delay of this bill, delay of the Department of Defense Appropriations Act, would result in a ''serious disruption'' in the military's ability to pay troops. The Secretary of Defense continued:

> It is inconceivable to me that such a situation would be permitted to occur with U.S. forces actively deployed in combat.

I couldn't say it better myself. It is inconceivable. We know political parties fight and both parties have battled and they carry it too far once in a while, but I don't know of an example where a political party, in order to stop a domestic bill that deals with domestic issues—in this case health care—to stop that from moving forward would use the Department of Defense appropriations bill as its vehicle.

As it stands now, we know the vehicle that keeps our government moving and paying for government programs—the so-called CR, which is an acronym for continuing resolution—which, to get out of the Washington-speak for a moment, means the way we are paying for government to operate over a limited period of time, we know that resolution, the funding in that resolution as it relates to Pentagon operations runs out at midnight. I recognize there is some flexibility that will allow operations to move forward, but it is outrageous and insulting when a political party feels the need to unreasonably delay funding for the troops because they want to put something in the way of having health care move forward. There are lots of ways to obstruct. There are lots of ways to slow things down.

Under the Senate rules, the minority party—in this case the Republicans in the Senate—have rights to do that. But one would think when we have people on the battlefield they would draw the line at this, but they haven't. They have crossed this line, and I think the American people know what is going on here. It is a game. It is a big Washington game. The only problem here, the fundamental problem here is that it is in direct conflict with our obligation to make sure that we move legislation as it relates to our military as fast as we can. This isn't something that people have been working on for a couple of days. There have been hearings that are the undergirding or the foundation of this appropriations act. There have been debates about what the spending increases should be. All of that took place over many months, and now we want to move a Defense Appropriations Act forward, and what are the Republicans doing? They are using that vehicle to stop the health care bill.

So, even as I said before, to say it is insulting or outrageous doesn't begin to capture it, but I think the American people know what we are talking about. They understand a game when they see it, and they are seeing it with this shell game that has been played over the last couple of hours.

We are going to continue to make sure that we do everything possible to move this legislation forward, and then, after we get this legislation moved forward, then we are going to get back to health care and pass a health care bill before Christmas.

With that, I yield the floor.

I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BENNETT. 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. BENNETT. Mr. President, I understand there is a member of the Democratic Caucus who is headed to the floor. I will immediately cease speaking as soon as he or she arrives. I simply wish to make a few comments with respect to statements made with respect to the schedule. The question was asked by my colleague from Texas: Why would people want to rush this bill through when the effective date is not until 2014?

The other question was: Why would someone want to delay the vote? I think the answer to both questions is the same. The American people are looking at this bill. Admittedly, they are not looking at the specific bill, because no one knows what it is. It is still, for the umpteenth time, being rewritten. They are looking at the general outline of the bill, and the more they see, the more they don't like it.

Every poll that comes out shows increasingly decreasing support for the bill and increasingly opposition to the bill. The gap between these two positions is growing wider and wider. This is quite remarkable, because when we began the debate in the Spring, support for the idea of health care reform, and particularly for some of the specifics, was very high, and disapproval was very low. We have seen, over time, those two lines cross. Now opposition to the bill is, according to some polls, as high as 60 percent or more, and support for the bill has dropped.

I can understand that those who want the bill passed want to rush the process as fast as possible, because they don't want any more erosion in popular support. Those who want the bill stopped want to stretch the process out so that the polls can have their impact on Members of this body. It should not, therefore, come as a surprise to anybody that the procedures will be handled in the way they are—with the one group saying, let's get it done quickly before people find out more about it, and the other group saying let's slow it up as much as we can while people find out more about it.

I think that is the answer to the questions that have been raised here with respect to the procedure.

I see other Senators may well be coming. Until they arrive, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. COLLINS. I ask unanimous consent that the order for the quorum call be rescinded.

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

The time currently is all located to the Democratic side The Senator must ask unanimous consent to do so at this time.

Ms. COLLINS. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Ms. COLLINS. Mr. President, I ask unanimous consent that, notwithstanding the fact that there are few remaining moments on the other side of the aisle, I be permitted to proceed.

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

Ms. COLLINS. Mr. President, let me emphasize that it was cleared with my colleagues on the other side of the aisle.

I rise today in support of the fiscal year 2010 National Defense Appropriations Act. Let me begin by thanking the committee's distinguished chairman, Senator INOUYE, and the ranking member, Senator COCHRAN, for their leadership in crafting this bill and for their strong commitment to our Nation's Armed Forces.

I am very proud of the work that the State of Maine does that contributes to our national defense. The appropriations bill provides vital resources that our troops need and recognizes the enormous contributions made by the State of Maine to our national security. From the Portsmouth Naval Shipyard in Kittery, to the Pratt & Whitney Plant in North Berwick, to the Bath Iron Works shipbuilders to the University of Maine's engineers, to the Maine Military Authority in Aroostook County, Mainers all over our great State are leading the way to a stronger national defense.

This legislation will provide funding for essential training, equipment, and support to our troops as they bravely and skillfully engage in national security efforts at home and abroad. This is a critical time in our nation's history and the Committee has, once again, demonstrated its strong support of our soldiers, airmen, sailors, and marines.

This legislation also will fund critical force protection and health care initiatives for our troops, while continuing development of important technologies and acquisition programs to counter existing and emerging threats.

The legislation before us includes a strong commitment to strengthening

Navy shipbuilding. Our nation needs a strong and modern naval fleet allowing us to project power globally and to respond to threats. This bill authorizes $1 billion in funding for construction of the third DDG–1000, a priority of mine. The Pentagon's decision to have Bath Iron Works, BIW, build all three of the DDG–1000s demonstrates well-deserved confidence in BIW and will help ensure a stable work load for the shipyard and more stable production costs for the Navy.

In addition, this legislation authorizes $2.2 billion for continued DDG–51 procurement and nearly $150 million for the DDG–51 modernization program. The lessons and technology developed in the design of the DDG–1000 can be incorporated into the DDG–51 program to reduce crew size and to improve capabilities.

The legislation fully funds the F–35 Joint Strike Fighter request for both the Navy and the Air Force. This aircraft, powered by the superb engines made by Pratt & Whitney, will enable our servicemen and women to continue to maintain our air superiority.

At the request of Senator SNOWE and myself, the Committee provides an additional $20 million for Humvee maintenance to be performed at Maine Military Authority's, MMA, Army National Guard Readiness Sustainment Site, RSMS, located in Limestone, ME. For nearly 13 years, the Army National Guard has relied on Maine Military Authority to provide a dependable service to our Nation's war fighters. The dedicated and talented professionals at MMA have demonstrated their value to the Army and to the Nation and consistently have performed Humvee refurbishment at a lower cost than the Army's own depots. This funding would help to ensure that MMA's valued workforce and high quality product remain a national asset supporting the defense of our country.

The bill also provides $250 million for cancer research through the Defense Health Programs with $150 for the Breast Cancer Research Program, $80 million for Prostate Cancer Research program, and nearly $20 million for the Ovarian Cancer Research Program. I believe that there is simply no investment that promises greater returns for America than its investment in biomedical research. These research programs at the Department of Defense are important to our nation's efforts to treat and prevent these devastating diseases that also affect our veterans and servicemembers.

The bill provides $307 million to address the Tricare private sector shortfall in fiscal year 2010 as identified by the Department of Defense. I know Tricare funding is vital to so many Maine veterans. We must continue to support robust funding for this important program and limit increases in Tricare premiums and copayments.

I strongly support the additional $15.6 million to strengthen the Office of the Inspector General in order to keep pace with the growth in the size of the defense budget and the number of defense contractors. More vigorous oversight of defense contracts to prevent waste, fraud, and abuse of taxpayer dollars will complement the procurement reforms we approved earlier this year.

This bill also includes funding for other defense-related projects that would benefit Maine and our national security.

Funding is provided, for example, to Saco Defense in Saco, Maine, to enable the company to continue manufacturing weapons that are vital to the Armed Forces.

In addition, at my urging, the legislation appropriates $5.28 million for the University of Maine. This funding would support the development of LGX High Temperature Acoustic Wave Sensors and allow the University of Maine to continue to investigate fundamental sensor materials and design concepts as well as demonstrate functional prototypes of acoustic wave sensors that will be tested under extreme temperature environments. The funding for the University will also provide for woody biomass conversion to JP–8 fuel, which will provide affordable alternative sources for military aviation fuel.

Mr. President, I want to comment further on the health care bill currently before the Senate. I have talked about my concerns previously regarding the impact on premiums, my belief that the bill will actually cause many middle-income Americans to pay more for health insurance. I have also talked about my concerns about the impact on our small businesses.

I want to talk about a couple of other issues that are particularly important to the State of Maine. The first is the impact of the nearly $500 billion in Medicare cuts on Maine's home health, hospital, and other health care providers, including our nursing homes.

I am concerned that the bill before us is financed, in large measure, through these enormous cuts in the Medicare Program—a program that already has long-term financing problems. According to the CMS Actuary, these proposed deep cuts will threaten Medicare's fiscal stability and push one in five hospitals, nursing homes, and home health care providers into the red. Many of these providers, I fear, would simply stop taking Medicare patients, which would jeopardize care for millions of seniors.

I want to make clear that I do believe there are savings that can be found in the Medicare Program. For example, far too much is lost each year to fraudulent claims. That is an area where we need to crack down. As we put in place the health care reforms that have widespread support on both sides of the aisle, we could also achieve real breakthroughs that would improve the quality of care while lowering costs. But that is not what we are talking about in the underlying bill. Instead, we are talking about essentially across-the-board cuts, deep cuts, cuts that are going to hurt some of the most vulnerable people in our country—our seniors and our disabled citizens.

This became even more clear to me as a result of a conversation I had this past week with Peter Chalke, the CEO of Central Maine Health Care. He runs not only the tertiary hospital in Lewiston, ME, but also rural hospitals in western Maine, in Rumford and in Bridgton, as well as a smaller hospital in Brunswick, ME. So you can see from that description, if you are familiar with the State of Maine, that the hospital network he covers makes a huge difference in the lives of so many Mainers. Here is what he told me. He first pointed out that Maine is one of the oldest States in the country. So we have a substantial Medicare population.

Despite being recognized nationally for providing high-quality care, Maine's hospitals currently receive the second lowest Medicare reimbursement in the country relative to their costs. There is no fat to cut in the reimbursements of hospitals in the State of Maine. They have very high quality, some of the highest quality in the Nation, according to health care experts, and according to Medicare itself. Yet they get the second lowest reimbursements.

The CEO of this hospital network put it bluntly to me. He said passage of this bill in its current form would be disastrous for the State of Maine. He said the bill would saddle Maine's hospitals with some $800 million in Medicare cuts over the next decade, with very little upside benefit from expanded coverage since about 90 percent of Maine residents are covered by some type of insurance policy today.

We also have a large Medicaid population in our State, which led him to another concern. Mr. Chalke told me that a further expansion of the Medicaid Program is simply not sustainable, since Maine has repeatedly demonstrated its inability to pay for the current Medicaid Program.

In Maine, that program is known as MaineCare. It pays Central Maine Health Care just 60 percent of its allowable costs. Moreover, MaineCare will owe Central Maine Health Care more than $50 million by the end of the year.

The failure on the part of Medicare and Medicaid to pay their full share, to pay the amount that it actually costs to provide the care, simply results in cost shifting to private payers. In Maine, this cost shifting means that individuals who have private insurance cover 130 percent or more of hospital costs. That should not be a surprise to us. If both Medicare and Medicaid are not paying at a sufficient level to truly cover the cost of care, what happens? The cost gets shifted to private insured patients. This big gap is one reason Maine's insurance rates are the fourth highest in the Nation.

This is an untenable situation. The CEO told me that if Congress passes

this bill, Maine's hospitals and physicians will be forced to expand cost shifting, further increasing the pressures on private insurance markets, further making that cost an extraordinary burden on middle-income families.

Medicare, which is so critically important to our Nation's seniors, should not be used as a piggy bank for new spending programs when the revenues are needed to shore up the current program. I know my colleague from Tennessee has been talking about that issue for a long time. I joined him in a letter that said if there are savings to be found in Medicare, let's use those savings to shore up Medicare. We all know that Medicare is not financially sustainable. So what are we doing? We are cutting nearly $500 billion out of a program that does not have sufficient funds to deal with the influx of the baby boom generation, much less with the costs it is now incurring. It is fiscally irresponsible to raid Medicare to pay for a new entitlement program.

Mr. MCCONNELL. Will the Senator from Maine yield for a question?

Ms. COLLINS. I will be happy to yield.

Mr. MCCONNELL. I think I heard some of our colleagues say these Draconian Medicare cuts would actually lead to the closure of some rural hospitals. I am wondering if the Senator from Maine thinks that may even be possible given the magnitude of these Medicare cuts we are hearing complaints about all across America.

Ms. COLLINS. Mr. President, the minority leader brings up a very good point. I know the Republican leader is familiar with the analysis that was done by Medicare's own Actuary that says that one out of five hospitals—and these are likely to be the small rural hospitals that are so important in our States—would be so jeopardized by these cuts that they may not survive. Another thing that will happen is that physicians are going to start turning away Medicare patients.

Mr. MCCONNELL. I ask my friend from Maine, isn't that beginning to happen in some States already before we even take this additional step?

Ms. COLLINS. It is. My friend from Kentucky is exactly right. In my State, there are already severe shortages of primary care physicians, particularly in the more rural areas of the State—the northern, eastern, and western parts of the State. Their practices are full to start with. What we are asking them to do is to keep accepting new Medicare patients whose reimbursements will not cover the cost of their care. That is why in many States you see physicians limiting how many Medicare patients they will take. I know how painful that is for our physicians. After all, they became physicians to care for people. They want to ensure people have the care they need. But there is a limit to what they can do.

I share the concerns of the Senator from Kentucky that the result of this bill will be to jeopardize the very existence of rural hospitals, small nursing homes, home health care providers, which, in my State, are absolutely critical. After all, I know my colleagues from Tennessee and Kentucky have had the same experience I have had of talking to seniors who are getting home health care. They are so happy to receive health care in the privacy and the comfort and security of their own homes rather than being forced into a hospital setting or a nursing home. Yet the bill before us singles out the Medicare home health benefit for a disproportionate share of the cuts. It proposes that home health care and hospice care—hospice care, Mr. President—would be slashed by $42 billion over the next 10 years. That makes no sense whatsoever. That's $42 billion in cuts for home health care and $8 billion on top of that for hospice care.

A home health care director in my State, a nurse whom I know well, really summed it up well. First, she described the impact on Visiting Nurses of Aroostook, the county I am from in northern Maine. It had total revenues of $1.9 million last year. It estimates that it will lose $313,000 in the first year of the House bill, if that were to pass, and $237,000 under the Senate bill.

According to the director of this agency, cuts of this magnitude would cause this home health agency to consider shrinking the area served or discontinuing some services. They cannot afford to cover such a geographically huge area as Aroostook County with that kind of cut.

Here is another thing I want to share with my colleagues, because this is what this debate is really all about. What she told me is the following: It is going to be hard for our staff—and our staff is scared—but it is our patients who will pay the price if Congress makes these cuts in home care.

That is what concerns me. It is not just the impact on our rural hospitals, our dedicated physicians, our struggling nursing homes, and our valiant home health agencies. It is their patients. It is the vulnerable senior citizen who lives on a rural Maine road who may lose access to home health care. It is families who want to live in rural communities but cannot if there is not a hospital nearby. It is a nursing home that closes, forcing families to move a loved one far away from the home. Those are the real-life consequences of slashing Medicare.

I hope we will reconsider the cuts in this bill. It is so disappointing that the Senate has repeatedly rejected attempts to try to mitigate those cuts.

There are so many other problems with this bill.

I see the Republican time is about to expire. I hope as we proceed that we can also talk about the impact of the 4-year gap between when all the new taxes under this bill go into effect and when the subsidies are proposed to go into effect. $73 billion in new taxes and fees will go into effect by 2014, and some of those new taxes start in 2 weeks—2 weeks—if, in fact, this bill is passed. And I hope it will not be. For example, the bill taxes pharmaceuticals and medical devices. The bill taxes health insurance. Next year, the bill imposes a penalty for health savings accounts, which makes no sense to me. We want people to be able to save money to help cover their deductibles.

Next year, the bill proposes to restrict flexible spending accounts—again, this makes no sense to me.

The $73 billion in new taxes and fees imposed by the bill over the next four years are going to be passed on to consumers, without a doubt. CBO says that and the Joint Committee on Taxation says that. But when do the subsidies go into effect to mitigate this upward pressure on premiums? Not until 2014. I do not see how imposing these new taxes now—before the exchanges are set up that the chief benefits of the bill are supposed to become available—makes health care more affordable.

Mr. President, the health care legislation that the Senate is currently considering would have enormous consequences for our economy and our society. It would affect every single American and 17 percent of our economy. There are many reforms that have strong, bipartisan support, that could have been the basis of our efforts here in the Senate. It has therefore been disappointing that this process has been so divisive and partisan. While I continue to believe that our health care system is in need of fundamental reform, the bill before us takes us in the wrong direction and will do more harm than good. In keeping with the Hippocratic oath of ''first of all, do no harm,'' I plan to oppose this legislation.

Mr. President, I yield the floor.

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

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent to speak as in morning business for 5 minutes.

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

Ms. KLOBUCHAR. Mr. President, I come to the floor today to voice my support for the Department of Defense appropriations bill we are currently considering and my disappointment that some of my colleagues have chosen to hold up this important legislation for reasons completely unrelated to anything to do with this bill.

We have been debating health care in this Senate for months, and in the coming days we will continue to debate health care. There are many honest disagreements about the best ways to reform our Nation's health care system. They deserve discussion.

I will say, hearing my colleague from Maine speak, that I am concerned about Medicare as well. I am concerned because Medicare is going in the red in 2017 if we don't do anything about it. I

look at my mom, who is 82 years old, who wants to make sure she stays on Medicare. I look at friends who are in their fifties and who want to make sure they get Medicare when they are 65. We need to make sure we put in place those cost reforms that are going to give us the high-quality kind of care we have in Minnesota.

But what I want to talk about today is the Defense appropriations bill. Whatever disagreements we may have on health care, they have absolutely nothing to do with the Defense spending bill. Funding for our troops in Iraq, Afghanistan, and around the world, as well as for defense health and other critical programs should not be dragged into this debate. We should be able to separate the two issues and pass this Defense bill swiftly and overwhelmingly.

Senator INOUYE and several of my other colleagues have already discussed the importance of this bill's funding provisions to our ongoing operations in Iraq, Afghanistan, and to our Nation's overall defense. I would like to spend a few minutes on the importance of this bill to my home State of Minnesota and where the Acting President pro tempore also resides.

There are currently over 1,300 members of the Minnesota National Guard deployed in Iraq. These deploying members are with the 34th Infantry Division, the famous Red Bulls—the longest serving unit in Iraq. They assumed command of all U.S. forces in Iraq's southern quadrant in May of this year, taking over from the New York-based 10th Mountain Division. This means these Minnesota National Guard soldiers have command responsibilities for 9 of Iraq's 18 provinces. For the last 7 months, they have overseen the continuing transfer of security responsibility to Iraqi forces, which will ultimately enable the responsible withdrawal of U.S. forces from Iraq. In order for these Minnesota National Guard soldiers to successfully complete their mission and return home to their families early next year, as scheduled, we need to provide them the funding included in this bill.

I know all of my colleagues share my belief that we have a responsibility to the brave men and women we send overseas to provide them with the resources they need to carry out their mission. And there is simply no reason for delay.

In addition to providing our troops with what they need when they are overseas, we also have the responsibility to take care of them when they return home.

As the Chair knows, in Minnesota, we are proud to have created the Beyond the Yellow Ribbon reintegration program. This groundbreaking initiative, pioneered by the Minnesota National Guard, helps soldiers make the transition from their life as a soldier to civilian life through counseling and other services.

Due to its overwhelming success in Minnesota, this program now serves as a model for the national Yellow Ribbon program that I have worked with my colleagues to authorize and fund in recent Defense bills. The bill on the floor right now includes funding that will continue the Minnesota Yellow Ribbon program, as well as funding for similar reintegration programs in States across the Nation.

These are soldiers who don't have a base to come home to. They come home to small towns all over the country. The idea here is to bring them in to meet with their commanders again, to see if they have a job, to see if they have the right health care, to see if they have their education benefits set. That is the idea with Beyond the Yellow Ribbon.

When the 1,300 Minnesota National Guard soldiers return home early next year, they and their families need the funding in place in this bill in order to resume civilian life. Any delay makes it harder for commanders to have the necessary resources in place.

When our brave soldiers signed up to fight for us, there wasn't a waiting line. When they come home to the United States of America, there shouldn't be a waiting line. When they need health care, when they need their education or they need a job, there shouldn't be a waiting line. When they signed up to fight, there wasn't a delay, and there shouldn't be a delay in Washington, DC, when it comes to funding for our troops.

I urge my colleagues on the other side of the aisle to support this bill and get this voted on as soon as possible—in fact, immediately.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

Mr. CORKER. Mr. President, I agree with my friend and colleague from Minnesota, there shouldn't be a delay in funding our troops. I do find odd the urgency of the bill that has come to us a week before Christmas, something we passed out of here months ago.

I know that history has shown and certainly the Members who are part of the Republican side of the aisle have shown constantly that we care deeply about our troops and want to make sure they are funded. But the fact that this bill has come up at this time just demonstrates the tremendous hypocrisy with regard to what is happening as this sausage is being made in the majority leader's office on this health care bill.

The reason I speak to that is this is must-pass legislation. The Senator from Minnesota—as we all do—wants to see this passed. And all of us know this will pass. But I want to point out that in this bill, there is $1.2 billion in money to go to physicians so that their pay will not be cut.

What this bill does is just point out again the tremendous fallacies of the process taking place beyond the ultimate passage of this bill, and that is the health care bill we have been discussing now for months and months. The fact is, we are taking $464 billion out of Medicare if this bill passes and we are using that money to leverage a whole new entitlement program. The fact is, we are not dealing with the physician pay cuts, which we all know are looming. We all know there is $250 billion worth of cuts that will take place in physician pay over the next 10 years. We know this bill does not deal with that. Yet, somehow or other, on this Defense appropriations bill, we are dealing with that for a few months because everybody in the world who can wake up and put one foot in front of the other knows that right after this health care bill passes, in the name of being budget neutral—again, using all the gimmicks the Senator from Maine just talked about a minute ago; using 6 years' worth of cost and 10 years' worth of revenue; taking money from an insolvent program to create another program that will become insolvent over time—what it doesn't deal with is the SGR and the doc fix.

So what will happen is the majority leader, the chairman of the Finance Committee will come forth with a bill—right after this passes, I am sure, ironically—and pass another $250 billion or try to pass another $250 billion piece of legislation, unpaid for, just so that we can say—so that you can say—so that they can say that, in fact, a piece of health care legislation passed that was budget neutral.

Mr. President, I have to tell you, I came from a world where we focused more on results, and the process really wasn't much a part of it. But in this body, with 100 Senators and 435 House Members on the other side of the building, process matters some. It matters because it really keeps each of us feeling, hopefully, if we have the right process, that there is integrity in what is happening.

I think between the way this body and my friends on the other side of the aisle have used the CBO office and 6 years' worth of cost and 10 years' worth of revenues and all this to make it look as if this bill is budget neutral, yet knowing we haven't dealt with this very important aspect, it points to one part of this process. The fact that in the morning the majority leader is going to lay down about a 300-page amendment—one I haven't seen yet—that a few people working in close quarters developed—and I don't know if the Acting President pro tempore has seen this piece of legislation—and then he will file cloture on an amendment with 300 pages worth of changes, which I understand are going to be fairly important changes, without our having the ability to amend this legislation, to me, is pretty incredible. This is an important piece of legislation. It is going to affect every American in this country.

I was talking with some of my colleagues earlier today—and I know the Senator from South Dakota has been very concerned about the provisions of this bill—and Senator THUNE pointed

out the other day, as the Senator from Maine did, about the taxes that start in 2 weeks and the benefits starting in 4 years, mostly. I know there are some benefits that start on the front end. But what my friends on the other side of the aisle were saying is that once this bill passes, that is just the beginning. There will have to be multiple changes over the next 4 years to actually cause this bill to work. This points to the fact that this is about a political victory.

I guess I would ask my friend from South Dakota, if we were going to pass a landmark piece of legislation and do so in a way that would stand the test of time, wouldn't you think we would vote on more than seven amendments? Wouldn't you think we would actually debate the bill in a real way and try to work out these difficulties in advance?

Again, just a few hours ago, my friends were telling me we are just going to try to pass this thing, then we are going to try to fix it over the next 4 years before all these problems hit Americans throughout our country, because what we are really doing on the front end is just collecting a lot of money. That is what we are doing to make this budget neutral. And then the real changes to the health care system take effect over time. We know we have problems, but we will fix those down the road. That is not exactly a process that I think passes muster with most people back home.

Mr. THUNE. Mr. President, would the Senator yield?

Mr. CORKER. I would love to hear from the Senator from South Dakota as to what he thinks about this type of process.

Mr. THUNE. If I might, through the Chair, Mr. President, ask a question of the Senator from Tennessee, if he will yield, because he is absolutely right. This is being rushed. This is a massive reordering and restructuring of one-sixth of our economy, which we are going to be expected to vote upon in just a few days, on a managers' amendment which will be the so-called latest deal struck behind closed doors, as the Senator mentioned. We are going to be expected to vote upon that without having seen it today. In fact, I don't think any of our colleagues on the other side, or very few of them, have seen it, nor have the American people.

I have listened as the other side has gotten up here today with all these statements of outrage and that it is insulting, it is unconscionable that this side would be holding up funding for the troops, and what strikes me about that is the deadline for passing the appropriations bills is September 30. I think that feigned outrage is all about a bigger, grand sort of cynical plan at work here to try to push this health care bill through.

But would the Senator from Tennessee be able to answer a question regarding this. The Defense appropriations bill passed the House last summer. It passed the Senate in October, I think October 6. So we are talking 8, 9, 10 weeks ago now. Clearly, the Democratic majority's clock management is either very bad or this was part of some big, grand plan to push this thing to the very end and to jam this thing through, to try to set it up so that the health care bill could be passed right before the Christmas holiday without the American people having had an opportunity to see it, and the Defense appropriations bill, which carries a bunch of other unrelated items, would pass as well.

Does it seem a little odd and coincidental to the Senator from Tennessee that you would be debating the Defense appropriations bill right now when it could have been done weeks ago, if not months ago? In fact, these bills are supposed to be done by September 30, which is the end of the fiscal year.

Mr. CORKER. I do think it is odd. As my colleague knows, I think the two of us—all three of us on the Senate floor on our side of the aisle signed a letter to the Appropriations Committee and to the leader of the Senate asking that these be taken up one at a time so we would be finished with this work by the time the fiscal year ended. So it is ironic.

Let me tell you the purpose, in my opinion. I certainly do not know all the inner workings of what is happening on this floor in the Senate. But this is sort of a filibuster. In other words, there is a segment where we discuss this must-pass piece of legislation, where some things can be added in that have not been dealt with that are unrelated—unrelated to defense but also 1,720 earmarks, many of which are mighty suspect. But this is a filibuster, in my opinion, where during this period of time we can be drafting, or the majority leader can be drafting what I would call the ''bad actors amendment.''

What I mean by that is, if you have had opposition to the health care bill, which is the real issue we are going to be dealing with over the next few days, if you have had some trouble with the bill, then you can go in and get some niceties.

For instance, I am sure if I decided I was going to support this bill, the health care bill—which I am not—I am sure there are all kinds of things that might spring up in Tennessee as a part of this health care legislation to make it so that the bill was more suitable, if you will, to the people of Tennessee and to me myself. My guess is this managers' amendment is going to be quite interesting to read. I look forward to seeing the details because my guess is it not only will fix technical issues, but my guess is it will also fix some wants and needs of some people who might otherwise have difficulty supporting this legislation. So, yes, I think this Defense appropriations bill—give it a little time for this to germinate. We will have a chance to see that tomorrow for the first time when cloture is filed on it—as I understand, no debate, no amendments. I think it is a shame the Senate has gotten to the point where this is the type of process that is in place.

I understand my time may be up. If not, I would love to yield to the Senator from South Dakota.

The PRESIDING OFFICER. The time for the Republicans has expired.

The Senator from Pennsylvania is recognized.

Mr. SPECTER. Mr. President, I have sought recognition to comment briefly on the proceedings in the Senate in the last few days. I call upon my fellow Senators to reconsider the tactics which are being used to defeat the pending legislation. This body prides itself on being the world's greatest deliberative body. But that designation has been destroyed with what has occurred in the last several days.

We have seen a filibuster on the Defense appropriations bill. We are at war, and we have 68,000 young men and women in Afghanistan today who are giving life and limb for this country. We are debating whether they ought to be funded. I have heard the question raised by those in the military: Doesn't the Congress support the troops?

The impact on morale is potentially devastating when the Senate is not moving ahead to provide the funding, the money to support their efforts. I have no hesitancy in extolling their virtues at the highest level of patriotism. I wouldn't want to make any comment about a corollary negative, as to what is going on in this body. But it is hardly in the spirit of patriotism that we are asking these young men and women to be in harm's way and to give life and limb.

We have seen procedures involved on the reading of the amendments.

Rule 15 does provide for reading: Amendments shall be reduced to writing, read, copies deposited on the desks of the majority leader and the minority leader before being debated.

Those are the purposes involved. But there is no intent in the rules of the Senate to have hours spent reading an amendment for dilatory purposes. The intent of the rule and the spirit of the rule is to inform people but not to have this body paralyzed by this kind of conduct.

We have passed the point of civility. We have passed the point of decency in the way this body is being conducted. I call upon my colleagues to reconsider these tactics and to try to move ahead and do the people's business. The American people are perplexed, mystified—it is hard to find words strong enough on what the public reaction is. The public opinion polls show that approval ratings are plummeting—plummeting. People have no confidence on what is happening in this body, no understanding as to what is going on, and they see partisan political gridlock of the worst sort in the time since my election in 1980, and from my conversations with those who have been in this body a good bit longer and from my own study of the history of the Senate.

I urge my fellow Senators to reconsider these kinds of tactics and to try to get on with the people's business because that is why we are here.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

Mr. KERRY. Mr. President, I thank the Senator from Pennsylvania for his comments. I associate myself with them and appreciate what he just said.

We find ourselves in a remarkable situation, where, frankly, there is an extraordinary amount of distortion and fakery taking place on the floor of the Senate. There is a great strategy of deception which the Republicans have engaged in and in which they continue to engage, claiming they are being left out of the process; claiming we ought to go back and start over; claiming they haven't been included; claiming they do not know what is going on. We are where we are today after a year and a half of effort in this initiative specifically—years and years beyond that if you want to go back to Teddy Roosevelt and Harry Truman and every President since then.

But right now we have a specific effort going. We began in the Finance Committee a year and a half ago, the summer of a year ago, where we assembled over at the Library of Congress, and we had an entire day during which time we had Republicans and Democrats. We listened as a committee to experts from across the country about how to do health care.

Subsequent to that we began hearings, constant hearings. And then at the beginning of this year, 11 months ago, we began what we hoped would be a bipartisan process. No chairman in the 25 years I have been here and working here has ever reached out as much as I watched Chairman MAX BAUCUS reach out in an effort to try to get a bipartisan effort. How many Senators from the other side came to the table? For the entire summer, 3 months were taken up with the so-called Gang of 6, 6 Senators—3 Republicans and 3 Democrats.

Unfortunately, several of the Republicans have already walked away because they didn't like something that 60 Members of the Senate might want to do. So they walked away. The Senator from Utah is one. He was part of those early negotiations. Then he said: I am not going to do this.

In the end, the Senator from Colorado, Senator ENZI, and Senator GRASSLEY, the Senator from Iowa, walked away. And Senator SNOWE, to her credit, has stayed at the table, worked hard with people, and continues to try to have a dialog about what it might need or not need. But somehow they come here with the notion that they have a right to dictate what is in the bill that 60 Senators might think otherwise about, and because they just cannot get their way on the big picture, they are even willing to try to block the funding for the troops in Afghanistan and Iraq. That is just stunning to me.

I learned full well firsthand what it is like to be fighting in a war when people back home are not supporting it. I vowed when I came back that would never be a mistake we might make again. We might disagree with the war, but we would never confuse the war with the warriors, the people fighting it.

In fact, these folks don't care, the folks on the other side. They are willing to just hold it hostage, do anything they can—not just to defeat health care because they don't like it because it is different philosophically from how they would approach it.

Incidentally, they opposed Medicare. I hope America hears this. This is the party over here that opposed Medicare when it was put in. They opposed Medicaid. They do not believe in that. They run around talking about the ills and dangers of a government program for health care. Which of them has brought an amendment to the floor ever or a bill to the floor to say: Stop Medicare, end it? They never do that.

It is a government program. How many of them want to take away veterans health care, a government program? They never do that. But they come to the floor and they jumbo mumbo the words around on the floor and confuse America and make everybody believe this bill is somehow what it is not. These are tried and true tactics. In a lot of places you call it demagoguery.

They have come here relying on crude but effective emotionally laden buzz words, tried and tested in focus groups, funded with millions of dollars. Where do the millions of dollars come from? They come from the people who want the status quo. Fourteen thousand people a day in America lose their health insurance. Where is their plan to put those 14,000 people back on the rolls? They don't have one. But we do; we do. That is what we are here to do.

There is so much good in this bill. Is it perfect? Of course it is not perfect. I will talk about that in a minute. But it is extraordinary to me that the folks who oppose it philosophically—they are never going to change. They keep talking about let's go back and start over. Going back and starting over to them means let's write the bill the way we want it even though there are only 40 of us and literally to hell with the rest of you 60 who represent the majority of the country. That is their idea of going back to the beginning.

It is not going back to the beginning and coming up with a constructive way to approach it because they had that chance. All year long they had that chance. All they want to do is beat President Barack Obama. That is their theory.

I was here in 1994. Unfortunately it has some potency out there. You make the institution look bad, make the entire Congress look bad, and then the voters will say: O, my God, who is running it? Oh, it is those guys. We better go to the other guys now. Just make it look bad because people will not discern who is really responsible.

Let me be very clear. We are trying to move this forward. We have tried and tried, again and again, to reach out in a bipartisan way which requires compromise. Some people have come to the Senate in modern times with a new definition of compromise. Their definition is ''do it my way,'' not meet you halfway, not give in to what a majority might believe they have a right to say is a fundamental bedrock principle of the way they want to approach a particular piece of legislation.

Here we are with some of our folks now on our side of the fence actually being emboldened by the comments they hear that distort the bill on the other side, to say: Oh, you guys better throw it in. Don't vote for it.

Yesterday we heard a person I admire and like and have become a good friend of, Howard Dean, who worked his heart out in 2004 to try to win, and then worked his heart out in 2008 to help elect this President.

Yesterday he wrote something which, incidentally, had some errors in fact about what was included and not included in the bill. But he said yesterday:

> Let's kill the bill and start over.

As another person whose work I greatly admire because I think he holds things accountable, Keith Olbermann said Wednesday night:

> This is not health, this is not care, this is certainly not reform.

I respectfully—and I mean that—respectfully disagree with both of them. I don't think they fully evaluated what is in this bill and what it accomplishes for America, nor fully evaluated the realities of what it would mean if you said kill it and start over. There is no President who is going to step up in the next few years if we don't make progress. There is no Senator who is going to invest in a process after this, if we don't make this reform work now.

If you follow that kind of advice and give up now because this bill isn't everything you want it to be individually, then the very reforms people have spent their life working for, reforms that the Democratic Party has been proposing for decades that are in this bill, many of us ran on them and said: This is why we want to come to Washington to accomplish this—they would be destroyed. That would be it. It would be gone. What a mistake that would be.

The fact is, there are things I wanted that are not in this bill. I am a passionate supporter of a public option. Do you know what our public option was in this bill? Our public option, ultimately, in this bill required the people who take part in it to carry the option with their premiums, not very different from a regular plan, except that it wasn't for profit. It had no public money to support it, and it wouldn't allow public money to come in and bail it out. It had to abide by the actuarial

values and rules of the marketplace, the way private insurance companies do. But it just wouldn't have shareholders and a for-profit structure. It could drive competition in order to have those companies that we all know have not stepped up when it comes to making sure that they are there for the patients. Why? Because if you are for profit and you are one of these insurance companies answerable to Wall Street and your shareholders, your principal concern is to drive that profit. So what do they do? They hold onto the money until the last minute because they get the float in the market. As long as the money is in your coffers, then you are working the interest on it or you have it to use for your company. If you pay out at the last moment, you make more money. If you pay less than you have to pay, you make more money. If you cut people off, which they would do all the time, you make more money. If you tell people who bought their insurance, who thought they had the insurance: Sorry, we don't have that insurance for you because of a little clause down here that you didn't read, too bad for you, but you don't have the insurance, even though you have stage 4 cancer and you have two kids and you are a divorced parent, too bad for you, you don't have insurance. They do that because then they make more money. These are real stories. You can find thousands of them across America. How else do you lose 14,000 people a day who lose the insurance they thought they had or wanted?

This wasn't easy for Franklin Roosevelt when he tried to do it. It wasn't easy for Harry Truman when he tried to do it. It wasn't easy for Bill Clinton when he tried to do it. Some of us were here and tried with him. We understand how difficult it is. But you don't sound retreat. You don't ignore history and say: We are going to be better off by giving in to 40 people who are trying to destroy a Presidency and simply can't stand the fact that there are 60 votes here and there is a President who has an agenda to fix things. So the best thing they can do is try and stand and stop it.

Some of our progressive friends have said because it doesn't have the public option, we ought to do that. Even though it doesn't have a public option, the bill encourages the creation of more not-for-profit insurers, which I will say a little more about in a minute, that have the ability to drive costs and increase competition. We don't have that today. Is that not worth fighting for on the Senate floor and putting into this bill?

Again, my friend, Howard Dean, wrote in the Washington Post that real health care reform needed this public option to ''give all Americans a meaningful choice of coverage.''

I happen to know this because he and I spent some time combating each other for the Presidency. In 1993, Howard Dean said of Medicare:

One of the worst Federal programs ever and a living advertisement for why the Federal Government should never administer a national health care program.

That shift of opinion on something as important as this leaves me asking whether they have analyzed, all these folks, the level of reform in this bill.

We need to step back and see the forest for the trees of what this legislation does. I believe this legislation, even though it doesn't have the public option I want—and there are a lot of other things it doesn't do that could make the bill more effective—I believe when you take the totality of this bill and measure it against the problems we have in America today in delivery of health care and you look at the ways in which this bill increases coverage for seniors, provides lower cost drugs for seniors, expands the number of people who will be able to afford health care, helps to promote any number of individual reforms, almost every single idea that is worth considering that has been put forward by any think tank or any group in America is in this legislation in an effort to do what we call bending the cost curve—a terrible phrase, a Washington phrase.

It just means lower the cost increase in health care. Bring it down so it is reasonable with respect to what people can afford in relation to the rate of increase of inflation and other costs in our lives.

The Senate bill that is attracting all this trumped up, completely inapplicable but effective politics of destruction, this Senate bill, in fact, provides a provision that will allow the States to establish health care coverage for people between 133 percent and 200 percent of poverty. It allows States, not the Federal Government telling them what to do, no government from Washington, as everybody is trying to pretend this does, it doesn't tell the States what to do, but it allows the States to contract directly with plans that provide insurance. It allows those States to have the authority. This is States rights. This is the party that always talked about States rights. We are empowering Governors, we are empowering States individually to have the right to negotiate the premiums, the cost sharing, and the benefits for their citizens.

Something else the Senate bill does. It provides $6 billion in startup funding under the Consumer Operated and Oriented Plan, CO-OP program. This money fosters the creation of a new nonprofit member-run health insurance that offers coverage in the individual and small group markets. Those are the markets where the costs have gone up most rapidly and where Americans have the hardest time surviving.

I just came back from Boston. A fellow came up to me, an unemployed pilot, at the airport and talked to me about the $1,100 a month he pays for his family premium and how it was killing them. It goes up 20 percent a year. It is the market that is squeezing most Americans out. We lower those costs. We dampen down that increase, and we make it more affordable for people who are at the lowest end of the income scale, who deserve to buy insurance, deserve to have insurance. We make it more accessible to them and affordable for them.

The press has reported that one of the options being considered in the managers' amendment is the creation of the Office of Personnel Management-administered plan. That is a plan administered by the Federal Government that would offer individuals an option to get a national nonprofit plan. I would say to Keith Olbermann and Howard Dean, take a look at this. Look at the OPM-managed and co-op-managed plans that actually provide a not-for-profit option at the Federal level.

When I ran for President, I proposed allowing everyone to have access to the same health care coverage offered to Federal employees and to Members of Congress. Ask any American, do you think you should have access to the same health insurance that the Members of Congress give themselves? They will say yes. That is exactly what we do. We give Americans the option of participating in a plan administered by the same entity that administers the health insurance for Members of Congress. I think leveraging the role of OPM to encourage creation of a national nonprofit plan is a key way to lower health care costs and to roll more Americans into plans that devote a higher premium portion of dollars to medical dollars.

Some of our progressive friends have also said we ought to kill this bill because it has an age-rated premium. They want us to kill this bill because it has an age-rated premium. I don't like age-rated premiums. It would be wonderful to get rid of them altogether. An age-rated premium is a premium, let's say for a lot of young people, because young people are healthier. When an insurance company looks at the young person, they say the odds of that young person having high blood pressure, any number of other diseases that seniors tend to have more because they are older, is less, therefore, we ought to charge those people less and we are going to charge the seniors a whole bunch more because they are much more likely to be a lot sicker, and it costs the system more. That does make sense to some degree. But the whole theory of insurance is to spread the risk of being sick among everybody.

Those young people are going to be old people one day—not a bad idea that they are going to be able to pay an affordable premium for good health care when they are older too. So maybe there is a sharing across the board. That is how you do your home insurance. That is how you do car insurance. It is spread across the entire population of users and risks that are within those user fields. Although there is some allocation, even in automobile insurance, we all understand, for age ratings and the likelihood that if you are young and a new driver, you may have

an accident, more prone, and we have some deferential there, as we do in this bill.

People who are criticizing this bill ought to stop and take a look at what it does. Insurance companies are going to be prohibited from denying coverage or charging more because of a preexisting condition. How many people in America complain: I can't get insurance. They turned me down because, once upon a time, I had this or I had cancer 4 years ago, but now I am cured but they won't give me insurance because they think it may come back and I am going to be sick later on. That is what insurance is for. But companies have been allowed to say no. This bill will prohibit companies from denying insurance to people because they have a preexisting condition.

I introduced the Women's Health Insurance Fairness Act, which prevents insurers in the individual market from charging women higher premiums than men. That is what has been happening all this time. I am happy to say that in this legislation, in our bill, we prohibit discrimination in those premium increases for women. Insurance companies will also be prohibited from dropping coverage once someone becomes seriously ill, and they are going to be required to renew your coverage each year. Why would Americans across the board not say: Wow, you guys are going to protect me so I can't be kicked off. You are going to guarantee that I can buy it, even though I had a preexisting condition. That sounds pretty reasonable to me.

Our colleagues don't come to the floor and talk about that. They just use a lot of scare tactics, pretending they don't know what is in the bill. They know what is in this bill because we did it in the HELP Committee, and we did it in the Finance Committee, and we have been doing it for 11 months. So insurance companies are going to be prohibited from providing a lifetime cap or an unreasonable annual limit on coverage. That sounds pretty reasonable to me.

Now, I also wish the bill would include an age rating so that insurance could not charge older Americans more. I hope older Americans are listening to this carefully because the fact is, the Senate bill imposes a 3-to-1 limit on age rating, i.e. the rating charged seniors is restricted to three times the level of premium that is charged to a young person.

A lot of people are going to react: Oh my God, you mean I am going to pay three times more than a young person? That doesn't sound fair to me. Guess what. When it began in the bill, it was 5 to 1. Under current state, premiums can be 25 to 1. There are States that charge 25 to 1, 20 to 1, 15 to 1. That is the way it is today. That is what seniors face today without this bill.

Guess what. In this bill, in the Finance Committee, we knocked it down from 5 to 1 to 4 to 1, and then, in the merged bill, we knocked it down to 3 to 1. In the House bill, it is 2 to 1. I ask a simple question: Is 3 to 1 or 2 to 1 better than 25 to 1 or 20 to 1? That is what is in this bill. This limits the age rating disparity in America. I offered an amendment to try to limit it to 2 to 1, but we were not able to carry that in the committee. Republicans spoke out against imposing a cap age rated premiums.

Charging older Americans nearly three times as much for health insurance is by no means ideal. I know that. But, boy, when you look around the country, the majority of States have no rating structure in the individual market at all, and there is a huge rate disparity, as I described, in the small group market. So you have no rating restraints. So we get down, at least, to 3 to 1. The House is at 2 to 1. Today, in most places in America, there are no restraints, nothing—zero—for the individual market, and there are high rating bands, as I said, of 20, 25 percent for the small group market.

Let me give you an example for Kentucky. We have a couple Senators from Kentucky on the Republican side. The rate bands in the small group market in Kentucky are as high as 25 to 1. I guess that is OK with them because they do not want this bill.

In Utah, the rate bands in the small group market can be as high as 34 to 1. I guess that is OK with them.

As I said, the 3 to 1 is too high, but, boy, is it a vast improvement over current law.

Some of our friends have said we should kill this bill because the exchanges are not strong enough. Well, I have been working on the exchanges with about 70 different groups in America ranging from seniors' representatives, union representatives, small business, and other representatives, all of whom are concerned about the exchanges being strong. I am pleased to say those who claim the exchanges in this Senate bill are not strong enough have not read the bill. You do not have to get past the first 200 pages in this bill to see how the exchanges have been strengthened.

In the Finance Committee, I offered an amendment to allow State exchanges to engage in prudent, selective purchasing of insurance. Under my proposal, exchanges would negotiate with plans for lower bids, encourage plans to form select networks, and exclude plans that did not offer good cost and good value.

The Senate bill we are looking at now provides exchanges with strong authority to certify whether a plan can participate in the exchange based on a number of criteria, including whether the plans meet certain marketing requirements, whether it has broad provider networks, whether they deliver quality benefits for the price. They can literally negotiate for all of those things. You do not have that today. You just have plans, and you have no control over what is in them.

So we actually create an exchange that can negotiate down the prices. And they have the power to approve the participation of plans if they are determined to be in the best interests of qualified individuals and qualified employers in the State.

I have advocated for these provisions because of a simple reason. In Massachusetts today we have this ability. We do this, and it has driven down the premiums. In Massachusetts, we have something called the Connector. In fact, the exchange that is in this bill is significantly based on the Connector in Massachusetts. In that, the Connector has the ability to negotiate contracts for what is called Commonwealth Care, and it has placed pressure on the carriers to reduce the rates overall. We have had this in place for 3 years now. The average premium increases have been only 4.7 percent compared to 8 percent average premium increases for private insurance.

The language in the Senate bill is modeled after the strength of the exchanges in Massachusetts, and I believe it will ensure that taxpayer dollars are spent in a smart way. That is what this does. It guarantees you can go negotiate for lower premiums, so you are driving down the cost to the taxpayers.

This bill also will ensure that all Americans have access to quality, affordable health care and will create the transformation within the health care system necessary to contain costs. The Congressional Budget Office has determined that it is fully paid for—fully paid for—and it is going to provide coverage to more than 94 percent of all Americans. Even as it does that, it stays under the $900 billion limit President Obama established. It reduces the costs of health care in America, and it reduces the deficit over the next 10 years and beyond.

I cannot think of how few the times were over the course of 25 years where we had a piece of legislation that accomplished a social goal that managed to simultaneously lower the deficit. That is an enormous accomplishment.

This bill includes immediate changes to the way health insurance companies do business to protect consumers from discriminatory practices, and it provides Americans with better preventive coverage—something we do not do enough of in America. We spend an amazing amount of time in our health care system just responding to symptoms, addressing disease, hospitalizing people with expensive procedures. A classic example of that is diabetes because we do not screen people. Because a lot of Americans do not have coverage, they do not get screened at an early stage. Therefore, when they are discovered to have diabetes, it becomes a far more acute treatment as a consequence of having gone all those years without the discovery. So you wind up with expensive alternatives, such as the amputation of limbs, dialysis, instead of having treated them earlier with oral intake of a pill or other treatments, diet, and other kinds of things that ultimately would save billions.

Well, this bill tries to encourage the embrace of better coverage for prevention and wellness. It empowers people in America. It does not say, in Washington: You have to do this or that. It is not command and control. It puts information at the disposal of Americans, so every American can decide what they want, where they want to go get it, who will treat them. That fundamental principle of American health care is absolutely, totally preserved and sacrosanct in this bill. Every American can choose their own doctor, choose their own plan. No one is told to go do this or go do that.

Uninsured Americans with a preexisting condition can have access to an immediate insurance program and help them avoid medical bankruptcy. One of the huge bankruptcy causes in America is health care. How many seniors have had the situation where they have had to spend down by selling their homes, selling—if they are lucky enough to have any stocks—whatever assets they have, sell the family farm, sell the small business because they are very ill and they do not have the money, the kids do not have the money? But they hope to leave that money to their kids. They hope to leave something to their children. Instead, we just wipe it out because we do not provide a lot of those folks with the insurance they deserve.

The new health insurance exchanges will make coverage affordable and accessible for individuals and small businesses. Premium tax credits and cost-sharing assistance is going to help people who need assistance. Insurance companies are going to be barred from discriminating based on preexisting conditions, health status, and gender.

The bill also improves the quality and efficiency of health care itself. As the Presiding Officer knows, we are strengthening the Medicare Program for America's seniors. I cannot believe the distortion that has been taking place over the course of these last weeks, months. Time and again, someone on the other side of the aisle will come to the floor and say this is attacking Medicare or this is going to tax the benefits.

Well, we believe—we, the party that created Medicare; we, the party that expanded Medicare; we, the party that has lifted a huge percentage of Americans out of poverty over the last 50, 60 years through Medicare—that it is a sacred trust, and we are going to keep it. This bill helps, in fact, to extend the life of Medicare. The cost of inaction is unacceptable for seniors and the Medicare Program that serves them. In fact, the Medicare hospital trust fund, as we know, is expected to go broke in over 7 years. This bill makes Medicare stronger. It makes it more sustainable. It extends the solvency by 9 years.

Medicare currently reimburses health care providers on the basis of the volume of care they provide rather than the value of the care they provide. For each test, scan, or procedure conducted, Medicare provides a separate payment. So we do that regardless of whether that was necessary or whether it had anything to do with the outcome for that particular patient. That does not make a lot of sense. We do not pay people to build our home the wrong way, or to build something we did not ask for and charge us more, or a whole bunch of other kinds of examples. But Medicare is doing that.

I think Americans deserve to get something better out of their taxpayer dollar. This bill includes a number of proposals to move away from what we call the ''a la carte'' Medicare fee-for-service system so that we begin to pay for quality and value, and that reduces costs to America's seniors.

This bill promotes, as I said, preventive care and improves the public health to help Americans live healthier lives and to help restrain the growth of health care costs over time. It, importantly, eliminates copays and deductibles for recommended preventive care, and it provides individuals with information they need to be able to make good decisions about their health care and improves education on disease prevention, public health, and invests in a national prevention and public health strategy. It does all of that. All of those things just put to shame the idea of just scrapping this legislation.

Currently, 65 million Americans live in communities where they cannot access a primary care provider. An additional 16,500 practitioners are required to meet their needs. If you scrap this, that number is going to go up, and the number of millions—65 million today—of Americans who do not have access to a primary care provider is going to go up.

This bill addresses the shortages in primary care in other areas of practice by making necessary investments in the Nation's health care workforce.

Specifically, this bill will invest in the National Health Service Corps, scholarship and loan repayment programs. It will expand the health care workforce. The bill includes incentives for primary care practitioners and for providers to serve underserved areas.

Don't listen to me on the transformational changes. Listen to a fellow by the name of Jon Gruber, who is a very respected and renowned economist from MIT, and here is what he writes:

> The United States stands on the verge of the most significant change to our health care system since the 1965 introduction of Medicare. The bill that was passed by the House and the parallel bill before the Senate would cover most uninsured Americans, saving thousands of lives each year and putting an end to our status as the only developed country that places so many of its citizens at risk for medical bankruptcy. Moreover, the bill would accomplish this while reducing the Federal deficit over the next decade and beyond. They would reform insurance markets, lower administrative costs, increase people's insurance choices, and provide ''insurance for the insured'' by disallowing medical underwriting and the exclusion of preexisting conditions. The Senate bill in particular would move us closer to taming the uncontrolled increase in health care spending that threatens to bankrupt our society.

That is what this bill does. That is what the Republicans are opposing.

These aren't minor things. These are things we have been striving to accomplish here for decades. I see colleagues who were here with me back when we struggled with the Clinton administration's effort on health care and every one of us would have been more than happy back then to have accepted—right then and there, we would have accepted what we have here today. I will tell you something: We would have had Republicans, such as Senator John Chafee, and I think Bob Packwood and others at that time, who would have tried to get a compromise passed, not totally dissimilar from the direction we are moving in here, and it was totally rejected by the Clinton administration.

So now is the time to examine what we have promised our people and decide where we stand. We know where the other side stands when they say ''let's begin over,'' pretending to America there is some place to begin over here. They have engaged in fear-mongering and deliberate misinformation. Those have been the core of the arguments they have used, fundamentally, to stop the success of President Obama.

They are also continuing now, obviously, to use procedural tactics, chewing up the Senate's time. The week before Christmas: Boy, let's see if we can back this right up and make it look as bad as possible and try to make the Congress look as bad as possible; make them fold. So they use this idea, and they are willing to block the funding for our troops so we can go on with this delay. We could have voted today, but they have said no.

There is no reason to do this. I think there is a snow storm coming to Washington. I suspect they are hoping the snow will prevent some Senator from getting here and then they won't be able to vote, because normal decency would have said, Hey, why don't we convenience everybody and have the vote before the snowstorm, but no. So they link it to blocking the money for the troops. I hate to think what some of those troops think is going on here. It is embarrassing.

We have heard repeatedly from Republicans that our health care reform bill is going to drive insurance premiums sky high for families. That is what they say, but the Congressional Budget Office says the opposite. It says that the 134 million Americans who get their insurance through their employer would end up paying 3 percent less for their premiums if we passed the reform measure before us. In addition, the CBO says the subsidies included in the measure would result in a 59-percent reduction in costs for nearly 18 million Americans who purchase their own insurance—a 59-percent reduction for a

lot of Americans out there who buy their insurance individually. You don't think they want a 59-percent reduction? And despite the fact that the CBO says there is a 59-percent reduction, they continually come out here and tell people otherwise. Because one of the things we have learned in American politics is that if you throw the mud out there, throw the lie out there, throw the distortion out there enough, enough people will hear it and they won't know the difference.

Health care reform has dramatically reduced the premiums in Massachusetts. Premiums fell by 40 percent. We are not here conjecturing as to what is going to happen. This isn't some pie-in-the-sky theory that if we do this, here is what is going to happen. We have done it. In Massachusetts, we are insuring over 97 percent of all of our citizens, the highest level of insurance in the United States of America. Guess what. The number of companies participating in the program has gone up since it was passed, and they like it. The premiums fell by 40 percent, from $8,537 at the end of 2006 to $5,143 in mid 2009, while the rest of the Nation saw a 14-percent increase. So in Massachusetts, premiums go down for the individual market by 40 percent; the rest of the Nation they go up 14 percent. What do you think most Americans would rather have, the 40-percent reduction or the 14-percent increase? Our bill gives Americans the opportunity to experience the same success we have enjoyed in Massachusetts.

We have also heard repeatedly from Republicans that this bill will add billions of dollars to the Federal budget deficit, despite the fact that the CBO analysis concludes that the bill is not going to add one dime to the Federal deficit—not one dime. From the very beginning of this debate, our colleagues on the other side of the aisle have tried to make the case that seniors' Medicare benefits—benefits—are jeopardized by our reform measure. Well, it is patently false, but we keep hearing it. It gets repeated again and again no matter how many times it has been shown to be false. The bill before us, in fact, does exactly the opposite. It actually adds benefits for seniors.

For example, there are new screening benefits. The bill shrinks the so-called doughnut hole in the Medicare prescription drug benefit. When we passed the prescription drug benefit, millions of seniors had a large gap in coverage. In 2009 seniors will experience a $3,454 coverage gap. Even though they must continue to pay their monthly premium, they will receive no assistance with their drugs costs between $2700 and $6,154. That is a lot of money out of pocket for seniors. Well, we have reached an agreement where now that will be closed, and no longer will those seniors be out of pocket for the costs of drugs in the middle of that bracket.

In addition, the nonpartisan National Committee to Preserve Social Security and Medicare sent a letter to every Senator a few days ago. The Republicans and Democrats alike got this letter, but it hasn't stopped them from continuing to make the argument, but here is what the argument says: Not a single penny in the Senate bill will come out of the pockets of beneficiaries in the traditional Medicare Program. In fact, the letter adds that our reforms: ''will positively impact millions of Medicare beneficiaries by slowing the rate of increases and out-of-pocket costs and improving benefits, and it will extend the solvency of the Medicare trust fund by 5 years.''

To me, and to I think all of my colleagues here on our side of the aisle, that is a win-win for seniors, and it is a win-win for the Medicare Program.

Since sending that letter, the CMS actuary released a report saying that the solvency of the Medicare trust fund would be extended by 9 years as a result of the Senate bill. So it has been interesting to watch Republicans speak about protecting Medicare, as I said earlier, a program that their party has opposed since the very beginning. While claiming to be trying to protect Medicare, they have simultaneously warned us many times about the evils of a government-run program. Again, I would ask, if they are so opposed to a government-run program, why don't they come to the floor with an amendment or a proposal to do away with Medicare? They won't, of course, because Medicare prevents millions of seniors from falling into poverty due to health care costs.

They also always promote the idea that competition is good for the marketplace, yet they adamantly oppose adding an option that could help provide some of that competition. President Obama said it clearly, that a public plan would help keep the private plans honest. I couldn't agree more.

Like some of our friends, some of our progressive friends, the Republicans have argued again and again about starting over. Let me remind my colleagues about one of the greatest legislators of the Senate's attitude about that, and one of the greatest champions of health care. Ted Kennedy fought for health care from the day he came here. One of his early speeches on the Senate floor was about health care. He often said that the biggest political mistake that he personally made in the 46 years he legislated was turning down a health care deal with Richard Nixon in 1971 that for the first time would have required all companies to provide a health plan for their employees, with Federal subsidies for low-income workers. That is how far the Republican Party has drifted from one of their own Presidents who, most people would agree, despite what happened in terms of what cost him the presidency, that he was a strong and capable President with respect to social policy in America.

The fact is that for the first time, all companies would have been required to cover their employees. That is the plan Richard Nixon offered Ted Kennedy and Ted Kennedy made the mistake of turning it down. He backed away from that deal under heavy pressure from fellow Democrats who wanted to hold out for a single-payer system once the party recaptured the White House in the wake of the Watergate scandal.

Well, 38 years have passed and single payer is still out of reach; not even on the table. Some people want to give up what we have available to us here and repeat that greatest mistake.

The lesson Teddy learned is this: that when it comes to historic breakthroughs in America, especially in social policies, you make the best deal you can and then immediately start pushing for ways to improve the deal.

Let me share a quick story with my colleagues. We all remember how Ted Kennedy on the floor of the Senate kept pushing and pushing to raise the minimum wage, which hadn't been raised in years. Finally, he pushed so hard that Robert Dole, who was then the majority leader and who was then running for President, decided he couldn't run for President while Ted Kennedy was pushing that hard, tying up the Senate, to get the legislation passed. It might raise people just a little bit; it wouldn't even get them up to par. Robert Dole resigned from the Senate to go run for President. He said, Ted Kennedy doesn't run the world, but he did.

Trent Lott came in. Senator Lott from Mississippi became the majority leader. He vowed the same thing. He said: This isn't going to happen. Within months, within months, Senator Kennedy was doing the same thing again, pushing for the rise in the minimum wage. Senator Lott acceded to him. We got the minimum wage passed. And at a rally where he was celebrating the rise of the minimum wage, which was then not even up to par, he was in the victory moment and he turned to Congressman GEORGE MILLER and he said: I am introducing a bill to raise the minimum wage. GEORGE MILLER said, What do you mean? We haven't even let the dust settle. He said, We have to move on this.

That is what is going to happen with this bill. We all know there are things we are going to have to watch, there are things we are going to have to do, things we are going to have to improve, things that aren't in it that we want to get in it. But to pass up the opportunity for all of the things I have talked about and listed would be an enormous—an enormous—mistake.

Since 1965, when Medicare and Medicaid were created, they have involved and improved over the years.

When Medicare first passed, it didn't cover individuals with disabilities or individuals with end-stage renal disease. Now it does. Similarly, Medicaid evolved to allow States to cover additional services such as home- and community-based care. Now, both Medicare and Medicaid are indispensable elements of the social contract of the United States.

Our march to this point has been too long and too slow—almost a century, in fact. It began in 1912 when Teddy Roosevelt ran for President promising government protection against, as he put it, ''the hazards of sickness.'' There have been fits and starts ever since—through the shouting and distortions and big interests clinging to the status quo, and we cannot allow that to continue any longer.

We know the legislative process is a long one. But 97 years is way too long for America to finally join the other major industrialized nations in guaranteeing health care for all of our people. That we are here today, with an opportunity to take a giant step, shows not only what a challenge this undertaking has been, but it shows what hard work, skill, and dedication a lot of Senators have shown trying to get us here.

I particularly applaud the effort of Senator REID, who personally has sacrificed the effort to help move this, and the entire leadership, including Senator BAUCUS, chairman of the Finance Committee, and Senator DODD, of the HELP Committee, who was carrying that load for Senator Kennedy. TOM HARKIN is now doing that job, and he and BARBARA MIKULSKI and JEFF BINGAMAN were central to shaping what is coming to the floor.

Hundreds of Republican amendments were accepted during that process. Senator BAUCUS considered hundreds of amendments on the Republican side. The bill is not perfect. Tell me what bill is. All of us would like to change it here and there, but none of us can credibly claim we didn't get a chance to have input to this bill.

Make no mistake, this legislation, with cooperation and bipartisanship, can make history and improve the lives of Americans for decades to come, and that is important to this country and to our economy. It can help change who we are as a country. Ninety-four percent of Americans will have health care. Just think of that. If we do nothing, things are only going to get worse—more expense, more bankruptcies, and more people without coverage.

I can't help but think how often we have private conversations around here at the Prayer Breakfast, at the National Prayer Breakfast, at the Senate Prayer Breakfast, and in private conversations about what the duties and obligations are of good adherence to most of the organized religions of the world and certainly most of the philosophies of the world. They all embrace a component of the Golden Rule. You can go to any Scripture and you can read about one person's human responsibility to another human. These kinds of opportunities to live up to those guidelines, these values, don't come very often. Many of us here saw that pass in 1993. We learned a lot of tough lessons then.

I say to my progressive friends in this country, after that, we did a little better with the Children's Health Insurance Program, and we did better with portability and little pieces here and there. But still the system is out of whack and gets more expensive, and still more Americans lose their health insurance. Still, we wind up with institutionalized unfairness.

I remind my colleagues of when Ted Kennedy worked on the Children's Health Insurance Program. Do you know who the minority cosponsor was? It was ORRIN HATCH. He said that passing it was the mark of a compassionate, caring Congress. We still have millions of kids who are not covered by health insurance.

Compassion can be the mark of this Congress, if we act with respect, courage, and with cooperation. I don't think we can stop now. I don't think there is any object but to get this job done after all these years.

I yield the floor.

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

Mr. MENENDEZ. Mr. President, my distinguished colleague from Massachusetts has been talking about the urgency and the importance of this legislation, and he has done so masterfully. We have been debating health care for weeks. We have been debating it for months if you think about the markup that took place in the HELP Committee, as well as in the Senate Finance Committee. We have been debating it even more if you consider the times of negotiation that took place between a group of six Members of the Senate—three Democrats and three Republicans—in search of a bipartisan effort. So all of this talk that this is a rush to judgment doesn't square itself with the facts.

But there is another bill that is pending before the Senate, a bill that should have passed without any difficulty.

Mr. President, the tactics of delay and obstruction we have seen on this floor for the last few weeks on the part of the minority have now reached critical mass. We are fighting two wars. It is nice to be home. It is nice to be home for the holidays. It is nice to be here in the comfort of the Senate. It is nice to be able to see your family. But we are fighting two wars abroad. We have work to do for the American people, and these continued unnecessary delays from the Republican side of the aisle are now impacting our military men and women on the ground in Iraq and Afghanistan. These delays come at a time when we are seeing greater success in Iraq, a time when we are more focused on wiping out al-Qaida along the Afghanistan-Pakistan border.

Our colleagues on the other side of the aisle are engaged not in governing, not in the bipartisanship they claim to embrace, but in pure politics—a political game that does not threaten the majority, does not benefit the minority; what it does is threaten the health, safety, and in some cases the lives of military men and women in harm's way.

Never have so few been asked to sacrifice so much on behalf of their country. Never have a relatively small group of Americans in uniform, in harm's way, been asked to sacrifice so much, with multiple tours of duty, while the rest of America enjoys security at home because of their sacrifice. You would think that our friends on the other side of the aisle would want to join expeditiously to make sure that their pay, their health care, and the equipment they need would be there as quickly as possible.

Our friends on the other side of the aisle have determined that their only strategy is to bring the work of the Senate to a halt—to diminish the effectiveness of the Senate they serve in an effort to diminish the majority. It is a shame, but our Republican colleagues have come to their view as a political tactic, the road to electoral victory next year in the midterm elections of 2010 and then preparing themselves already for the Presidential election of 2012, wanting this President to fail and this Congress to fail. If you looked at it as a political tactic, you might say, well, as a political tactic it might make sense for them.

It is a horrid political tactic because it is not about this President failing. It is not about this Congress failing. It is about the failure for the country in one of its most precarious moments.

This President inherited the worst economy since the Great Depression, and I don't think people understand how close to the abyss we were from facing a real depression once again in our history. Financial institutions were collapsing, and we cared but not for the sake of them as big institutions but what they would have meant to the economy as a whole. There was a freefall in the housing market and the reality of two wars raging abroad, which he inherited, in Iraq and Afghanistan. There is a nuclear North Korea and nuclear-thirsty Iran, an energy policy that sends $1 trillion to countries that are despotic and wish us ill. Ultimately, we give them the money to act out on their despotism. This is what this President inherited.

Instead of working with him, our colleagues on the other side of the aisle have determined that the politics of failure will lead them to electoral victory, and that is more important than the future of the country. They have come to the floor of the Senate to say no to everything—first, health care, and now to providing for our troops in harm's way. They have come armed with an arsenal of parliamentary maneuvers—not to govern or do what is best for the American people, not to do what is best for the Senate, but to do what is politically expedient for them.

Diminishing the Senate's ability to pass the Defense appropriations as well as health care reform in order to score political points—and then call it victory—is an insult to the American people. It flies in the face of what our Founders intended of a true representative democracy—not to tear down the

institutions of government and bring them to a halt but to make them work for the people.

Sam Rayburn once said:

A jackass can kick a barn door down, but it takes a carpenter to build one.

My friends on the other side of the aisle seem intent on kicking the barn door down. In my view, that is not victory. Doing nothing, delaying, obfuscating, saying no, no to everything, blocking the ability of this Chamber to fulfill its duty to the people is no victory.

Saying no to funding our troops serving bravely overseas in Iraq and Afghanistan is hardly victory. Delaying it is hardly victory. Saying no to funding medical care for our military men and women and their families is not a victory; it is shameful delay of needed care. Saying no to $120 million for traumatic brain injury and psychological health research at a time when so many of our troops are coming home from Iraq and Afghanistan with such injuries is by no means a victory. Saying no to necessary funding to train and equip Afghan security forces so they can stand up for their own country and get our people out is contrary to the President's surge policy, which our friends on the other side publicly supported.

Imagine if the tables were turned and it were the Democrats delaying funding for mine resistant vehicles to protect our troops in Iraq and Afghanistan. What would our friends on the other side say then? Imagine if it were this side of the aisle delaying passage of $636 billion for the military, including $128 billion in funding for contingency operations in Iraq and Afghanistan. Imagine if it were this side of the aisle delaying $154 billion to increase readiness and training of our troops. Imagine if it were this side of the aisle delaying funding for Bradley Fighting Vehicles, Stryker Combat Vehicles, and three E–2D Hawkeye aircraft. Imagine if it were this side of the aisle delaying all of this critical equipment. Imagine if Democrats were standing in the way of funding military health care for service men and women and their children. This is all included in the Defense appropriations bill. But that is what our Republican friends on the other side are doing. Imagine if the Democrats were holding up needed assistance in health coverage for Americans who lost their jobs and are unemployed in this economy at this time of the year. That is included in the bill as well. But that is what our friends on the other side are doing. What would our colleagues on the other side say of our patriotism if we on this side were delaying funding for our troops?

Patriotism doesn't shift with the political tides. It is not something used to advance a political agenda because if it is, it is not patriotism.

We can disagree on the issues. We can disagree on substance. We can hold opposing views. That is what happens in a democracy. But there is no victory in diminishing the functions of government, the responsibilities of government, the duties of this Chamber for calculated political gain. There is no victory in holding up extending desperately needed unemployment benefits included in this bill. There is no victory in blocking the extension of COBRA health insurance subsidies in this bill for people who have lost their job, their health care, and may be in danger of losing everything—everything—they have worked for, especially at this time of the year.

As I think about this time of the year, it is not a stretch to look at the delaying tactics of our friends on the other side of the aisle on this legislation and think of that famous Christmas movie, ''A Christmas Carol,'' and think of Ebenezer Scrooge who, when asked for a contribution to those who were in need, replied: What, are there no poor houses?

Our colleagues on the other side are holding so tightly to their tactics that they are forgetting the very democratic values they profess so fiercely to protect.

I urge my colleagues on the other side to see victory not in delay and obstruction but in doing what is right for the American people. Do what is right for our military men and women who will spend this holiday season in Iraq and Afghanistan in harm's way.

I say if the tables were turned, my colleagues on the other side would come to this floor, wave the flag, proclaim themselves the only true patriots and vilify this side of the aisle as un-American, unpatriotic, undemocratic.

The fact is, we are all patriots, and as patriots, though, we have a job to do. That job is to make sure our men and women have everything they need, even when we disagree as to whether it is an appropriate engagement. Once they are engaged, it is our responsibility to ensure they are appropriately taken care of.

The tactics of delay for political advantage can never—never—be accepted. I urge my colleagues: Do not play politics with the Defense appropriations that includes funding necessary to protect our men and women in uniform. Let's not play politics at the expense of unemployed Americans in need in this economy at this time of the year. It is not time for those debates. Those debates should be behind us. And it is not time for the political tactics that, in essence, put people at risk.

There are many other ways to try to achieve political victory. You can do it with the power of your ideas, but you certainly do not have to do it by a political tactic that puts the country in jeopardy, that puts our men and women in jeopardy, that at the end of the day says we would rather see failure than success so we can win an election. That is not acceptable.

I yield the floor.

Mr. JOHNSON. Mr. President, I rise today to recognize the momentum propelling us forward in the health care reform debate.

Today, one-sixth of our economy is consumed by health care. In the absence of reform, the Congressional Budget Office projects total health care spending to consume an ever greater share of our economy, up to 30 percent by 2035. What should we expect in return for the staggering amount of money our nation spends on health? Shouldn't one-sixth of our economy buy us health care for every American? I believe that it can. Not only will the Senate health care reform proposal extend access to health insurance to 30 million Americans, but it will reduce health spending in the long run. This is vital to the future of our economy and our continued competitiveness in the international community.

We may be at the global forefront of medical innovation, but we remain the only industrialized nation to not guarantee each of its citizens access to basic health care. Americans are being priced out of our private health care market at alarming rates. Health care premiums have risen 98 percent since 2000 and continue to rise four times faster than wages. In South Dakota, where incomes are lower than in most other States, families making $50,000 per year can expect to pay on average 10 percent of their income for a policy on the individual market. And this share will only grow if we fail to reform the system.

Families and small businesses are faltering under the weight of increasing health care costs and medical bankruptcies. A 2005 study linking medical bills to bankruptcy found that even brief lapses in coverage, such as during a job change, expose individuals to significant risk. I have heard from far too many South Dakotans forced into bankruptcy due to a health emergency. I would like to share one of those specific stories with my colleagues. Mary had just started a job when she was diagnosed with breast cancer. Her new policy required a 3-month waiting period before coverage began, but cancer treatment could not be postponed. She frequently traveled over 50 miles to the nearest facility for radiation, chemotherapy and follow-up appointments, but often went without necessary care because she could not afford it. Her brief lapse in coverage left her with thousands of dollars in out-of-pocket medical bills and, after 2 years of garnished wages, she was ultimately forced into bankruptcy.

Her problems didn't end there. The aggressive radiation and chemotherapy treatment for her breast cancer has caused her other health problems. She now requires dental care to address her weakened tooth enamel, but can't afford to pay out-of-pocket and doesn't qualify for low-income public programs. At one point, this woman was securely employed and carried health insurance, but misfortune left her in financial ruin and with poor health. Like millions of underinsured Americans,

she discovered the inadequacies of our health care system the moment she needed it most.

Most insured Americans have a false sense of security and don't realize that many health insurance policies prove inadequate in the face of serious illness. The Patient Protection and Affordable Care Act holds health insurance companies accountable, creates competition and provides assistance to those who need help buying insurance. As the end of the year approaches, we stand on the brink of passing historic legislation. Never before have we been this close to reforming our health care system in such a positive way. I urge my colleagues to seize this opportunity to provide all American with the security of health insurance through all of life's transitions.

Mr. INHOFE. Mr. President, we may be quickly approaching the end of this health care debate in the Senate. It has been a partisan event. Republican amendments have consistently failed roughly along party lines. However, I don't want to overlook some of my Democratic colleagues who have voted with us on a number of the Republican offered amendments. However, I want to focus my remarks on the half a trillion dollar increase in taxes this health care bill imposes on individuals, families, and businesses. I would also like to focus my remarks on one of the 471 amendments filed to this bill highlighting the new taxes on assistive medical devices under this bill.

President Obama repeatedly promised during his campaign that no one making under $250,000 per year would see their taxes increase. However, the Democrats plan to spend $2.5 trillion in new healthcare promises at a time when the country can't afford the promises we have already made and we have a record 1-year budget deficit of $1.4 trillion. This health care reform bill, currently under consideration in the Senate, raises revenues to a large extent on the backs of middle class Americans despite Obama's pledge—his firm pledge—that this would not happen.

Reading through the legislation, I am struck by the myriad of ways this bill raises taxes on American citizens, from job-creating small businesses to middle class families. I count about a dozen of them, adding up to about $500 billion in tax increases over the next few years. Half a trillion dollars in new taxes. So everyone should get ready to pay a higher health care bill and a higher tax bill should this measure become law. I mentioned the tax increases in this legislation last week, but I believe it bears repeating and I plan to specifically point out a tax increase in this bill I find particularly objectionable.

First let me remind the Senate and the American people that when the bill is fully enacted, the nonpartisan Joint Committee on Taxation, JCT, found that, on average, individuals making over $50,000 and families making over $75,000 would see their taxes go up in this bill. Let me repeat that: if you make over $50,000 as an individual or $75,000 as a family, your taxes are going up under this bill. Indeed, according to the JCT 42 million middle class families and individuals, those making less than $200,000, on average will pay higher taxes in this bill.

If you have health insurance, you get taxed. According to the nonpartisan Congressional Budget Office, new excise taxes applied to health insurance providers will end up taxing the beneficiaries. This tax also has the effect of increasing premiums as well. So you are double taxed on this deal. That is if you do have health insurance.

If you don't have health insurance, you get taxed. Under the bill, you get taxed if you don't carry health insurance as a penalty. Where does this burden fall? You guessed it, middle class Americans. CBO has said that half of the Americans affected by this provision make between $22,800 and $68,400—for a family of four.

If you take prescription drugs, you get taxed. According to JCT and CBO, new taxes in this bill applied to the provision of prescription drugs will end up raising the cost of those drugs. Taxed again.

So those are some examples of what you can do to pay higher taxes under this bill: have health insurance, don't have it, take prescription drugs. All of these activities are taxed mercilessly under this legislation. There is yet another tax provision that I find extremely detrimental and objectionable. If you happen to need a medical device, you get taxed. Section 9009 imposes a new $2 billion a year tax on assistive devices which includes items like pacemakers, ventilators, prosthetics, hearing aids, glucose monitors for diabetics, and incubators for premature babies. It has no regard for the age or status of the individual requiring the device. It's totally indiscriminate. I have filed an amendment that will exempt assistive devices for individuals with disabilities from this tax. It is amendment No. 3053.

Let's look at some of the individuals impacted by this $2 billion a year tax.

My son-in-law, Brad Swan, installs pacemakers and defibrillators. One morning last week, at 1 a.m., he was called to an emergency involving an 8-year-old boy with no heartbeat. He was born with congenital heart disease, had a pacemaker put in, and was healthy that morning. My older sister, Marilyn, faced a similar situation 9 years ago and is alive and healthy today. Additionally, Dr. Stanley DeFehr, a cardiologist in my hometown of Tulsa, explained to me that ''the decision of who needs a pacemaker could be complicated, particularly the decisions to put in a pacemaker on someone we might consider quite elderly. But it's a false economy to deny putting one in because of their risk of falling and breaking a hip or shoulder. In the case where they fall, the costs become quite high. The cost of a pacemaker ($5,000, lasting 10 years) pales in comparison to the cost of a stroke or multiple fractures.''

Let's look at the impact this tax will have on our servicemen and women.

We all remember when Congress passed the Wounded Warriors Act as part of the Fiscal Year 2008 National Defense Reauthorization Act, which required the Department of Defense and Veterans Administration to jointly develop a comprehensive policy on improvements to care for our servicemembers. The bill created three Centers of Excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury, post-traumatic stress disorder, PTSD, and eye injuries.

The very next year, I successfully amended the Wounded Warriors Act in the Fiscal Year 2009 National Defense Reauthorization Act to expand the Center of Excellence care network in the Wounded Warriors Act to include amputations and traumatic extremity injuries. Eighty-two percent of injuries from the global war on terror involve the extremities, and are often severe, including multiple injuries to the arms, legs, head and neck.

In fact, Congress has found, ''Extremity injuries are the number one battlefield injury. Dynamic research and treatment is necessary to provide servicemembers the greatest ability to recover from injuries sustained on the battlefield.'' When limbs cannot be saved, often these injuries are treated with the use of state of the art prosthetic devices enabling our service men and women in some part to regain the use of arms or legs lost from combat injuries.

I have long supported the innovations in prosthetics and assistive devices for our Nation's service men and women. Today, there are nearly 2 million Americans with limb loss. Prosthetic technologies developed for military medicine are almost universally dual-use, meaning the technology can be applied for civilian use as well. Much of this research is being done at the University of Oklahoma and by Oklahoma companies such as Hanger Prosthetics, Martin Bionics, and Sabolich Prosthetics. Oklahoma has a long, proud history of excellence in prosthetic care. For the past twenty-five years, persons who have lost limbs have traveled to Oklahoma from around the world to receive the finest in prosthetic care. Only this past October, I visited the Oklahoma City-based company, OrthoCare Innovations, which is developing a robotic prosthetic alignment system which builds on its prosthetic innovations.

The Democrat health bill includes a tax on all assistive devices. In fact, to add insult to injury, the Democrat health bill contemplates the detrimental effect the bill may have on our veterans. Section 9011 calls for a study on the impact of this tax on our veterans after the fact. However, a study after the damage is done is too little,

too late. This is simply irresponsible and damaging for those veterans who need these devices.

The Democrat agenda and this bill clearly include more taxes on Americans. The new taxes may be hidden but they are there. It is disingenuous. It is costly. This bill is expected to cost $2.5 trillion on top of our already exploding debt. This bill is exactly what America does not need, and that is why Americans oppose it. It is common sense.

Mr. ENZI. Mr. President, I rise to express my concerns about the Fiscal Year 2010 Defense Appropriations Act which is currently pending before the Senate. I was one of the seven Members of the Senate to vote against our version of this bill in October and I regret that I must vote against it once again. This time it was also held to a time when they thought Christmas would force fast action even on things that don't belong on a defense bill that should have been last October.

Congress has gotten into a bad habit of using our military funding bills as ''must pass'' legislation to get approval for other unrelated items. This year, the items are a number of extensions on legislation we were not able to finish as part of our regular business. The majority leadership wouldn't allow us to work together to get our job done so some are using a troop bill as cover. There are 13 sections attached to this bill that have nothing to do with our troops.

Now folks might wonder why Congress attaches unrelated items to military bills. Because doing what is right is a difficult stand to take and say no to military funding. The majority party is hoping that enough Senators will want to avoid voting against military funding and be willing to take the bad or the unknown with the good.

We are also now considering this defense bill not as a conference report that has gone through our regular process, but as a message between the House and Senate in order to avoid normal Senate procedures. The Senate has our rules and procedures for a reason. Our procedures are designed to allow Senators the opportunity to fully consider what legislation does and does not do. When Senate leaders avoid Senate rules and procedures, they dodge their responsibility to those who elected us.

I want to make very clear my strong support for the members of our Armed Forces and the vital work they are doing around the world every day. My State of Wyoming currently has about 900 soldiers deployed with our National Guard in Iraq and Kuwait our largest deployment ever.

I have the greatest admiration for all of them for their commitment to preserving our freedoms and maintaining our national security. They are all true heroes and they are the ones who are doing the heavy lifting and making great sacrifices in our country's name so that we might continue to be the land of the free and the home of the brave.

I am extremely disappointed that our troops must continue to pay the price for political posturing in a must-pass military funding bill loaded with unrelated and unquestioned provisions.Do our troops at home and deployed need the funding for the programs in this legislation? Do they deserve better from their elected congressional representation than being used as cover to enact unrelated legislation? The answer is yes.

Mr. LEVIN. Mr. President, I support the Department of Defense Appropriations Act for 2010.

This legislation provides the funding our men and women in uniform need to continue their efforts on behalf of our Nation. The $128.3 billion included in this bill to fund operations in Iraq and Afghanistan is an important statement of support for the troops who are serving so bravely so far from home.

This bill also includes important measures that will help Michigan and other states weather the economic strain they now face.

Most important of these are provisions that will extend unemployment benefits and Federal assistance to offset the costs of health insurance for those who have lost their jobs. Existing unemployment benefits are expected to expire at the end of this year. I am pleased that under this bill, benefits will be extended to February 28, 2010, making many Michiganders and other Americans eligible for expanded benefits that provide more support, and for a longer duration. This is crucial assistance to families coping with the devastation of job loss.

In addition, the bill extends from nine to 15 months the American Recovery and Reinvestment Act's assistance to workers who have involuntarily lost their jobs to pay for health coverage under COBRA. That assistance pays up to 65 percent of workers' COBRA premiums. Under current law, workers who lose their jobs after December 31 would not be eligible for this assistance, but the bill extends that deadline to February 28, 2010, ensuring that thousands of Americans will not have to deal with the loss of health care at the same time they face the loss of a job.

The legislation also would continue improvements in Small Business Administration loan programs, improvements enacted in the American Recovery and Reinvestment Act to make SBA loan guarantee programs more attractive to borrowers and lenders. Through February 28, 2010, the SBA would be able to continue offering guarantees up to 90 percent of loan amounts, and to continue waiving or reducing loan fees. Access to capital is among the biggest factors keeping companies from hiring, and continuing these measures is an important step toward boosting employment.

This bill also includes provisions to ensure that the Supplemental Nutrition Assistance Program, SNAP, has the funding required to meet increasing demand, and to provide States with funding to process the growing number of applications for the program more quickly. And it will maintain 2009 poverty guidelines for Health and Human Services programs through February 28, 2010, preventing a loss of eligibility for many recipients of means-tested programs, including Medicaid, SNAP and child nutrition programs. These provisions will prevent the opening of holes in our social safety net just as Americans are most in need of support.

These provisions are much needed to help blunt the impact of recession on America's workers as we work toward a brighter economic future.

## MORNING BUSINESS

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Senate proceed to a period for the transaction of morning business, with Senators permitted to speak for up to 10 minutes each.

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

## CONGRATULATING THE NORTHWEST MISSOURI STATE UNIVERSITY FOOTBALL TEAM

Mr. President, I commend and congratulate the Northwest Missouri State University Football team on their most recent victory in the NCAA Division II Championship this past weekend. Their journey to this game and their performance in it testifies to their dedication and perseverance.

The Bearcat football team has seen much success and disappointment over the past four seasons. Having reached the championship contest the previous 4 years only to fall short in the title game, the Bearcats, led by Coach Mel Tjeerdsma, would not be denied victory in this fifth straight championship contest.

By a score of 30–23 over the Grand Valley State Lakers, a formidable opponent, the Northwest Missouri State Bearcats wiped away their heartbreak from the past with their win.

The victory comes on the 10th anniversary of their last national championship, and once again brings great pride to their football program, students, faculty, their home city of Maryville, and the entire State of Missouri. The NWMSU Bearcats have now won three national championships since 1998, proving to be one of the best programs in Division II football.

It is with great pleasure that I congratulate Coach Tjeerdsma and his entire coaching staff, current students, faculty and alumni, and most all the football players who never gave up—especially the senior class who have gone through the challenges of the past 4 years. They proved that with hard work and dedication any goal is attainable.

Congratulations to the Northwest Missouri State University Bearcats on

their third Division II football National Championship. We look forward to more good things to come from this university and this football program.

## COPENHAGEN CONFERENCE ON CLIMATE CHANGE

Mr. LEAHY. Mr. President, I want to speak briefly as the Copenhagen conference on climate change approaches its final hours.

Earlier this week, Secretary of State Clinton announced on behalf of the United States the intention to work with other governments to raise $100 billion in long-term financing by 2020 to help developing countries address global climate change. This is an important commitment and an essential part of any comprehensive approach to global warming. If the United States is to play a leading role in addressing climate change, we must provide not only strong policies and resources here at home in our factories and on our farms, but also help poor countries adapt to rising sea levels and temperatures which affect agricultural productivity, and to reduce their own emissions of the greenhouse gases that affect every American as well as billions of others across the globe.

The United States has been historically the major emitter of $CO_2$, and we clearly have a responsibility to help address this global problem. Those who suggest otherwise ignore history. But this is a win-win situation: By exporting U.S. clean energy technology and expertise, we will also generate jobs here at home, help other countries reduce their emissions in a transparent, verifiable and accountable manner, and help to avoid the worst effects of global warming.

Other nations, particularly China and India, are also major contributors to global warming. The administration is right to insist that they be part of the solution and agree to verifiable limits on their own greenhouse gas emissions. It is encouraging that China is already a major investor in renewable energy technology, but at the same time is building coal-fired powerplants at an alarming rate.

For the past 8 years, the policy of the Bush administration was to ignore this problem. In fact it was worse than that, as the last administration actively sought to discredit the scientific evidence and oppose any efforts both here and abroad to address global warming with anything more than lip-service.

Fortunately, times have changed. We have a President and a Congress that are committed to developing a strategy to invest in clean energy, energy efficiency and new high-tech infrastructure that will bring us to long-sought goals: energy independence, good jobs for our citizens, and a healthy planet for our children and grandchildren. The recently passed fiscal year 2010 Department of State, Foreign Operations, and Related Programs Appropriations Act provides more than $1.2 billion for climate change and environment programs overseas. This is a significant increase over last year. From exports of renewable energy technology to programs to protect tropical forests, these funds will play a part in our bilateral and multilateral efforts to work collectively with other countries.

This and Secretary Clinton's announcement are important steps, but the relentless burning of fossil fuels and destruction of the world's remaining forests call for nothing less than unprecedented commitments to reverse these trends. There is already speculation that Copenhagen will fall far short of what is needed. I am hopeful that before the conference concludes the Obama administration will demonstrate further that the U.S. is going to do what is necessary so future generations will not look back and ask why we failed when faced with this great challenge.

## HONORING OUR ARMED FORCES

### PRIVATE FIRST CLASS JAICIAE L. PAULEY

Mr. BAYH. Mr. President, I rise today with a heavy heart to honor the life of PFC Jaiciae L. Pauley. Jaiciae was 29 years old when he lost his life on December 11, 2009, in Kirkuk, Iraq. He was assigned to the 1st Battalion, 30th Infantry Regiment, 2nd Brigade Combat Team, 3rd Infantry Division, Fort Stewart, GA. Jaiciae died supporting Operation Iraqi Freedom.

Today, I join Jaiciae's family and friends in mourning his death. Jaiciae will forever be remembered as a loving son and a friend to many. Jaiciae is survived by his parents, Mr. Roger D. Pauley of Muncie, IN; his mother, Ms. Caitlin Ramshaw of Fort Pierce, FL; and a community of his family and friends.

Jaiciae was an ambulance aide and driver. He joined the Army in 2008, and this was his first deployment.

While we struggle to express our sorrow over this loss, we can take pride in Jaiciae's service as a soldier and in his life as a son and friend. Today and always, he will be remembered by family, friends and fellow Hoosiers as an American hero, and we cherish the memory of his service and his life.

As I search for words to do justice to this fallen soldier, I recall President Abraham Lincoln's words as he addressed the families of soldiers who died at Gettysburg: ''We cannot dedicate, we cannot consecrate, we cannot hallow this ground. The brave men, living and dead, who struggled here, have consecrated it, far above our poor power to add or detract. The world will little note nor long remember what we say here, but it can never forget what they did here.'' This statement is just as true today as it was nearly 150 years ago, as we search for some measure of solace in knowing that Jaiciae's sacrifice and memory will outlive the record of the words spoken here.

It is my sad duty to enter the name of Jaiciae L. Pauley in the RECORD of the U.S. Senate for his service to this country and to freedom, democracy and peace. I pray that Jaiciae's family can find comfort in the words of the prophet Isaiah, who said, ''He will swallow up death in victory; and the Lord God will wipe away tears from off all faces.''

May God grant strength and peace to those who mourn, and may God be with all of you, as I know He is with Jaiciae.

## MESSAGE FROM THE HOUSE

At 12:58 p.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the House agrees to the amendment of the Senate to the bill (H.R. 2847) making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes, with an amendment, in which it requests the concurrence of the Senate.

The message also announced that pursuant to section 1238(b)(3) of the Floyd D. Spence National Defense Authorization Act of Fiscal Year 2001 (22 U.S.C. 7002), amended by division P of the Consolidated Appropriations Resolution, 2003 (22 U.S.C. 6901), and the order of the House of January 6, 2009, the Speaker reappoints to the United States-China Economic and Security Review Commission the following private citizens: Ms. Carolyn Bartholomew of Washington, DC, and Mr. Jeffrey L. Fiedler of Great Falls, Virginia.

## MEASURES PLACED ON THE CALENDAR

The following bill was read the second time, and placed on the calendar:

H.R. 4314. An act to permit continued financing of Government operations.

## MEASURES READ THE FIRST TIME

The following bill was read the first time:

H.R. 4314. An act to permit continued financing of Government operations.

## 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–4098. A communication from the Chief of Research and Analysis, Food and Nutrition Services, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''School Food Safety Program Based on Hazard Analysis and Critical Control Point Principles'' (RIN0584–AD65) received in the Office of the President of the Senate on December 16, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4099. A communication from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department

of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Importation of Swine Hides and Skins, Bird Trophies, and Ruminant Hides and Skins'' (Docket No. APHIS–2006–0113) received in the Office of the President of the Senate on December 16, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4100. A communication from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Importation of Cooked Pork Skins'' (Docket No. APHIS–2008–0032) received in the Office of the President of the Senate on December 16, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4101. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Tribenuron methyl; Pesticide Tolerances'' (FRL No. 8797–9) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4102. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Rimsulfuron; Pesticide Tolerances'' (FRL No. 8796–9) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4103. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Quinclorac; Pesticide Tolerances'' (FRL No. 8800–7) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4104. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Prosulfuron; Pesticide Tolerances'' (FRL No. 8800–8) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4105. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Prometryn; Pesticide Tolerances'' (FRL No. 8801–8) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4106. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Mesotrione; Pesticide Tolerances'' (FRL No. 8799–1) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4107. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Glyphosate; Pesticide Tolerances'' (FRL No. 8408–1) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4108. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Fluoxastrobin; Pesticide Tolerances'' (FRL No. 8803–4) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4109. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Fenarimol; Pesticide Tolerances'' (FRL No. 8793–5) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4110. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Endothall; Pesticide Tolerances'' (FRL No. 8804–8) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4111. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Dinotefuran; Pesticide Tolerances'' (FRL No. 8803–1) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4112. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Chlorimuron Ethyl; Pesticide Tolerances'' (FRL No. 8798–1) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4113. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Bifenazate; Pesticide Tolerances'' (FRL No. 8804–1) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4114. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''2,6-Diisopropylnaphthalene (2,6-DIPN); Time-Limited Pesticide Tolerances'' (FRL No. 8798–5) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4115. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''2-propenoic acid, butyl ester; polymer with ethenylbenzene, methyl 2-methyl-2-propenoate and 2-propenoic acid; Tolerance Exemption'' (FRL No. 8800–6) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4116. A communication from the Assistant Secretary, Bureau of Political-Military Affairs, Department of State, transmitting, pursuant to law, an addendum to a certification, transmittal number: DDTC 131–09, of the proposed sale or export of defense articles, including technical data, and defense services to a Middle East country regarding any possible affects such a sale might have relating to Israel's Qualitative Military Edge over military threats to Israel; to the Committee on Armed Services.

EC–4117. A communication from the Director of Defense Procurement and Acquisition Policy, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Defense Federal Acquisition Regulation Supplement; Foreign Participation in Acquisitions in Support of Operations in Afghanistan'' (DFARS Case 2009–D012) received in the Office of the President of the Senate on December 16, 2009; to the Committee on Armed Services.

EC–4118. A communication from the Director of Defense Procurement and Acquisition Policy, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Defense Federal Acquisition Regulation Supplement; Statutory Waiver for Commercially Available Off-the-Shelf Items'' (DFARS Case 2008–D009) received in the Office of the President of the Senate on December 16, 2009; to the Committee on Armed Services.

EC–4119. A communication from the Director of Defense Procurement and Acquisition Policy, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Defense Federal Acquisition Regulation Supplement; Technical Data and Computer Software Requirements for Major Weapon Systems'' (DFARS Case 2006–D055) received in the Office of the President of the Senate on December 16, 2009; to the Committee on Armed Services.

EC–4120. A communication from the Director of Defense Procurement and Acquisition Policy, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Defense Federal Acquisition Regulation Supplement; Allowability of Costs to Lease Government Equipment for Display or Demonstration'' (DFARS Case 2007–D004) received in the Office of the President of the Senate on December 16, 2009; to the Committee on Armed Services.

EC–4121. A communication from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting, pursuant to law, the report of a rule entitled ''Inflation Adjustment of Civil Monetary Penalties'' (RIN1990–AA32) received in the Office of the President of the Senate on December 15, 2009; to the Committee on Banking, Housing, and Urban Affairs.

EC–4122. A communication from the Deputy Secretary, Division of Corporation Finance, Securities and Exchange Commission, transmitting, pursuant to law, the report of a rule entitled ''Extension for Filing Accommodation for Static Pool Information in Filings With Respect to Asset-Backed Securities'' (RIN3235–AK44) received in the Office of the President of the Senate on December 16, 2009; to the Committee on Banking, Housing, and Urban Affairs.

EC–4123. A communication from the Attorney-Advisor, Departmental Offices, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Terrorism Risk Insurance Program; Cap on Annual Liability'' (RIN1505–AB92) received in the Office of the President of the Senate on December 16, 2009; to the Committee on Banking, Housing, and Urban Affairs.

EC–4124. A communication from the Attorney-Advisor, Departmental Offices, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Terrorism Risk Insurance Program; Recoupment Provisions'' (RIN1505–AB10) received in the Office of the President of the

Senate on December 16, 2009; to the Committee on Banking, Housing, and Urban Affairs.

EC–4125. A communication from the Secretary of the Treasury, transmitting, pursuant to law, a six-month periodic report relative to the national emergency with respect to Belarus; to the Committee on Banking, Housing, and Urban Affairs.

## REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. HARKIN, from the Committee on Health, Education, Labor, and Pensions, with an amendment in the nature of a substitute:

S. 510. A bill to amend the Federal Food, Drug, and Cosmetic Act with respect to the safety of the food supply.

By Mr. KERRY, from the Committee on Foreign Relations, with an amendment in the nature of a substitute:

S. 1739. A bill to promote freedom of the press around the world.

## 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 Ms. CANTWELL (for herself and Mrs. MURRAY):

S. 2906. A bill to amend the Act of August 9, 1955, to modify a provision relating to leases involving certain Indian tribes; to the Committee on Indian Affairs.

By Ms. MURKOWSKI (for herself, Mr. BEGICH, and Mr. UDALL of Colorado):

S. 2907. A bill to establish a coordinated avalanche protection program, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. KOHL (for himself, Mr. CORKER, and Mr. FEINGOLD):

S. 2908. A bill to amend the Energy Policy and Conservation Act to require the Secretary of Energy to publish a final rule that establishes a uniform efficiency descriptor and accompanying test methods for covered water heaters, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. SANDERS (for himself, Mr. LEAHY, Mr. BROWN, and Mr. MENENDEZ):

S. 2909. A bill to provide State programs to encourage employee ownership and participation in business decisionmaking throughout the United States, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. SANDERS:

S. 2910. A bill to increase wages and benefits of blue collar workers by strengthening labor provisions in the H—2B program, to provide for labor recruiter accountability, and for other purposes; to the Committee on the Judiciary.

By Mr. SESSIONS (for himself, Mr. BUNNING, Mr. VITTER, Mr. LEMIEUX, Mr. ENZI, Mr. CORNYN, Mr. BARRASSO, and Mr. HATCH):

S. 2911. A bill to reduce the deficit by establishing 5-year discretionary spending caps and strengthened Pay-As-You-Go procedures; to the Committee on the Budget.

By Mr. NELSON of Florida:

S. 2912. A bill to require lenders of loans with Federal guarantees or Federal insurance to consent to mandatory mediation; to the Committee on Banking, Housing, and Urban Affairs.

By Ms. COLLINS (for herself and Mr. CARPER):

S. 2913. A bill to establish a national mercury monitoring program, and for other purposes; to the Committee on Environment and Public Works.

By Mr. SANDERS (for himself, Mr. LEAHY, Mr. BROWN, and Mr. MENENDEZ):

S. 2914. A bill to provide for the establishment of the United States Employee Ownership Bank, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. CORKER (for himself, Mr. ALEXANDER, Mr. CRAPO, and Mr. VITTER):

S. 2915. A bill to provide that employment-related arbitration agreements shall not be enforceable with respect to any claim related to a tort arising out of rape; to the Committee on Health, Education, Labor, and Pensions.

By Mr. BUNNING:

S. 2916. A bill to provide that Internal Revenue Service Notice 2010–2 shall have no force and effect and to amend the Internal Revenue Code of 1986 to restrict the authority of the Secretary of the Treasury to prescribe regulations under section 382 of such Code; to the Committee on Finance.

By Mr. BAUCUS (for himself, Mr. GRASSLEY, Mr. NELSON of Nebraska, Ms. LANDRIEU, Mr. BOND, Mr. LUGAR, Mr. BROWNBACK, Mr. ROBERTS, Mr. HATCH, and Mr. CRAPO):

S. 2917. A bill to amend the Internal Revenue Code of 1986 to modify the penalty for failure to disclose certain reportable transactions and the penalty for submitting a bad check to the Internal Revenue Service, to modify certain rules relating to Federal vendors, and for other purposes; to the Committee on Finance.

By Mr. CORNYN (for himself, Mr. ALEXANDER, Mr. BARRASSO, Mr. BENNETT, Mr. BOND, Mr. BROWNBACK, Mr. BURR, Mr. CHAMBLISS, Mr. COBURN, Mr. COCHRAN, Ms. COLLINS, Mr. CORKER, Mr. CRAPO, Mr. DEMINT, Mr. ENSIGN, Mr. ENZI, Mr. GRAHAM, Mr. GRASSLEY, Mr. GREGG, Mr. INHOFE, Mr. ISAKSON, Mr. KYL, Mr. LEMIEUX, Mr. LUGAR, Mr. MCCAIN, Mr. MCCONNELL, Ms. MURKOWSKI, Mr. RISCH, Mr. ROBERTS, Mr. SESSIONS, Mr. THUNE, Mr. VITTER, and Mr. WICKER):

S.J. Res. 24. A joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Labor relating to financial disclosure and transparency by labor union management; to the Committee on Health, Education, Labor, and Pensions.

## SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. MCCAIN (for himself, Mr. KERRY, Mrs. LINCOLN, Mr. INOUYE, Mr. BEGICH, Mr. FEINGOLD, Mr. SPECTER, Mr. GRASSLEY, Mr. BURR, Ms. COLLINS, Ms. MURKOWSKI, and Mr. COCHRAN):

S. Res. 380. A resolution designating January 2010 as ''National Mentoring Month''; to the Committee on the Judiciary.

By Mrs. MURRAY (for herself and Ms. COLLINS):

S. Res. 381. A resolution designating the week of February 1 through February 5, 2010, as ''National School Counseling Week''; to the Committee on the Judiciary.

## ADDITIONAL COSPONSORS

S. 144

At the request of Mr. KERRY, the names of the Senator from Virginia (Mr. WARNER) and the Senator from California (Mrs. BOXER) were added as cosponsors of S. 144, a bill to amend the Internal Revenue Code of 1986 to remove cell phones from listed property under section 280F.

S. 416

At the request of Mrs. FEINSTEIN, the name of the Senator from West Virginia (Mr. ROCKEFELLER) was added as a cosponsor of S. 416, a bill to limit the use of cluster munitions.

S. 538

At the request of Mr. SPECTER, his name was added as a cosponsor of S. 538, a bill to increase the recruitment and retention of school counselors, school social workers, and school psychologists by low-income local educational agencies.

S. 634

At the request of Mr. SPECTER, his name was added as a cosponsor of S. 634, a bill to amend the Elementary and Secondary Education Act of 1965 to improve standards for physical education.

S. 663

At the request of Mr. NELSON of Nebraska, the names of the Senator from Montana (Mr. TESTER) and the Senator from Missouri (Mr. BOND) were added as cosponsors of S. 663, a bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish the Merchant Mariner Equity Compensation Fund to provide benefits to certain individuals who served in the United States merchant marine (including the Army Transport Service and the Naval Transport Service) during World War II.

S. 818

At the request of Mr. SPECTER, his name was added as a cosponsor of S. 818, a bill to reauthorize the Enhancing Education Through Technology Act of 2001, and for other purposes.

S. 941

At the request of Mr. CRAPO, the name of the Senator from North Carolina (Mr. BURR) was added as a cosponsor of S. 941, a bill to reform the Bureau of Alcohol, Tobacco, Firearms, and Explosives, modernize firearm laws and regulations, protect the community from criminals, and for other purposes.

S. 1029

At the request of Mr. SPECTER, his name was added as a cosponsor of S. 1029, a bill to create a new incentive fund that will encourage States to adopt the 21st Century Skills Framework.

S. 1052

At the request of Mr. SPECTER, his name was added as a cosponsor of S. 1052, a bill to amend the small, rural school achievement program and the rural and low-income school program under part B of title VI of the Elementary and Secondary Education Act of 1965.

S. 1129

At the request of Mr. SPECTER, his name was added as a cosponsor of S. 1129, a bill to authorize the Secretary of Education to award grants to local educational agencies to improve college enrollment.

S. 1137

At the request of Mr. SPECTER, his name was added as a cosponsor of S. 1137, a bill to amend the Elementary and Secondary Education Act of 1965 to establish a Volunteer Teacher Advisory Committee.

S. 1431

At the request of Mr. NELSON of Florida, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. 1431, a bill to amend the Help America Vote Act of 2002 to require a voter-verified permanent paper ballot under title III of such Act, and for other purposes.

S. 1646

At the request of Mr. REED, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 1646, a bill to keep Americans working by strengthening and expanding short-time compensation programs that provide employers with an alternative to layoffs.

S. 1652

At the request of Mr. SPECTER, his name was added as a cosponsor of S. 1652, a bill to amend part B of the Individuals with Disabilities Education Act to provide full Federal funding of such part.

S. 2847

At the request of Mr. WHITEHOUSE, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 2847, a bill to regulate the volume of audio on commercials.

S. 2869

At the request of Ms. LANDRIEU, the name of the Senator from Maryland (Mr. CARDIN) was added as a cosponsor of S. 2869, a bill to increase loan limits for small business concerns, to provide for low interest refinancing for small business concerns, and for other purposes.

S. 2886

At the request of Ms. CANTWELL, the name of the Senator from Delaware (Mr. KAUFMAN) was added as a cosponsor of S. 2886, a bill to prohibit certain affiliations (between commercial banking and investment banking companies), and for other purposes.

AMENDMENT NO. 2909

At the request of Mr. NELSON of Florida, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of amendment No. 2909 intended to be proposed to H.R. 3590, a bill to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

AMENDMENT NO. 2941

At the request of Mr. SPECTER, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of amendment No. 2941 intended to be proposed to H.R. 3590, a bill to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

AMENDMENT NO. 2976

At the request of Mr. VITTER, his name was added as a cosponsor of amendment No. 2976 intended to be proposed to H.R. 3590, a bill to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

AMENDMENT NO. 3046

At the request of Mr. KERRY, the name of the Senator from Nebraska (Mr. NELSON) was added as a cosponsor of amendment No. 3046 intended to be proposed to H.R. 3590, a bill to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

AMENDMENT NO. 3185

At the request of Mr. BROWN, the names of the Senator from North Carolina (Mrs. HAGAN) and the Senator from New Jersey (Mr. MENENDEZ) were added as cosponsors of amendment No. 3185 intended to be proposed to H.R. 3590, a bill to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

AMENDMENT NO. 3256

At the request of Mr. BENNET, the names of the Senator from North Carolina (Mrs. HAGAN) and the Senator from Virginia (Mr. WARNER) were added as cosponsors of amendment No. 3256 intended to be proposed to H.R. 3590, a bill to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

## STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. MURKOWSKI (for herself, Mr. BEGICH, and Mr. UDALL of Colorado):

S. 2907. A bill to establish a coordinated avalanche protection program, and for other purposes; to the Committee on Energy and Natural Resources.

Ms. MURKOWSKI. Mr. President, I rise today to reintroduce in the Senate legislation that will help to reduce the Nation's yearly death toll caused by snow and ice avalanches.

As a member of the Congressional Hazards Caucus, I am introducing legislation, the Federal Land Avalanche Protection Act of 2009 to tackle the impacts of one of our Nation's natural hazards, avalanches. I am introducing this bill jointly with Senators MARK BEGICH and MARK UDALL. It is identical to a measure introduced earlier this week in the House of Representatives by Alaska's Congressman DON YOUNG, who was its prime sponsor when first introduced in May 2008 late in the 110th Congress.

The goal of the bill is to better protect people in avalanche zones nationwide and to reduce the growing potential for avalanches to damage properties, as more and more building takes place on mountainsides and in valleys threatened by potential avalanches. Avalanches are a continuing problem in this country. Last year 49 avalanches in 10 States and Canada caused 54 fatalities in North America, 28 in America. The fall-winter-spring of 2008–2009, however, was not unusual.

In the 2007–2008 season, 36 Americans lost their lives as a result of avalanches. Another 16 Canadians died that season in 43 reported avalanches. In the 2002–03 season, 58 people in North America died as a result of 55 reported avalanches. For the past decade 38 people have died on average each year in North America from avalanches. Most occur in the western States of Colorado, Montana, Idaho, Wyoming, Utah, Alaska, California, Oregon, Washington, but deaths certainly have occurred in eastern States such as Vermont and New Hampshire, as well.

Many think that avalanches are just a problem for backcountry skiers, hikers, or snowboarders. But as urbanization spreads the dangers caused by snow and ice buildups on steep slopes will grow and affect more urban populations, and especially more motorists traveling through mountain passes and along valley roads. So far this season, just in the past 2 months, 11 skiers and 1 ice climber have been caught in avalanches in Montana, Utah, and Colorado. Fortunately only one death has so far resulted. But this Nation needs to devote additional resources to warning and battling the impacts of avalanches because there are things that we know how to do to improve forecasts, increase warnings, and take advance actions to reduce the build up of snow loads on steep slopes, thus lessening the danger of larger, deadly avalanches when snow packs release.

The bill I introduce today directs the Secretary of Agriculture, acting through the Chief of the U.S. Forest Service, to establish an avalanche protection program to: identify the potential for avalanches on Federal lands and inform the public about the probability of avalanches and their potential adverse effects; carry out ongoing research to improve avalanche forecasting; and reduce the risks of avalanches and mitigate their effects.

The bill requires the Secretary to coordinate the program to ensure protection for recreational users of public land under the Secretary of the Interior's jurisdiction, using resources of

the Forest Service's National Avalanche Center; to establish an advisory committee to assist in program development and implementation; and with the Secretary of Transportation and the Secretary of the Army, to establish a central depository for weapons, ammunition, and parts for avalanche control purposes.

The measure also authorizes the Secretary to make grants to carry out projects and activities to assist in the prevention, forecasting, detection, and mitigation of avalanches; maintain essential transportation, utilities, and communications; assist avalanche artillery users to ensure the availability of adequate supplies of artillery and explosives required for avalanche control in specified areas; and assist research and development activities for alternatives to minimize reliance on military weapons for avalanche control.

It directs the Secretary to give priority to projects carried out in avalanche zones with a high frequency or severity of avalanches or in which deaths, injuries, or damage to public facilities and communities have occurred. It requires the Administrator of the General Services Administration to transfer specified property suitable for avalanche control purposes to a user of surplus ordnance.

When first introduced last year for public and professional consideration and comment the measure was strongly supported by Federal avalanche officials.

Just in my home State of Alaska avalanches are a concern not just in the backcountry at Hatcher Pass, north of Palmer, or for heli-skiing enthusiasts near Thompson Pass outside of Valdez or Johnson Pass on the Kenai Peninsula, but in urban areas, such as the capital city of Juneau, or for motorists who daily drive the Seward Highway from Girdwood to Anchorage or through Turnagain Pass. While Alaska's three fatalities last year occurred in Thompson and Johnson Pass among recreational skiers, the future is that we need to do more on Federal lands, and we need to do more to assist states to lessen the severity of avalanche dangers on State and private lands.

This bill would take logically, fiscally prudent steps, to doing just that. I urge members to support its passage and modest funding for implementation next year.

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By Mr. KOHL (for himself, Mr. CORKER, and Mr. FEINGOLD):

S. 2908. A bill to amend the Energy Policy and Conservation Act to require the Secretary of Energy to publish a final rule that establishes a uniform efficiency descriptor and accompanying test methods for covered water heaters, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. KOHL. Mr. President, I rise today to introduce a bill with Senator CORKER that would establish a uniform energy efficiency descriptor for all water heaters and improve the testing methods by which that descriptor is determined. Currently, water heaters are lumped into two categories under two federal statutes, based on arbitrary gallon capacity and energy input ratings. ''Smaller'' water heaters are covered by the National Appliance Energy Conservation Act, NAECA, and must be rated using an energy factor or EF rating. ''Larger'' water heaters are within the scope of the Energy Policy Act, EPACT, and must be rated using a thermal efficiency or TE rating. Not only do the testing methods differ, but a manufacturer is forbidden to place an EF rating on a TE-sized unit, and vice-versa.

The difference between energy factor and thermal efficiency was based on the assumption that smaller units are exclusively for residential uses while larger units are exclusively for commercial purposes, so the competing rating methods would not cause any confusion or adverse effects. Due to advances in manufacturing technology over the past 15 years, the assumptions underlying the earlier dividing line are no longer accurate. In fact, both larger and smaller units made by leading U.S. manufacturers are used in residences without regard to which Federal law applies. Yet, Federal legislation continues to be written by taking this distinction into account.

This legislation would direct the Department of Energy, DOE, to work with industry stakeholders to develop a uniform energy efficiency descriptor that applies to all sizes of water heaters. It also would develop a test method to accurately determine that descriptor for all types of water heaters, including new, efficient, advanced technologies, like heat pump water heaters, hybrids, and others, that are not correctly rated under today's test methods.

This bill, which has the support of the Air-Conditioning, Heating, and Refrigeration Institute, AHRI, and the American Council for an Energy-Efficient Economy, ACEEE, brings the DOE and affected industries together to focus on this effort. It is my hope that the water heating manufacturing community can develop and implement the new test method and descriptor that will eliminate confusion and enable consumers and business owners to make informed purchasing decisions on water heaters.

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By Ms. COLLINS (for herself and Mr. CARPER):

S. 2913. A bill to establish a national mercury monitoring program, and for other purposes; to the Committee on Environment and Public Works.

Ms. COLLINS. Mr. President, today, along with my colleague from Delaware, Senator CARPER, I am introducing the Comprehensive National Mercury Monitoring Act. This bill will ensure the Environmental Protection Agency has accurate information about the extent of mercury pollution in our nation as it works to enforce regulations about this toxic chemical.

Mercury is a dangerous substance that can cause serious neuron-developmental harm, especially to children and pregnant women. Scientists at the Environmental Protection Agency, EPA, estimate that some 630,000 infants are born each year with blood mercury levels higher than what is considered safe.

Mercury is hazardous not only to people, but also to wildlife. As of 2006, States issued 533 new fish advisories bringing the nationwide total advisories to 3,851. These advisories cover 38 percent of the Nation's total lake acreage and 26 percent of the Nation's total river miles. Almost 65 percent of the U.S. coastline, except Alaska, is under advisory, including 92 percent of the Atlantic coast and 100 percent of the Gulf coast.

Each new scientific study seems to find higher levels of mercury in more ecosystems and in more species than we had previously thought. We must have more comprehensive information and we must have it soon; otherwise, we risk making misguided policy decisions.

For example, in 2005 the Environmental Protection Agency issued a new mercury regulation based on computer measurements that were not peer-reviewed and that were not verified with actual measurements. The effect of the regulation was to allow power plants to continue spewing unlimited amounts of mercury into our air until the year 2018. Many experts, including the EPA Inspector General, sharply criticized the science underlying that new regulation and recommended that EPA develop and implement a mercury monitoring plan. That was a major reason why I am introducing the Comprehensive National Mercury Monitoring Act.

Specifically, my mercury bill would establish mercury monitoring sites across the nation in order to measure mercury levels in the air, rain, soil, lakes and streams, as well as in plants and animals; authorize about $30 million annually for fiscal years 2011 through 2013 for the Environmental Protection Agency, United States Geological Survey, United States Fish and Wildlife Service, the National Oceanic and Atmospheric Administration, and the National Park Service to perform scientific mercury measurements; and create a ''Mercury Monitoring Advisory Committee'' to advise the Administrator of the EPA in choosing the monitoring sites.

We must establish a more robust national mercury monitoring network to provide EPA the data it needs to make decisions that protect the people and environment of Maine and the entire Nation.

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. 2913

*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 ''Comprehensive National Mercury Monitoring Act''.

**SEC. 2. FINDINGS.**

Congress finds that

(1)(A) mercury is a potent neurotoxin of significant ecological and public health concern;

(B) exposure to mercury occurs largely by consumption of contaminated fish;

(C) children and women of childbearing age who consume large quantities of fish are at high risk of adverse effects;

(D) it is estimated that more than 630,000 children born each year in the United States are exposed to levels of mercury in the womb that are high enough to impair neurological development; and

(E) the Centers for Disease Control and Prevention have found that 8 percent of women in the United States of childbearing age have blood mercury levels in excess of values determined to be safe by the Environmental Protection Agency;

(2)(A) as of 2006, 3,080 fish consumption advisories due to mercury contamination have been issued for 48 States, including 23 statewide advisories for freshwater and 12 statewide advisories for coastal waters;

(B) that is a 26 percent increase over the number of advisories issued in 2004;

(C) those advisories represent more than 22,000 square miles of lakes and 882,000 miles of rivers;

(D) however, fish and shellfish are an important source of dietary protein, and a healthy fishing resource is important to the economy of the United States; and

(E) the extent of fish consumption advisories underscores the extensive human and ecological health risk posed by mercury pollution;

(3)(A) in many locations, the primary route for mercury input to aquatic ecosystems is atmospheric emissions, transport, and deposition;

(B) the cycling of mercury in the environment and resulting accumulation in biota are not fully understood; and

(C) computer models and other assessment tools provide varying effectiveness in predicting mercury concentrations in fish, and no broad-scale data sets exist to test model predictions;

(4)(A) on September 14 through 17, 2003, the Environmental Protection Agency cosponsored a Society of Environmental Toxicology and Chemistry workshop involving more than 30 international experts to formulate a system to quantify and document mercury changes in the various environment fields resulting from anticipated reductions in mercury emissions in the United States; and

(B) the resulting plan proposes a holistic, multimedia, long-term mercury monitoring program that is documented in 2 sources—

(i) on January 1, 2005, the article entitled ''Monitoring the Response to Changing Mercury Deposition'' was published in the journal Environmental Science and Technology; and

(ii) in 2008, the book entitled ''Ecosystem Responses to Mercury Contamination: Indicators of Change'' was published by CRC Press;

(5) as of the date of enactment of this Act, many regulations limiting mercury emissions from different sources have gone into effect or will be implemented, but ongoing monitoring programs are not adequately measuring the environmental benefits and effectiveness of mercury emission controls;

(6) on May 15, 2006, the Office of Inspector General of the Environmental Protection Agency issued a report entitled, ''Monitoring Needed to Assess Impact of EPA's Clean Air Mercury Rule (CAMR) on Potential Hotspots'' , Report No. 2006–P–0025, which states, in part—

(A) ''Without field data from an improved monitoring network, EPA's ability to advance mercury science will be limited and 'utility-attributable hotspots' that pose health risks may occur and go undetected''; and

(B) ''We recommend that the EPA develop and implement a mercury monitoring plan to assess the impact of CAMR, if adopted, on mercury deposition and fish tissue and evaluate and refine mercury estimation tools and models'';

(7)(A) on January 1, 2007, the articles entitled ''Biological Mercury Hotspots in the Northeastern U.S. and Southeastern Canada'' and ''Contamination in Remote Forest and Aquatic Ecosystems in the Northeastern U.S.: Sources, Transformations and Management Options'' were published in the journal BioScience; and

(B) the authors of the articles—

(i) identified 5 biological mercury hotspots and 9 areas of concern in the northeastern United States and southeastern Canada associated primarily with atmospheric mercury emissions and deposition;

(ii) located an area of particularly high mercury deposition adjacent to a coal-fired utility in southern New Hampshire; and

(iii) concluded that local impacts from mercury emissions should be closely monitored in order to assess the impact of Federal and State policies; and

(8)(A) building on previous efforts in 2003, on May 5 through 7, 2008, the Environmental Protection Agency coconvened a workshop with experts from the United States Geological Survey, the National Oceanic and Atmospheric Administration, the United States Fish and Wildlife Service, the National Park Service, State and tribal agencies, the BioDiversity Research Institute, the National Atmospheric Deposition Program, industry, and other institutions;

(B) more than 50 workshop scientists participated and agreed on a goal and major design elements for a national mercury monitoring program, including a national distribution of approximately 20 intensive sites to understand the sources, consequences, and trends in United States mercury pollution;

(C) the consortium found that ''policy makers, scientists and the public need a comprehensive and integrated mercury monitoring network to accurately quantify regional and national changes in atmospheric deposition, ecosystem contamination, and bioaccumulation of mercury in fish and wildlife in response to changes in mercury emissions.''; and

(D) the workshop findings are published in a report of the Environmental Protection Agency (430–K–09–001).

**SEC. 3. DEFINITIONS.**

In this Act:

(1) ADMINISTRATOR.—The term ''Administrator'' means the Administrator of the Environmental Protection Agency.

(2) ADVISORY COMMITTEE.—The term ''Advisory Committee'' means the Mercury Monitoring Advisory Committee established under section 5.

(3) ANCILLARY MEASURE.—The term ''ancillary measure'' means a measure that is used to understand the impact and interpret results of measurements under the program.

(4) ECOREGION.—The term ''ecoregion'' means a large area of land and water that contains a geographically distinct assemblage of natural communities, including similar land forms, climate, ecological processes, and vegetation.

(5) MERCURY EXPORT.—The term ''mercury export'' means mercury flux from a watershed to the corresponding water body, or from 1 water body to another water body (such as a lake to a river), generally expressed as mass per unit of time.

(6) MERCURY FLUX.—The term ''mercury flux'' means the rate of transfer of mercury between ecosystem components (such as between water and air), or between portions of ecosystem components, expressed in terms of mass per unit of time or mass per unit of area per time.

(7) PROGRAM.—The term ''program'' means the national mercury monitoring program established under section 4.

(8) SURFACE SEDIMENT.—The term ''surface sediment'' means sediment in the uppermost 2 centimeters of a lakebed or riverbed.

**SEC. 4. MONITORING PROGRAM.**

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Administrator, in consultation with the Director of the United States Fish and Wildlife Service, the Director of the United States Geological Survey, the Director of the National Park Service, the Administrator of the National Oceanic and Atmospheric Administration, and the heads of other appropriate Federal agencies, shall establish a national mercury monitoring program.

(2) PURPOSE.—The purpose of the program is to track—

(A) long-term trends in atmospheric mercury concentrations and deposition; and

(B) mercury levels in watersheds, surface waters, and fish and wildlife in terrestrial, freshwater, and coastal ecosystems in response to changing mercury emissions over time.

(3) MONITORING SITES.—

(A) IN GENERAL.—In carrying out paragraph (1), not later than 1 year after the date of enactment of this Act and in coordination with the Advisory Committee, the Administrator, after consultation with the heads of Federal agencies described in paragraph (1) and considering the requirement for reports under section 6, shall select multiple monitoring sites representing multiple ecoregions of the United States.

(B) LOCATIONS.—Locations of monitoring sites shall include national parks, wildlife refuges, National Estuarine Research Reserve units, and other sensitive ecological areas that include long-term protection and in which substantive changes are expected from reductions in domestic mercury emissions.

(C) COLOCATION.—If practicable, monitoring sites shall be colocated with sites from other long-term environmental monitoring programs.

(4) MONITORING PROTOCOLS.—Not later than 1 year after the date of enactment of this Act, the Administrator, in coordination with the Advisory Committee, shall establish and publish standardized measurement protocols for the program under this Act.

(5) DATA COLLECTION AND DISTRIBUTION.—Not later than 1 year after the date of enactment of this Act, the Administrator, in coordination with the Advisory Committee, shall establish a centralized database for existing and newly collected environmental mercury data that can be freely accessed once data assurance and quality standards established by the Administrator are met.

(b) AIR AND WATERSHEDS.—

(1) IN GENERAL.—The program shall monitor long-term changes in mercury levels and important ancillary measures in the air at locations selected under subsection (a)(3).

(2) MEASUREMENTS.—The Administrator, in consultation with the Director of the United States Fish and Wildlife Service, the Director of the United States Geological Survey,

the Director of the National Park Service, the Administrator of the National Oceanic and Atmospheric Administration, and the heads of other appropriate Federal agencies, shall determine appropriate measurements, including—

(A) the measurement and recording of wet and estimation of dry mercury deposition, mercury flux, and mercury export;

(B) the measurement and recording of the level of mercury reemitted from aquatic and terrestrial environments into the atmosphere; and

(C) the measurement of sulfur species and ancillary measurements at a portion of locations selected under subsection (a)(3) to fully understand the cycling of mercury through the ecosystem.

(c) WATER AND SOIL CHEMISTRY.—The program shall monitor long-term changes in mercury and methyl mercury levels and important ancillary measures in the water and soil or sediments at locations selected under subsection (a)(3) that the Administrator, in primary consultation with the Director of the United States Geological Survey, determines to be appropriate, including—

(1) extraction and analysis of soil and sediment cores;

(2) measurement and recording of total mercury and methyl mercury concentration, and percent methyl mercury in surface sediments;

(3) measurement and recording of total mercury and methyl mercury concentration in surface water; and

(4) measurement and recording of total mercury and methyl mercury concentrations throughout the water column and sediments.

(d) AQUATIC AND TERRESTRIAL ORGANISMS.—The program shall monitor long-term changes in mercury and methyl mercury levels and important ancillary measures in the aquatic and terrestrial organisms at locations selected under subsection (a)(3) that the Administrator, in primary consultation with the Director of the United States Fish and Wildlife Service and the Administrator of the National Oceanic and Atmospheric Administration, determines to be appropriate, including—

(1) measurement and recording of total mercury and methyl mercury concentrations in—

(A) zooplankton and other invertebrates;

(B) yearling fish; and

(C) commercially, recreationally, or conservation relevant fish; and

(2) measurement and recording of total mercury concentrations in—

(A) selected insect- and fish-eating birds; and

(B) measurement and recording of total mercury concentrations in selected insect- and fish-eating mammals.

**SEC. 5. ADVISORY COMMITTEE.**

(a) ESTABLISHMENT.—There shall be established a scientific advisory committee, to be known as the ''Mercury Monitoring Advisory Committee'', to advise the Administrator and Federal agencies described in section 4(a)(1), on the establishment, site selection, measurement and recording protocols, and operation of the program.

(b) MEMBERSHIP.—The Advisory Committee shall consist of scientists who are not employees of the Federal Government, including—

(1) 3 scientists appointed by the Administrator;

(2) 2 scientists appointed by the Director of the United States Fish and Wildlife Service;

(3) 2 scientists appointed by the Director of the United States Geological Survey;

(4) 2 scientists appointed by the Director of the National Park Service; and

(5) 2 scientists appointed by the Administrator of the National Oceanic and Atmospheric Administration.

**SEC. 6. REPORTS AND PUBLIC DISCLOSURE.**

(a) REPORTS.—Not later than 2 years after the date of enactment of this Act and every 2 years thereafter, the Administrator shall submit to Congress a report on the program, including trend data.

(b) ASSESSMENT.—At least once every 4 years, the report required under subsection (a) shall include an assessment of the reduction in mercury deposition rates that are required to be achieved in order to prevent adverse human and ecological effects.

(c) AVAILABILITY OF DATA.—The Administrator shall make all data obtained under this Act available to the public through a dedicated website and on written request.

**SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

There are authorized to be appropriated to carry out this Act—

(1) for fiscal year 2011 to—

(A) the Environmental Protection Agency $15,000,000;

(B) the United States Fish and Wildlife Service $9,000,000;

(C) the United States Geological Survey $5,000,000;

(D) the National Oceanic and Atmospheric Administration $4,000,000; and

(E) the National Park Service $4,000,000;

(2) for fiscal year 2012 to—

(A) the Environmental Protection Agency $12,000,000;

(B) the United States Fish and Wildlife Service $7,000,000;

(C) the United States Geological Survey $4,000,000;

(D) the National Oceanic and Atmospheric Administration $3,000,000; and

(E) the National Park Service $3,000,000;

(3) for fiscal year 2013 to—

(A) the Environmental Protection Agency $12,000,000;

(B) the United States Fish and Wildlife Service $7,000,000;

(C) the United States Geological Survey $4,000,000;

(D) the National Oceanic and Atmospheric Administration $3,000,000; and

(E) the National Park Service $3,000,000; and

(4) such sums as are necessary for each of fiscal years 2014 through 2016 to—

(A) the Environmental Protection Agency;

(B) the United States Fish and Wildlife Service;

(C) the United States Geological Survey;

(D) the National Oceanic and Atmospheric Administration; and

(E) the National Park Service.

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By Mr. BUNNING:

S. 2916. A bill to provide that Internal Revenue Service Notice 2010–2 shall have no force and effect and to amend the Internal Revenue Code of 1986 to restrict the authority of the Secretary of the Treasury to prescribe regulations under section 382 of such Code; to the Committee on Finance.

Mr. BUNNING. 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. 2916

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. LIMITATION ON REGULATORY AUTHORITY RELATING TO LIMITATION ON LOSSES FOLLOWING OWNERSHIP CHANGE.**

(a) REPEAL OF NOTICE 2010–2.—Internal Revenue Service Notice 2010–2 shall have no force and effect.

(b) MODIFICATION OF REGULATORY AUTHORITY UNDER SECTION 382.—Section 382(m) of the Internal Revenue Code of 1986 is amended by adding at the end the following flush sentence:

''Notwithstanding the preceding sentence or any other provision of law, the Secretary may not prescribe any regulation after December 18, 2009, which provides an exemption or special rule under this section which is restricted to dispositions of instruments acquired by the Secretary unless such exemption or special rule is specifically authorized by Congress.''.

(c) NO INFERENCE.—Nothing in subsection (a) or in the amendment made by subsection (b) shall be construed to create any inference with respect to the authority of the Secretary of the Treasury on or before December 18, 2009, to provide exceptions to the application of the rules of section 382 of the Internal Revenue Code of 1986 with respect to certain classes of taxpayers.

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By Mr. CORNYN (for himself, Mr. ALEXANDER, Mr. BARRASSO, Mr. BENNETT, Mr. BOND, Mr. BROWNBACK, Mr. BURR, Mr. CHAMBLISS, Mr. COBURN, Mr. COCHRAN, Ms. COLLINS, Mr. CORKER, Mr. CRAPO, Mr. DEMINT, Mr. ENSIGN, Mr. ENZI, Mr. GRAHAM, Mr. GRASSLEY, Mr. GREGG, Mr. INHOFE, Mr. ISAKSON, Mr. KYL, Mr. LEMIEUX, Mr. LUGAR, Mr. MCCAIN, Mr. MCCONNELL, Ms. MURKOWSKI, Mr. RISCH, Mr. ROBERTS, Mr. SESSIONS, Mr. THUNE, Mr. VITTER, and Mr. WICKER):

S.J. Res. 24. A joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Labor relating to financial disclosure and transparency by labor union management; to the Committee on Health, Education, Labor, and Pensions.

Mr. CORNYN. Mr. President, the U.S. Department of Labor's Office of Labor-Management Standards, OLMS, is responsible for ensuring that labor unions follow basic standards of fiscal responsibility. OLMS collects annual financial disclosure reports, LM–2, from labor organizations with annual receipts of $250,000 or more. Union members who work hard to pay their dues deserve to know how their money has been spent. So, these annual financial disclosure reports provide rank-and-file members with an essential tool for exercising union democracy: information about important financial decisions made by their union leadership. Consequently, it is vital that OLMS have the necessary tools to monitor union compliance with the law as well as to deter corruption. Yet, on average, over ONE third of all unions fail to comply with existing requirements to file annual financial disclosure reports on time.

In fact, between 2001 and 2008, OLMS reported that its investigations yielded a total of 1,004 indictments with 929 convictions and court-ordered restitution of more than $93 million dollars. For example, according to statistics reported by the Office of Management and Budget, OMB, the OLMS audits turned up criminal violations in about 11.5 percent of audits and nearly 8 percent of unions showed some fraudulent activity in 2008 alone. Between January 1 and October 19, 2009, OLMS reported obtaining indictments, convictions and sentences in embezzlement cases that total nearly $3 million in theft from union funds.

in order to provide a better method for collecting information about union finances, the Department of Labor proposed modifying the LM–2 form. After a lengthy rulemaking process, the Department issued a final rule on January 21, 2009, which required additional information about the receipt and disbursement of labor organization funds, and established standards and procedures for revoking, where appropriate, a labor organization's simplified filing privilege. But politics got in the way of transparency and good government. And on October 13, 2009, the Department announced a final decision to rescind these regulations.

This is outrageous. No one is talking about protecting rank-and-file members' ability to hold their leadership accountable. Instead, the Secretary of Labor has bowed to pressure and complaints from labor unions. The unions argued that requiring labor organizations with reported annual receipts over $250,000 to file more detailed disclosure reports was unnecessarily burdensome and imposed additional administrative costs on their organizations.

Rigorous disclosure requirements promote union transparency and accountability of union leaders to their rank-and-file members. The annual financial reports ensure that workers' dues are used legitimately and can also help workers and oversight investigators detect fraudulent or criminal activity. Bringing corrupt union officials to justice and recovering millions of dollars in hard-earned dues would not be possible if unions were not required to file annual financial disclosure reports.

For this reason, I am introducing a Congressional Review Act resolution disapproving the Department of Labor's October 13 decision to rescind the LM–2 rule. My resolution, which is cosponsored by 17 of my colleagues, would have the effect of reinstating the original LM–2 rule published in January 2009 and would ensure that OLMS continues to protect the rights of rank-and-file union members against corrupt union leaders.

## SUBMITTED RESOLUTIONS

### SENATE RESOLUTION 380—DESIGNATING JANUARY 2010 AS ''NATIONAL MENTORING MONTH''

Mr. MCCAIN (for himself, Mr. KERRY, Mrs. LINCOLN, Mr. INOUYE, Mr. BEGICH, Mr. FEINGOLD, Mr. SPECTER, Mr. GRASSLEY, Mr. BURR, Ms. COLLINS, Ms. MURKOWSKI, and Mr. COCHRAN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 380

Whereas mentoring is a longstanding tradition in which a dependable, caring adult provides guidance, support, and encouragement to facilitate a young person's social, emotional, and cognitive development;

Whereas continued research on mentoring shows that formal, high-quality mentoring focused on developing the competence and character of the mentee promotes positive outcomes, such as improved academic achievement, self-esteem, social skills, and career development;

Whereas further research on mentoring provides strong evidence that mentoring successfully reduces substance use and abuse, academic failure, and delinquency;

Whereas mentoring, in addition to preparing young people for school, work, and life, is extremely rewarding for those serving as mentors;

Whereas more than 4,700 mentoring programs in communities of all sizes across the United States focus on building strong, effective relationships between mentors and mentees;

Whereas approximately 3,000,000 young people in the United States are in solid mentoring relationships due to the remarkable vigor, creativity, and resourcefulness of the thousands of mentoring programs in communities throughout the Nation;

Whereas in spite of the progress made to increase mentoring, the United States has a serious ''mentoring gap'', with nearly 15,000,000 young people in need of mentors;

Whereas mentoring partnerships between the public and private sectors bring State and local leaders together to support mentoring programs by preventing duplication of efforts, offering training in industry best practices, and making the most of limited resources to benefit young people in the United States;

Whereas the designation of January 2010 as ''National Mentoring Month'' will help call attention to the critical role mentors play in helping young people realize their potential;

Whereas a month-long celebration of mentoring will encourage more individuals and organizations, including schools, businesses, nonprofit organizations, faith institutions, and foundations, to become engaged in mentoring across the United States; and

Whereas National Mentoring Month will, most significantly, build awareness of mentoring and encourage more people to become mentors and help close the mentoring gap in the United States: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates the month of January 2010 as ''National Mentoring Month'';

(2) recognizes with gratitude the contributions of the millions of caring adults and students who are already volunteering as mentors and encourages more adults and students to volunteer as mentors; and

(3) encourages the people of the United States to observe National Mentoring Month with appropriate ceremonies and activities that promote awareness of, and volunteer involvement with, youth mentoring.

Mr. MCCAIN. Mr. President, I am pleased today to join many of my colleagues in introducing a resolution designating January 2010 as National Mentoring Month.

We all agree that young people need a supportive environment based on structured and trusting relationships with adults. The world is more complicated for children today than it ever was when I was growing up. Mentors can help young people through the difficult periods, help them see the difference between right and wrong, alleviate their doubts and concerns, and answer their questions frankly. Mentors can dramatically impact a young person's life by providing the support and encouragement that children need in order to grow into responsible, caring adults.

This resolution recognizes the value of volunteering time to make a difference in the life of a child. A growing body of research has shown that high-quality programs can make all the difference and help students in need achieve the type of future they might never have thought possible. Children with mentors are shown to improve in school performance and attendance. Also, they are more self-confident, have good social skills, and above all else, they are motivated to reach their full potential. Unfortunately, a severe shortage of volunteers has left over 15 million young people without mentors.

National Mentoring Month highlights the needs and goals of mentoring in this country and honors the contributions of the many volunteers across the country that are currently connecting with youth in such programs. Next month, non-profit organizations, schools, businesses, faith communities, and Government agencies—led by the National Mentoring Partnership and the Harvard School of Public Health—will join together to encourage adults to serve as mentors for our young people. Programs must be expanded to recruit more volunteers to help fill the mentoring gap. Mentoring has successfully helped many children in this country and we must work together to expand such valuable programs. I urge the Senate to approve this resolution.

### SENATE RESOLUTION 381—DESIGNATING THE WEEK OF FEBRUARY 1 THROUGH FEBRUARY 5, 2010, AS ''NATIONAL SCHOOL COUNSELING WEEK''

Mrs. MURRAY (for herself and Ms. COLLINS) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 381

Whereas the American School Counselor Association has declared the week of February 1 through February 5, 2010, as ''National School Counseling Week'';

Whereas the Senate has recognized the importance of school counseling through the inclusion of elementary and secondary school counseling programs in the reauthorization of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et seq.);

Whereas school counselors have long advocated that the education system of the United States must leave no child behind and must provide opportunities for every student;

Whereas personal and social growth results in increased academic achievement;

Whereas school counselors help develop well-rounded students by guiding the students through their academic, personal, social, and career development;

Whereas school counselors have been instrumental in helping students, teachers, and parents deal with the trauma that was inflicted upon them by hurricanes Katrina, Rita, and Wilma, and other recent natural disasters;

Whereas students face a myriad of challenges every day, including peer pressure, depression, the deployment of family members to serve in conflicts overseas, and school violence;

Whereas school counselors are usually the only professionals in a school building who are trained in both education and mental health matters;

Whereas the roles and responsibilities of school counselors are often misunderstood, and the school counselor position is often among the first to be eliminated in order to meet budgetary constraints;

Whereas the national average ratio of students to school counselors of 475-to-1 is almost twice the 250-to-1 ratio recommended by the American School Counselor Association, the American Counseling Association, the American Medical Association, the American Psychological Association, and other organizations; and

Whereas the celebration of National School Counseling Week would increase awareness of the important and necessary role school counselors play in the lives of students in the United States: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates the week of February 1 through February 5, 2010, as ''National School Counseling Week''; and

(2) encourages the people of the United States to observe the week with appropriate ceremonies and activities that promote awareness of the role school counselors perform in the school and the community at large in preparing students for fulfilling lives as contributing members of society.

## AMENDMENTS SUBMITTED AND PROPOSED

SA 3265. Mr. VITTER submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table.

SA 3266. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3267. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3268. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3269. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3270. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3271. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3272. Mr. LEMIEUX submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3273. Mrs. SHAHEEN (for herself, Mr. BENNET, and Ms. COLLINS) submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3274. Mr. MERKLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3275. Ms. SNOWE submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

## TEXT OF AMENDMENTS

**SA 3265.** Mr. VITTER submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 179, line 5, add at the end the following: ''Of the amount appropriated under this subsection, there shall be made available $100,000,000 for each of fiscal years 2010 through 2019 to carry out section 4101 (and the amendments made by such section), $1,000,000,000 for each of fiscal years 2010 through 2013 for the National Cancer Institute (in addition to amounts otherwise appropriated to such Institute), and $120,000,000 for each of fiscal years 2010 through 2019 for the Maternal and Child Health Services Block Grant program under title V of the Social Security Act.''.

**SA 3266.** Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1798, between lines 21 and 22, insert the following:

**SEC. 6608. REQUIRED INVESTIGATION OF OUTLIERS.**

Section 1862 of the Social Security Act (42 U.S.C. 1395y), as amended by section 6402(h), is amended by adding at the end the following new subsection:

''(p) REQUIRED INVESTIGATION OF OUTLIERS.—The Secretary shall conduct an investigation (in consultation with the Inspector General of the Department of Health and Human Services) or other appropriate review of a provider of services or supplier if the Secretary determines that the provider of services or supplier is an outlier in terms of utilization or payment under this title over a period of not less than 2 years.''.

**SA 3267.** Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1783, between lines 2 and 3, insert the following:

**SEC. 6412. REQUIRING INDIVIDUALS OR ENTITIES THAT PARTICIPATE IN OR CONDUCT ACTIVITIES UNDER FEDERAL HEALTH CARE PROGRAMS TO COMPLY WITH CERTAIN CONGRESSIONAL REQUESTS.**

(a) IN GENERAL.—Section 1128J of the Social Security Act, as added by section 6402, is amended by adding at the end the following new subsection:

''(f) COMPLIANCE WITH CERTAIN REQUESTS BY INDIVIDUALS AND ENTITIES THAT PARTICIPATE IN OR CONDUCT ACTIVITIES UNDER FEDERAL HEALTH CARE PROGRAMS.—

''(1) IN GENERAL.—Any individual or entity that participates in or conducts activities under a Federal health care program (as defined in section 1128B(f)) shall, as a condition of such participation or such conduct, comply (at a time and in a manner specified by the Chairman or ranking member) with any request submitted by the Chairman or the ranking member of a relevant committee of Congress to the individual or entity for the following:

''(A) Documents.

''(B) Information.

''(C) Interviews.

''(2) RELEVANT COMMITTEE OF CONGRESS DEFINED.—In this subsection, the term 'relevant committee of Congress' means the Committees on Ways and Means and Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is 2 years after the date of enactment of this Act.

**SA 3268.** Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1798, between lines 21 and 22, insert the following:

**SEC. 6608. MEDICAL ID THEFT INFORMATION SHARING PROGRAM AND CLEARINGHOUSE.**

(a) ESTABLISHMENT.—Not later than 24 months after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary''), acting through the Administrator of the Centers for Medicare & Medicaid Services and in coordination with the Chairman of the Federal Trade Commission, shall establish an information sharing program regarding beneficiary medical ID theft under the programs under titles XVIII, XIX, and XXI of the Social Security Act (in this section referred to as the ''program'').

(b) CONTENTS OF PROGRAM.—The program shall include—

(1) the establishment of methods to identify and detect relevant warning signs of medical ID theft; and

(2) the establishment of appropriate responses to such warning signs that would mitigate and prevent beneficiary medical ID theft; and

(3) the development of a detailed plan to update the program as appropriate, taking into consideration such warning signs and appropriate responses.

(c) ESTABLISHMENT OF CLEARINGHOUSE.—The Secretary, in coordination with the Chairman of the Federal Trade Commission, shall establish a clearinghouse at the Centers for Medicare & Medicaid Services that collects reports of ID theft against beneficiaries under the programs under titles XVIII, XIX, and XXI of the Social Security Act from the Federal Trade Commission and other sources determined appropriate by the Secretary. Such clearinghouse shall be used to fight medical ID theft against beneficiaries and to prevent the improper payment of claims under such programs.

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**SA 3269.** Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1740, strike lines 1 through 16, and insert the following:

''(o) SUSPENSION AUTHORITY.—

''(1) IN GENERAL.—The Secretary shall suspend payment to a provider of services or supplier under this title pending an investigation of credible allegations of fraud against the provider of services or supplier, unless the Secretary finds good cause not to suspend such payment.

''(2) CONSULTATION.—The Secretary shall consult with the Inspector General of the Department of Health and Human Services in determining whether there is a credible allegation of fraud against a provider of services or supplier.''.

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**SA 3270.** Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1798, between lines 21 and 22, insert the following:

**SEC. 6608. PERMISSIVE EXCLUSION AUTHORITY.**

Clauses (i) and (ii) of section 1128(b)(15)(A) of the Social Security Act (42 U.S.C. 1320a–7(b)(15)(A)) are amended to read as follows:

''(i) who has or had a direct or indirect ownership or control interest in the sanctioned entity and who knew or should have known (as defined in section 1128A(i)(7)) of the action constituting the basis for the conviction or exclusion described in subparagraph (B); or

''(ii) who is or was an officer or managing employee (as defined in section 1126(b)) of such an entity at the time of the action constituting the basis for the conviction or exclusion so described.''.

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**SA 3271.** Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1783, between lines 2 and 3, insert the following:

**SEC. 6412. REQUIREMENTS FOR THE TRANSMISSION OF MANAGEMENT IMPLICATION REPORTS BY THE HHS OIG.**

Section 1128J of the Social Security Act, as added by section 6402, is amended by adding at the end the following new subsection:

''(f) TRANSMISSION OF MANAGEMENT IMPLICATION REPORTS BY THE HHS OIG.—

''(1) CONGRESSIONAL NOTIFICATION.—Not later than 30 days after the transmission by the Inspector General of the Department of Health and Human Services to another agency of the Department of Health and Human Services of a management implication report, the Inspector General shall notify the relevant committees of Congress of such transmission.

''(2) SECRETARIAL RESPONSE.—The Secretary shall respond to a management implication report transmitted under paragraph (1) not later than 90 days after such transmission.

''(3) RELEVANT COMMITTEES OF CONGRESS DEFINED.—In this subsection, the term 'relevant committees of Congress' means the Committees on Ways and Means and Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate.''.

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**SA 3272.** Mr. LEMIEUX submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1798, between lines 21 and 22, insert the following:

**SEC. 6608. OTHER MISCELLANEOUS PROVISIONS.**

(a) INCREASED CIVIL MONEY PENALTIES AND CRIMINAL FINES AND SENTENCES FOR MEDICARE FRAUD AND ABUSE.—

(1) INCREASED CIVIL PENALTIES AND CRIMINAL FINES.—

(A) INCREASED CIVIL MONEY PENALTIES.—Section 1128A of the Social Security Act (42 U.S.C. 1320a-7a) is amended—

(i) in subsection (a), in the flush matter following paragraph (7)—

(I) by striking ''$10,000'' each place it appears and inserting ''$20,000'';

(II) by striking ''$15,000'' and inserting ''$30,000''; and

(III) by striking ''$50,000'' and inserting ''$100,000''; and

(ii) in subsection (b)—

(I) in paragraph (1), in the flush matter following subparagraph (B), by striking ''$2,000'' and inserting ''$4,000'';

(II) in paragraph (2), by striking ''$2,000'' and inserting ''$4,000''; and

(III) in paragraph (3)(A)(i), by striking ''$5,000'' and inserting ''$10,000''.

(B) INCREASED CRIMINAL FINES.—Section 1128B of the Social Security Act (42 U.S.C. 1320a-7b) is amended—

(i) in subsection (a), in the flush matter following paragraph (6)—

(I) by striking ''$25,000'' and inserting ''$100,000''; and

(II) by striking ''$10,000'' and inserting ''$20,000'';

(ii) in subsection (b)—

(I) in paragraph (1), in the flush matter following subparagraph (B), by striking ''$25,000'' and inserting ''$100,000''; and

(II) in paragraph (2), in the flush matter following subparagraph (B), by striking ''$25,000'' and inserting ''$100,000'';

(iii) in subsection (c), by striking ''$25,000'' and inserting ''$100,000'';

(iv) in subsection (d), in the second flush matter following subparagraph (B), by striking ''$25,000'' and inserting ''$100,000''; and

(v) in subsection (e), by striking ''$2,000'' and inserting ''$4,000''.

(C) EFFECTIVE DATE.—The amendments made by this subsection shall apply to civil money penalties and fines imposed for actions taken on or after the date of enactment of this Act.

(2) INCREASED SENTENCES FOR FELONIES INVOLVING MEDICARE FRAUD AND ABUSE.—

(A) FALSE STATEMENTS AND REPRESENTATIONS.—Section 1128B(a) of the Social Security Act (42 U.S.C. 1320a-7b(a)) is amended, in clause (i) of the flush matter following paragraph (6), by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(B) ANTI-KICKBACK.—Section 1128B(b) of the Social Security Act (42 U.S.C. 1320a-7b(b)) is amended—

(i) in paragraph (1), in the flush matter following subparagraph (B), by striking ''not more than 5 years'' and inserting ''not more than 10 years''; and

(ii) in paragraph (2), in the flush matter following subparagraph (B), by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(C) FALSE STATEMENT OR REPRESENTATION WITH RESPECT TO CONDITIONS OR OPERATIONS OF FACILITIES.—Section 1128B(c) of the Social Security Act (42 U.S.C. 1320a-7b(c)) is amended by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(D) EXCESS CHARGES.—Section 1128B(d) of the Social Security Act (42 U.S.C. 1320a-7b(d)) is amended, in the second flush matter following subparagraph (B), by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(E) MINIMUM SENTENCE.—Section 1128B of the Social Security Act (42 U.S.C. 1320a-7b) is amended by adding at the end thereof the following:

''(g) Notwithstanding any other provision of this section, the minimum period of imprisonment for a conviction under this section relating to Medicare fraud and abuse (if such imprisonment is otherwise provided for under this section) shall be 1 year and 1 day.''.

(F) EFFECTIVE DATE.—The amendments made by this subsection shall apply to criminal penalties imposed for actions taken on or after the date of enactment of this Act.

(b) CONSUMER RIGHT-TO-KNOW.—At the end of title I, insert the following:

**''SEC. 1563. CONSUMER RIGHT TO KNOW.**

''(a) DEVELOPMENT OF INFORMATION SYSTEM.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall develop a system for the collection of quality and pricing information related to the provision of health care services. Through the use of such information, the Secretary shall, to the extent practicable—

''(1) determine the lowest, median, average, and highest charged amount and reimbursed amount for each outpatient and inpatient health care procedure conducted at each facility in the United States;

''(2) provide comparisons of such prices with respect to procedures in similar facilities in the same county, city, State and on a national basis; and

''(3) develop quality of care data, including data on consumer satisfaction, coordination and continuity of care, infrastructure, the results of accreditation, Medicare-related information, and other survey information, and combine such data with price information to enable consumers to make informed choices.

''(b) USE OF EXISTING SOURCES.—To the extent that the information required under subsection (a) is being collected by the Centers for Medicare & Medicaid Services, States, State medical societies, or private sector entities, the Secretary, to the extent practicable, utilize such information to carry out such subsection.

''(c) AVAILABILITY OF INFORMATION.—The Secretary, either directly or through contract, shall make the information and data collected and developed under this section available on an Internet website. Such information and data shall be displayed by payer (such as Medicare, Medicaid, health insurance plans, employer-based health plans, and other types of health care coverage).''.

(c) PRODUCTIVITY AWARD PROGRAM.—After section 3027, insert the following:

**''SEC. 3028. PRODUCTIVITY AWARD PROGRAM.**

''Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall establish a Productivity Award Program to recognize employees, work units, and contractors of the Centers for Medicare & Medicaid whose work significantly and measurably increases productivity and promotes innovation to improve the delivery of services and achieving savings for taxpayers. The amount of any such award shall be equal to 10 percent of the amount of the estimated saving to the Federal Government as a result of the action resulting in the award (as determined by the Secretary), but not to exceed $50,000.''.

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**SA 3273.** Mrs. SHAHEEN (for herself, Mr. BENNET, and Ms. COLLINS) submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 796, between lines 5 and 6, insert the following:

**SEC. 3028. IMPROVEMENTS TO COMMUNITY-BASED CARE TRANSITIONS PROGRAM.**

Section 3026 is amended—

(1) in subsection (a), by inserting ''evidence-based'' before ''care transition services'';

(2) in subsection (b)—

(A) in paragraph (1), in the matter preceding subparagraph (A), by striking ''The term'' and inserting ''Subject to paragraph (7), the term''; and

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

''(7) LIMITATION.—The term 'eligible entity' includes a subsection (d) hospital described in paragraph (1)(A) or a community-based organization described in paragraph (1)(B) only if the provider of services or organization demonstrates to the Secretary relevant training and experience in the delivery of care transition services, including for individuals providing such services under the program.'';

(3) in subsection (c)—

(A) in paragraph (1)—

(i) by redesignating subparagraph (B) as subparagraph (C);

(ii) by inserting after subparagraph (A) the following new subparagraph:

''(B) EVALUATION.—

''(i) IN GENERAL.—The Secretary shall conduct an evaluation of the program, and shall take such evaluation into account in determining whether to expand the program under subparagraph (C).

''(ii) DETERMINATION OF CRITERIA.—The Secretary shall determine the criteria used under such evaluation, taking into account hospital readmission rates and the experiences of primary caregivers and high-risk Medicare beneficiaries under the program, including the quality of care transition interventions and health outcomes.'';

(iii) in subparagraph (C), as redesignated by subparagraph (A), by striking ''that such expansion'' and all that follows through the period at the end and inserting ''that such expansion would—

''(i) reduce spending under title XVIII of the Social Security Act without reducing quality of care;

''(ii) improve quality of care and reduce such spending; or

''(iii) improve quality of care without increasing such spending.''; and

(iv) by adding at the end the following new subparagraph:

''(D) REQUIRED ELEMENTS OF PROGRAM DURING EXPANSION PERIOD.—If the Secretary expands the program under subparagraph (C), the following shall apply with respect to such expansion:

''(i) EVIDENCE-BASED SERVICES.—The Secretary shall require the use of only evidence-based care transition services during such expansion.

''(ii) EXPANSION OF ELIGIBLE ENTITIES.—The Secretary shall expand the type of providers of services or organizations that may qualify as eligible entities for the provision of care transition services under subsection (b)(1), such as a home health agency, primary health care practice, or a Federally qualified health center. Any provider of services or organization that so qualifies under the preceding sentence shall be required to demonstrate to the Secretary relevant training and experience in the delivery of evidence-based care transition services, including for individuals providing such services under the program.'';

(B) in paragraph (2)(B)—

(i) in the matter preceding clause (i), by striking '', which may include the following:'' and inserting ''. Each care transition intervention proposed shall include, at a minimum, the following:'';

(ii) in clause (i)—

(I) by inserting ''(and, as appropriate, the primary caregiver of the beneficiary)'' after ''high-risk Medicare beneficiary'';

(II) by striking ''not later than 24 hours''; and

(III) by inserting '', with a recommendation that such services should be initiated not less than 24 hours prior to such discharge and, whenever possible, earlier in the stay at the eligible entity'' before the period at the end; and

(iii) by adding at the end the following new clauses:

''(vi) Providing care transition services to the high-risk Medicare beneficiary (and, as appropriate, the primary caregiver of the beneficiary) under the care transition intervention after admission and prior to the discharge of the beneficiary from the eligible entity and for a period of up to 90 days after such discharge.

''(vii) Providing at least some of the care transition services provided to the high-risk Medicare beneficiary under the care transition intervention in-person.''; and

(C) in paragraph (3)—

(i) in subparagraph (A), by striking ''or'' at the end;

(ii) in subparagraph (B), by striking the period at the end and inserting ''; or''; and

(iii) by adding at the end the following new subparagraph:

''(C) support inpatient and ambulatory health care providers in improving the safety and quality of care, with a governing body that is not comprised of a majority of any type of provider or profession.'';

(4) by redesignating subsection (f) as subsection (g); and

(5) by inserting after subsection (e) the following new subsection:

''(f) PROVISION OF DE-IDENTIFIED DATA TO PROVIDERS OF SERVICES AND SUPPLIERS.—

''(1) IN GENERAL.—Notwithstanding any other provision of law, subject to paragraph (3), an eligible entity participating in the program may make available to providers of services and suppliers participating in a care transition intervention under the program de-identified data with respect to high-risk Medicare beneficiaries.

''(2) DATA.—Data made available under paragraph (1) shall identify services provided by providers of services and suppliers to high-risk Medicare beneficiaries, for the purposes of—

''(A) improving the safety, quality, and effectiveness of care transition services provided to those beneficiaries under the program; and

''(B) measuring the safety, quality, and effectiveness of such services provided by a provider of services or supplier to the safety, quality, and effectiveness of such services provided by another provider of services or supplier.

''(3) PRIVACY STANDARDS.—Nothing in this subsection shall be construed to limit, alter, or affect the requirements imposed by the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.''.

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**SA 3274.** Mr. MERKLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time

homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 144, between lines 23 and 24, insert the following:

(3) STANDARDS FOR OFFERING PLANS THROUGH EXCHANGE.—In carrying out its responsibilities under paragraph (1)(B), an Exchange may—

(A) set standards under which health plans may be offered through the Exchange, including the authority to negotiate bids; and

(B) enforce such standards, including by refusing to certify a health plan as a qualified health plan that may be offered through the Exchange.

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**SA 3275.** Ms. SNOWE submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 816, after line 20, insert the following:

**SEC. 3115. ACCREDITATION REQUIREMENT FOR ROTARY WING AIR AMBULANCE SERVICES.**

Section 1834 of the Social Security Act (42 U.S.C. 1395m), as amended by this Act, is amended by adding at the end the following new subsection:

''(p) ESTABLISHMENT OF ROTARY WING AIR AMBULANCE ACCREDITATION PROCESS.—

''(1) IN GENERAL.—

''(A) ESTABLISHMENT OF PROCESS.—The Secretary, in consultation with the Secretary of Transportation (acting through the Administrator of the Federal Aviation Administration), shall establish a process for the accreditation of suppliers and providers of rotary wing air ambulance services reimbursed under the fee schedule established under subsection (l).

''(B) REQUIREMENT.—On or after January 1, 2012, payment may only be made to a supplier or provider of rotary wing air ambulance services (whether provided directly or under arrangement with a provider under this part) under the fee schedule established under subsection (l) if such supplier or provider is accredited by an organization designated by the Secretary pursuant to the process described in paragraph (2).

''(2) ACCREDITATION ORGANIZATIONS.—

''(A) DESIGNATION.—Not later than June 30, 2011, the Secretary shall designate organizations to accredit suppliers and providers of rotary wing air ambulance services under the process established under paragraph (1).

''(B) FACTORS FOR DESIGNATION.—The Secretary shall consider the following factors in designating accreditation organizations under subparagraph (A):

''(i) The ability of the organization to provide timely reviews of applications.

''(ii) Whether the organization uses random site visits, site audits, or other strategies for ensuring adherence to the criteria developed under paragraphs (3), (4), and (5).

''(iii) The ability of the organization to take into account the capacities of and special circumstances applicable to suppliers and providers of rural air ambulance services (as defined in subsection (l)(14)(C)).

''(iv) The ability of the organization to take into account the capacities of and special circumstances applicable to suppliers and providers of air ambulance services that are owned and operated by units of State or local government, including those that utilize a single aircraft for both air ambulance services and public safety purposes.

''(v) Whether the organization has established reasonable fees to be charged to suppliers and providers applying for accreditation.

''(vi) With respect to application of the criteria developed under paragraphs (3), (4), and (5), whether the organization has applicable experience in the accreditation of suppliers and providers.

''(vii) Whether the organization has developed an accreditation program that is adequate and appropriate to the goal of ensuring high caliber rotary wing air ambulance services.

''(viii) Such additional factors as are specified by the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) with respect to quality, medical services, and emergency medical services integration considerations under paragraph (3)(A)(i).

''(ix) Such additional aviation safety-related factors as are developed by the Administrator of the Federal Aviation Administration under paragraph (4)(A).

''(x) The ability of the organization to effectively enforce the criteria developed under paragraphs (3), (4), and (5).

''(xi) Such other factors as the Secretary determines appropriate.

''(C) REVIEW AND MODIFICATION OF LIST OF ACCREDITATION ORGANIZATIONS.—The Secretary, in consultation with the Secretary of Transportation (acting through the Administrator of the Federal Aviation Administration) shall review on a regular basis the list of organizations designated under subparagraph (A) with reference to the factors described in subparagraph (B) and, as a result of such review, may modify the list of organizations so designated by adding or removing organizations from such list.

''(3) DEVELOPMENT OF QUALITY, MEDICAL SERVICES, AND EMS INTEGRATION-RELATED DESIGNATION FACTORS AND ACCREDITATION CRITERIA.—

''(A) DEVELOPMENT OF DESIGNATION FACTORS AND ACCREDITATION CRITERIA BY ADMINISTRATOR OF CMS.—Not later than January 1, 2011, subject to subparagraphs (B) and (C), the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) shall—

''(i) develop and transmit to the Secretary the additional quality, medical services, and integration with State emergency medical services systems related factors considered under paragraph (2)(B)(viii) in designating accreditation organizations under paragraph (2)(A); and

''(ii) develop and provide to the Secretary high-caliber quality, medical services, and emergency medical services integration criteria that accreditation organizations designated under paragraph (2)(A) shall utilize in the accreditation process established under paragraph (1).

''(B) CONSULTATION WITH FEDERAL AVIATION ADMINISTRATION.—The Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) shall consult with the Administrator of the Federal Aviation Administration in the development of the factors and criteria under clauses (i) and (ii), respectively, of subparagraph (A).

''(C) SCOPE OF QUALITY, MEDICAL SERVICES, AND EMS INTEGRATION-RELATED CRITERIA.—

''(i) CONSIDERATIONS.—In developing the criteria under subparagraph (A)(ii), the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) shall consider National Transportation Safety Board Recommendations A–09–102 through A–09–103 and A–09–106 through A–09–107.

''(ii) CRITERIA.—Such criteria shall address—

''(I) the presence and qualifications of medical personnel on board the air ambulance;

''(II) real-time coordination between suppliers and providers and 911 systems and integration with State emergency medical systems;

''(III) medical oversight of paramedics, flight nurses, or other medical personnel on board air ambulances;

''(IV) quality assurance;

''(V) design of the air ambulance medical bay for the provision of patient care;

''(VI) minimum medically related service requirements;

''(VII) medical equipment and supplies on board the air ambulance;

''(VIII) the need to obtain licensure of the air ambulance by the State within which it is based, consistent with paragraph (8)(C); and

''(IX) such other matters as the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services determines appropriate.

''(4) DEVELOPMENT OF AVIATION SAFETY-RELATED DESIGNATION FACTORS AND ACCREDITATION CRITERIA BY ADMINISTRATOR OF THE FAA.—

''(A) DEVELOPMENT OF DESIGNATION FACTORS AND ACCREDITATION CRITERIA.—Not later than January 1, 2011, subject to subparagraphs (B) and (C), the Administrator of the Federal Aviation Administration shall—

''(i) develop and transmit to the Secretary the additional aviation safety-related factors to be used under paragraph (2)(B)(ix) in designating accreditation organizations under paragraph (2)(A); and

''(ii) develop and provide to the Secretary aviation safety-related criteria that accreditation organizations designated under paragraph (2)(A) shall utilize in the accreditation process established under paragraph (1).

''(B) SOLE AUTHORITY OF FAA OVER DEVELOPMENT OF AVIATION SAFETY-RELATED DESIGNATION FACTORS AND ACCREDITATION CRITERIA.—The Administrator of the Federal Aviation Administration shall have sole authority over the development of designation factors and accreditation criteria under subparagraph (A).

''(C) SCOPE OF AVIATION SAFETY-RELATED CRITERIA.—

''(i) IN GENERAL.—The criteria developed by the Administrator of the Federal Aviation Administration under subparagraph (A) shall comprise minimum safety requirements for suppliers and providers of rotary wing air ambulance services to address aviation safety considerations particular to the transportation of patients between health care facilities and from emergency response locations for purposes of medical care and treatment that augment the operating standards under part 135 of title 14, Code of Federal Regulations and other statutory and regulatory requirements pertaining to aviation safety of helicopter aircraft used for emergency medical service.

''(ii) CRITERIA.—Such criteria shall consist of—

''(I) those criteria that the Administrator of the Federal Aviation Administration adopts based upon consideration of any National Transportation Safety Board Recommendations regarding the use of helicopter aircraft for emergency medical service that are not otherwise required by statute or regulation; and

''(II) such other matters as the Administrator of the Federal Aviation Administration determines appropriate.

''(5) REQUIREMENTS FOR CRITERIA DEVELOPMENT PROCESS.—

''(A) CONSIDERATION OF IMPACTS ON PATIENT AND RURAL ACCESS AND GOVERNMENT OWNED AND OPERATED SERVICE PROVIDERS; REQUIREMENT FOR STAKEHOLDER PARTICIPATION.—In developing accreditation criteria under paragraphs (3) and (4), the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) and the Administrator of the Federal Aviation Administration, respectively, shall—

''(i) ensure that such criteria avoid adversely impacting beneficiaries under this title and other patient access to medically necessary and reasonable rotary wing air ambulance services, particularly in rural areas;

''(ii) expressly consider—

''(I) the particular needs and circumstances of suppliers and providers of rural air ambulance services (as defined in subsection (l)(14)(C);

''(II) the particular needs and circumstances of those suppliers and providers of air ambulance services that are owned and operated by units of State or local government (including those that utilize a single aircraft for both air ambulance services and public safety purposes);

''(III) the extent to which any such criteria is economically feasible to ensure continued access to rotary wing air ambulance services, particularly in rural areas;

''(IV) the extent to which any such criteria is technically feasible, taking into account the ability of existing aircraft to comply with any such standards, as well as the market availability and future development of equipment and products that can be installed on or carried aboard existing rotary wing aircraft; and

''(V) the incorporation of any such criteria during appropriate implementation timeframes with the goal of transitioning toward higher caliber criteria for beneficiaries under this title over a reasonable period of time and in a manner that does not impede access to rotary wing air ambulance services, particularly in rural areas; and

''(iii) ensure that the process of developing such criteria is undertaken through a transparent process that provides for input from various stakeholders, including organizations representing physicians and other medical professionals, State, or local governments that own and operate air ambulance services, organizations representing air medical suppliers or providers, patient organizations, State emergency medical services, public health officials, and any other stakeholders determined appropriate by the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) or the Administrator of the Federal Aviation Administration, respectively.

''(B) REGULAR UPDATING OF CRITERIA.—The Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) and the Administrator of the Federal Aviation Administration shall ensure that the criteria developed under paragraphs (3) and (4), respectively, are reviewed not less than frequently than every 2 years and updated as appropriate to reflect consideration of new medical and aviation standards, technologies, and equipment.

''(6) INCORPORATION OF ACCREDITATION CRITERIA.—

''(A) IN GENERAL.—The Secretary shall combine the criteria developed by the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) under paragraph (3) and the criteria developed by the Administrator of the Federal Aviation Administration under paragraph (4) into a single set of final criteria and ensure that accreditation organizations designated under paragraph (2)(A) apply such set of final criteria as substantive requirements in the accreditation process established under paragraph (1).

''(B) REVIEW.—The Secretary shall review such set of final criteria to ensure that, taken as a whole, such criteria are consistent with the requirements of clauses (i) and (ii) of paragraph (5)(A). If the Secretary determines that such set of final criteria is not consistent with such requirements, the Secretary shall request that the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) and the Administrator of the Federal Aviation Administration modify such criteria in accordance with the process described in paragraphs (3), (4), and (5).

''(7) GRANDFATHER PROTECTION FOR AIRCRAFT PRESENTLY PROVIDING ROTARY WING AIR AMBULANCE SERVICES.—

''(A) IN GENERAL.—Subject to subparagraph (B), the Secretary shall exempt any rotary wing air ambulance listed on a currently valid operating certificate with A021 air ambulance operations specifications pursuant to parts 119 and 135 of title 14, Code of Federal Regulations or any air ambulance for which a contractual obligation to purchase such air ambulance had been entered into prior to the date of enactment of the Patient Protection and Affordable Care Act, from compliance with any accreditation criteria developed under paragraphs (3), (4), and (5) or incorporated under paragraph (6), if, as determined by the Administrator of the Federal Aviation Administration in consultation with the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services), compliance with such criteria would require the replacement of such aircraft or impose an undue economic burden on a supplier or provider of rotary wing air ambulance services with respect to compliance costs.

''(B) LIMITATION.—The exemption authority under subparagraph (A) shall not apply to any new or used aircraft purchased after the date of enactment of the Patient Protection and Affordable Care Act (including aircraft purchased as a replacement for an existing aircraft) unless the supplier or provider was under contractual obligation to purchase such air ambulance prior to such date of enactment.

''(8) RELATIONSHIP TO OTHER LAWS AND AUTHORITIES.—Nothing in this section shall—

''(A) limit the authority of the Federal Aviation Administration over civil aviation or infringe upon any regulations or guidance respecting civil aviation safety;

''(B) affect the provisions of or requirements under section 41713(b) of title 49, United States Code; or

''(C) affect the authority of States to license providers of air ambulance services or medical personnel aboard such air ambulances, except to the extent otherwise prohibited by law, including such section 41713(b).''.

## EXPANDING VETERAN ELIGIBILITY FOR REIMBURSEMENT

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Veterans' Affairs Committee be discharged from further consideration of H.R. 1377 and the Senate proceed to its immediate consideration.

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

The clerk will report the bill by title.

The bill clerk read as follows:

A bill (H.R. 1377) to amend title 38, United States Code, to expand veteran eligibility for reimbursements by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. AKAKA. Mr. President, today I urge our colleagues to pass legislation that would rightfully correct a deficiency in the law governing emergency health care treatment for veterans.

H.R. 1377, which passed the House in March of this year, would expand veteran eligibility for reimbursement for emergency treatment furnished in a non-Department facility. H.R. 1377 is a companion bill to provisions contained in S. 1963, the Caregiver and Veterans Omnibus Health Services Act of 2009, which passed the Senate just a few weeks ago.

Under current law, originally enacted on November 30, 1999, a veteran who is enrolled in VA's health care system can be reimbursed for emergency treatment received at a non-VA hospital. However, the statute only permits such VA reimbursement if the veteran has no other outside health insurance, no matter how limited that other coverage might be. This means that a veteran who has any insurance is not entitled to reimbursement from VA for emergency medical treatment received at a non-VA facility. This holds true even if the veteran's insurance policy does not cover the full amount owed.

In discussing the importance of this legislation, I mention one particular story that came to the committee's attention. A disabled Vietnam veteran from Illinois was in a serious motorcycle accident which led to emergency medical bills totaling over $100,000. This veteran had state mandated motorcycle insurance, but it only covered $10,000 in expenses. Because under current law veterans are personally responsible for any difference between whatever coverage they have and the costs of their emergency care, VA was prohibited from paying for this veteran's care.

H.R. 1377 would modify current law so that a veteran who has outside insurance would be eligible for reimbursement in the event that the outside insurance does not cover the full amount of the emergency care. VA would be authorized to cover the difference between the amount the veteran's insurance will pay and the total cost of care. In essence, VA would become the payer of last resort in such cases. This would keep the veteran from being burdened by medical fees with no insurance with which to pay them. Additionally, this bill would also allow the Secretary of Veterans Affairs to retroactively apply this law to emergency treatment received between the effective date of the current law and the date of enactment of the legislation, thereby ensuring assistance to as many veterans as possible.

Mr. President, I urge passage of H.R. 1377 to rightfully fill this hole in veterans' health care.

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the bill be printed in the RECORD.

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

The bill (H.R. 1377) was ordered to a third reading, was read the third time, and passed.

## RECOGNIZING EFFORTS TO PROVIDE GAME MEAT TO FEED THE HUNGRY

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 230, S. Res. 374.

The ACTING PRESIDENT pro tempore. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 374) recognizing the cooperative efforts of hunters, sportsmen's associations, meat processors, hunger relief organizations, and State wildlife, health, and food safety agencies to establish programs that provide game meat to feed the hungry.

There being no objection, the Senate proceeded to consider the resolution.

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the resolution be printed in the RECORD.

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

The resolution (S. Res. 374) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 374

Whereas almost every State has a program in which hunters may donate game meat to feed the hungry;

Whereas hunters, sportsmen's associations, meat processors, community hunger organizations, and State wildlife, health, and food safety agencies work together successfully to operate such programs whereby hunters feed the hungry; and

Whereas such programs have brought hundreds of thousands of pounds of game meat to homeless shelters, soup kitchens, and food banks: Now, therefore, be it

*Resolved*, That the Senate—

(1) recognizes the cooperative efforts of hunters, sportsmen's associations, meat processors, hunger relief organizations, and State wildlife, health and food safety agencies to establish programs that provide game meat to feed the hungry across the United States; and

(2) recognizes the contributions of such programs to efforts to decrease hunger and feed individuals in need.

## EXPRESSING SYMPATHY FOR CIVILIANS KILLED IN THE PHILIPPINES

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Foreign Relations Committee be discharged from further consideration of H. Con. Res. 218 and the Senate proceed to its immediate consideration.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered. The clerk will report the concurrent resolution by title.

The bill clerk read as follows:

A concurrent resolution (H. Con. Res. 218) expressing sympathy for the 57 civilians who were killed in the southern Philippines on November 23, 2009.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the concurrent resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the concurrent resolution be printed in the RECORD.

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

The concurrent resolution (H. Con. Res. 218) was agreed to.

The preamble was agreed to.

## ORDERS FOR SATURDAY, DECEMBER 19, 2009

Mr. MENENDEZ. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 6:45 a.m., Saturday, December 19; that following the prayer and 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 the Senate resume consideration of the House message with respect to H.R. 3326, the Department of Defense Appropriations Act, with the time until 7:20 a.m. equally divided and controlled between the two leaders or their designees, with the final 10 minutes reserved for the two leaders, with the majority leader controlling the final 5 minutes. Finally, I ask that the time during the adjournment and any period of morning business count postcloture.

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

## PROGRAM

Mr. MENENDEZ. Mr. President, Senators should expect multiple votes to begin at approximately 7:20 a.m. tomorrow.

## ADJOURNMENT UNTIL 6:45 A.M. TOMORROW

Mr. MENENDEZ. 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 6:52 p.m., adjourned until Saturday, December 19, 2009, at 6:45 a.m.

CORRECTION

# *Daily Digest*

# Senate

## *Chamber Action*

***Routine Proceedings, pages S13409–S13469***

**Measures Introduced:** Twelve bills and three resolutions were introduced, as follows: S. 2906–2917, S.J. Res. 24, and S. Res. 380–381. **Page S13458**

**Measures Reported:**

S. 510, to amend the Federal Food, Drug, and Cosmetic Act with respect to the safety of the food supply, with an amendment in the nature of a substitute.

S. 1739, to promote freedom of the press around the world, with an amendment in the nature of a substitute. **Page S13458**

**Measures Passed:**

***Expand Veteran Eligibility for Reimbursement:*** Committee on Veterans' Affairs was discharged from further consideration of H.R. 1377, to amend title 38, United States Code, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and the bill was then passed, clearing the measure for the President. **Pages S13468–69**

***Recognizing the Cooperative Efforts of Individuals and Hunger Relief Organizations:*** Senate agreed to S. Res. 374, recognizing the cooperative efforts of hunters, sportsmen's associations, meat processors, hunger relief organizations, and State wildlife, health, and food safety agencies to establish programs that provide game meat to feed the hungry. **Page S13469**

***Expressing Sympathy for Civilians Killed in the Southern Philippines on November 23, 2009:*** Committee on Foreign Relations was discharged from further consideration of H. Con. Res. 218, expressing sympathy for the 57 civilians who were killed in the southern Philippines on November 23, 2009, and the resolution was then agreed to. **Page S13469**

**Measures Considered:**

**Department of Defense Appropriations Act—Agreement:** Senate continued consideration of the motion to concur in the amendment of the House of Representatives to the amendment of the Senate to H.R. 3326, making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, taking action on the following motions and amendments proposed thereto: **Pages S13409–55**

Pending:

Senator Reid entered a motion to concur in the amendment of the House to the amendment of the Senate to the bill. **Page S13409**

Senator Reid entered a motion to concur in the amendment of the House to the amendment of the Senate with Amendment No. 3248 (to the House Amendment to the Senate Amendment), to change the enactment date. **Page S13410**

Reid Amendment No. 3252 (to Reid Amendment No. 3248), to change the enactment date. **Page S13410**

A unanimous-consent-time-agreement was reached providing for further consideration of the motion to concur in the amendment of the House of Representatives to the amendment of the Senate to the bill at approximately 6:45 a.m., on Saturday, December 19, 2009; with the time until 7:20 a.m. equally divided and controlled between the two Leaders, or their designees, with the final 10 minutes reserved for the two Leaders, with the Majority Leader controlling the final 5 minutes; provided further, that the time during the adjournment and any period of morning business count post-cloture. **Page S13469**

**Messages from the House:** **Page S13456**

**Measures Placed on the Calendar:** **Page S13456**

**Executive Communications:** **Pages S13456–58**

**Additional Cosponsors:** **Pages S13458–59**

**Statements on Introduced Bills/Resolutions:** **Pages S13459–64**

**Amendments Submitted:** **Page S13464**

**Adjournment:** Senate convened at 11 a.m. and adjourned at 6:52 p.m., until 6:45 a.m. on Saturday, December 19, 2009. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on page S13469.)

## *Committee Meetings*

*(Committees not listed did not meet)*

No committee meetings were held.

# House of Representatives

## *Chamber Action*

The House was not in session today. The House is scheduled to meet at noon on Saturday, December 19, 2009 unless it sooner has received a message from the Senate transmitting its concurrence in H. Con. Res. 223, in which case the House shall stand adjourned pursuant to that concurrent resolution.

## *Committee Meetings*

No committee meetings were held.

## *Joint Meetings*

No joint committee meetings were held.

### NEW PUBLIC LAWS

*(For last listing of Public Laws, see* DAILY DIGEST, *p. D1482)*

H.R. 4217, to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program. Signed on December 16, 2009. (Public Law 111–116)

### COMMITTEE MEETINGS FOR SATURDAY, DECEMBER 19, 2009

*(Committee meetings are open unless otherwise indicated)*

#### Senate

No meetings/hearings scheduled.

#### House

No committee meetings are scheduled.

### CONGRESSIONAL PROGRAM AHEAD

#### Week of December 21 through December 26, 2009

#### Senate Chamber

Senate will resume consideration of H.R. 3590, Service Members Home Ownership Tax Act.

During the balance of the week, Senate may consider any cleared legislative and executive business.

#### Senate Committees

*(Committee meetings are open unless otherwise indicated)*

*Committee on the Judiciary:* December 24, business meeting to consider S. 714, to establish the National Criminal Justice Commission, S. 1624, to amend title 11 of the United States Code, to provide protection for medical debt homeowners, to restore bankruptcy protections for individuals experiencing economic distress as caregivers to ill, injured, or disabled family members, and to exempt from means testing debtors whose financial problems were caused by serious medical problems, S. 1765, to amend the Hate Crime Statistics Act to include crimes against the homeless, S. 1554, to amend the Juvenile Justice and Delinquency Prevention Act of 1974 to prevent later delinquency and improve the health and well-being of maltreated infants and toddlers through the development of local Court Teams for Maltreated Infants and Toddlers and the creation of a National Court Teams Resource Center to assist such Court Teams, S. 1789, to restore fairness to Federal cocaine sentencing, H.R. 1741, to require the Attorney General to make competitive grants to eligible State, tribal, and local governments to establish and maintain certain protection and witness assistance programs, and the nomination of O. Rogeriee Thompson, of Rhode Island, to be United States Circuit Judge for the First Circuit, 10 a.m., SD–226.

*Next Meeting of the* SENATE

6:45 a.m., Saturday, December 19

Senate Chamber

**Program for Saturday:** Senate will continue consideration of the motion to concur in the amendment of the House of Representatives to the amendment of the Senate to H.R. 3326, Department of Defense Appropriations Act, with a series of multiple votes beginning at approximately 7:20 a.m.

*Next Meeting of the* HOUSE OF REPRESENTATIVES

12 p.m., Saturday, December 19

House Chamber

**Program for Saturday:** To be announced.

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