

The PRESIDING OFFICER. The Senator is correct.

Mr. BYRD. I thank the Chair.

Madam President, I yield the floor.

SMALL BUSINESS TAX RELIEF ACT OF 2007

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 976, which the clerk will report by title.

The assistant legislative clerk read as follows:

A bill (H.R. 976) to amend the Internal Revenue Code of 1986 to provide tax relief for small businesses, and for other purposes.

Pending:

Baucus amendment No. 2530, in the nature of a substitute.

Dorgan amendment No. 2534 (to amendment No. 2530), to revise and extend the Indian Health Care Improvement Act.

McConnell/Specter amendment No. 2599 (to amendment No. 2530), to express the sense of the Senate that Judge Leslie Southwick should receive a vote by the full Senate.

Thune amendment No. 2579 (to amendment No. 2530), to exclude individuals with alternative minimum tax liability from eligibility from SCHIP coverage.

Grassley (for Ensign) amendment No. 2541 (to amendment No. 2530), to prohibit a State from providing child health assistance or health benefits coverage to individuals whose family income exceeds 200 percent of the Federal Poverty Level unless the State demonstrates that it has enrolled 95 percent of the targeted low-income children who reside in the State.

Grassley (for Ensign) amendment No. 2540 (to amendment No. 2530), to prohibit a State from using SCHIP funds to provide coverage for nonpregnant adults until the State first demonstrates that it has adequately covered targeted low-income children who reside in the State.

Grassley (for Graham) amendment No. 2558 (to amendment No. 2530), to sunset the increase in the tax on tobacco products on September 30, 2012.

Grassley (for Kyl) amendment No. 2537 (to amendment No. 2530), to minimize the erosion of private health coverage.

Grassley (for Kyl) amendment No. 2562 (to amendment No. 2530), to amend the Internal Revenue Code of 1986 to extend and modify the 15-year straight-line cost recovery for qualified leasehold improvements and qualified restaurant improvements and to provide a 15-year straight-line cost recovery for certain improvements to retail space.

Baucus (for Specter) amendment No. 2557 (to amendment No. 2530), to amend the Internal Revenue Code of 1986 to reset the rate of tax under the alternative minimum tax at 24 percent.

Webb amendment No. 2618 (to amendment No. 2530), to eliminate the deferral of taxation on certain income of United States shareholders attributable to controlled foreign corporations.

The PRESIDING OFFICER. The time until 1:40 will be equally divided between the Senator from Montana, Mr. BAUCUS, and the Senator from Iowa, Mr. GRASSLEY.

The Senator from Pennsylvania.

AMENDMENT NO. 2557

Mr. SPECTER. Madam President, I have consulted with both of the managers about bringing up amendment No. 2557. I consulted with Senator

GRASSLEY, who advised that we would be going back on the bill at 12:45, but the distinguished Senator from West Virginia had extended his time. But I have been waiting here now for more than an hour. It would be my hope we could proceed with the consideration of this amendment. I am advised the managers want to see the amendment.

I am advised, Madam President, that the Democrats are fine with my calling it up. I just want to be sure—

Mr. SANDERS. Madam President, my understanding is that the Senator from Pennsylvania is correct. He can proceed.

Mr. SPECTER. In that event, Madam President, I ask unanimous consent that the pending amendment be set aside so we may consider amendment No. 2557.

The PRESIDING OFFICER. The amendment has already been offered.

Mr. SPECTER. Yes. Fine.

This amendment would eliminate the 1993 alternative minimum tax rate increase, a remedial step which I suggest to my colleagues is long overdue. The alternative minimum tax was created in 1969 in response to a small number of high-income individuals who had paid little or no Federal income taxes.

Today, because of a lack of indexing for inflation, and the higher AMT tax rates relative to the regular income tax system, we have a parallel tax system which has grown far beyond its intended result.

If there is no legislative action, the number of taxpayers subject to the alternative minimum tax will rise sharply from approximately 3.5 million filers in 2006 to some 23 million in 2007.

This issue has been before the Senate four times this year already. It will hit taxpayers in the moderate range excessively hard. The alternative minimum tax was increased in 1993 from 24 percent to 26 percent for taxable income under \$175,000, and from 24 to 28 percent for taxable income in excess of \$175,000.

There has been some question as to what is the offset and there is no offset, and none should be looked for where you have a tax which essentially was not expected to be imposed. There was no anticipation, no intention that this alternative minimum tax was going to produce additional revenue. So when the tax law is corrected so the additional taxes will not be imposed because of bracket creep—and this is designed to avoid that, and to redirect the alternative minimum tax to its original intent—that is exactly what tax fairness requires.

Madam President, I ask unanimous consent that the full text of my statement be printed in the RECORD.

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

STATEMENT OF SENATOR ARLEN SPECTER

SPECTER AMENDMENT #2557

Mr. President, I have sought recognition to discuss an amendment to H.R. 976, the Small Business Tax Relief bill. H.R. 976 will serve as a vehicle for legislation to reauthorize the

State Children's Health Insurance Program (SCHIP) in the Senate. My amendment is identical to legislation (S. 734) I offered on March 1, 2007, to bring the Alternative Minimum Tax (AMT) back "in line" with the regular individual income tax by reducing its rate back to 24 percent. The 1993 AMT rate increase has contributed greatly to the problem of unintended taxpayers seeing increased tax liability.

The AMT is a flawed income tax system and there are many arguments for full repeal. It is important to keep in mind that the first version of the AMT was created in 1969 in response to a small number of high-income individuals who had paid little or no federal income taxes. Today, between a lack of indexing for inflation and higher AMT tax rates relative to the regular income tax system, we have a tax system which has grown far beyond its intended result. Absent legislative action, the number of taxpayers subject to AMT liability will rise sharply from 3.5 million filers in 2006 to 23 million in 2007. According to the Congressional Research Service (CRS), 874,000 taxpayers in Pennsylvania will pay the AMT in 2007 if no action is taken.

The Senate has had ample opportunity to address AMT in 2007. The Senate has already rejected four efforts to provide taxpayers with meaningful relief from the AMT in this first session of the 110th Congress. However, all attempts have been rejected: on July 20, 2007, I voted in support of a Kyl amendment to the Education Reconciliation Bill, which would have fully repealed the AMT; on March 23, 2007, I voted in support of a Lott amendment to the Budget Resolution, which would have allowed for repeal of the 1993 AMT rate increase; on March 23, 2007, I voted in support of a Grassley Amendment to the Budget Resolution, which would have allowed a full repeal of the AMT; and On March 23, 2007, I voted in support of a Sessions Amendment to the Budget Resolution, which would have allowed families to deduct personal exemptions when calculating their AMT liability.

This onerous tax is slapped on average American families largely because the AMT is not indexed for inflation (while the regular income tax is indexed) and taxpayers are "pushed" into the AMT through so-called "bracket creep." Temporary increases in the AMT exemption amounts expired at the end of 2006. The Economic Growth and Tax Relief Reconciliation Act of 2001 increased the AMT exemption amount effective for tax years between 2001 and 2004; the Working Families Tax Relief Act of 2004 extended the previous increase in the AMT exemption amounts through 2005; and the Tax Increase Prevention and Reconciliation Act of 2005 increased the AMT exemption amount for 2006.

In addition to the well-known issue of the need to index the AMT exemption amount for inflation, the AMT tax rate relative to the regular income tax must also be addressed to keep additional taxpayers who were never intended to pay the AMT from being subject to its burdensome grasp. In 1993, President Clinton and a Democrat-controlled Congress imposed a significant tax hike on Americans through the regular income tax. At the same time, the AMT tax rate was also increased from 24 percent to 26 percent for taxable income under \$175,000 and from 24 percent to 28 percent for taxable income that exceeds \$175,000. These changes are now slamming the middle-class and have only been made worse by the tax relief enacted in 2001 and 2003. Ironically, by reducing regular income tax liabilities without substantially changing the AMT, many new taxpayers were pushed into these higher AMT

tax rates created in 1993. However, the problem is not the 2001/2003 tax relief, it was the 1993 tax increase.

According to revenue estimates calculated by the Joint Committee on Taxation, repeal of the 1993 AMT rate increase would cost \$425 billion over the 2007–2017 period. In tax year 2007, 7.6 million filers would be removed from the AMT if the '93 AMT rate is repealed; and 13.2 million filers will be spared in 2017.

Millions of taxpayers have been sucked into AMT liability as a result of the 1993 AMT rate increase, and it would be the wrong approach to "fix" the AMT by increasing taxes yet again. In addition, some may argue that this amendment is fiscally irresponsible because the lost revenue is not fully offset. However, it is highly questionable to justify raising taxes elsewhere to account for lost revenue that was never intended to be collected.

The AMT is a flawed income tax system and there are many arguments for full repeal. At the very least, we should take steps to undo past mistakes, most notably the 1993 AMT rate increase. In what will likely be the final attempt to address AMT before we head home to speak with our constituents during the August recess, I implore my colleagues to cast an aye vote for my amendment. Twenty-three million Americans are counting on it.

I ask consent to enter into the record several articles published in the Wall Street Journal advocating for a repeal of the 1993 AMT rate increase. This legislation is supported by Americans for Tax Reform and by the National Taxpayers Union. I ask consent to enter into the record letters of support from Americans for Tax Reform (ATR) and the National Taxpayer Union (NTU).

Mr. SPECTER. It is a pretty simple, open-and-shut matter, and it does not take a whole lot of time to explain. I know the managers are not on the floor, but I did want to have the amendment considered, setting aside the other amendments, so we could engage in argument and be prepared to debate it further.

Unless the Senator from Vermont indicates—with a hand gesture, a time-out, no argument at this time—I will be available to return to the floor when the managers consider it appropriate. But I wanted to get this on the record.

Before departing, might I add my words of congratulations and admiration for the distinguished Senator from West Virginia. I hadn't planned to listen to his extended speech, but I wanted to be here at the moment it concluded, because sometimes when you are not here, half a dozen Senators precede you.

AMENDMENT NO. 2627 TO AMENDMENT NO. 2530
(Purpose: To ensure that children and pregnant women whose family income exceeds 200 percent of the poverty line and who have access to employer-sponsored coverage receive premium assistance)

Madam President, I have been asked to ask unanimous consent to temporarily set aside the pending amendment and call up amendment No. 2627 for Senator COBURN.

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

The clerk will report.

The bill clerk read as follows:

The Senator from Pennsylvania [Mr. SPECTER], for Mr. COBURN and Mr. DEMINT, pro-

poses an amendment numbered 2627 to amendment No. 2530.

Mr. SPECTER. Madam President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

(The amendment is printed in today's RECORD under "Text of Amendments.")

The PRESIDING OFFICER. Who yields time?

The Senator from Vermont is recognized.

AMENDMENT NO. 2600 TO AMENDMENT NO. 2530

Mr. SANDERS. Madam President, I ask unanimous consent to set aside the pending amendment and call up amendment No. 2600, that the amendment be considered as read, and that it be set aside.

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

The clerk will report.

The bill clerk read as follows:

The Senator from Vermont [Mr. SANDERS] proposes an amendment numbered 2600 to amendment No. 2530.

The amendment is as follows:

AMENDMENT NO. 2600

(Purpose: To amend title XXI of the Social Security Act to limit the use of funds for States that receive the enhanced portion of the CHIP matching rate for Medicaid coverage of certain children)

On page 83, strike line 2 and insert the following:

“(C) USE OF FUNDS.—Payments under this paragraph may only be used to provide health care coverage or to expand health care access or infrastructure, including, but not limited to, the provision of school-based health services, dental care, mental health services, Federally-qualified health center services, and educational debt forgiveness for health care practitioners in fields experiencing local shortages.”

AMENDMENT NO. 2571 TO AMENDMENT NO. 2530

Mr. SANDERS. Madam President, I ask unanimous consent that the pending amendment be set aside to call up Sanders amendment No. 2571, that the amendment be considered as read, and that it be set aside.

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

The clerk will report.

The bill clerk read as follows:

The Senator from Vermont [Mr. SANDERS] proposes an amendment 2571 to amendment No. 2530.

The amendment is as follows:

AMENDMENT NO. 2571

(Purpose: To establish an incentive program for State health access innovations)

At the end of title I, insert the following:

SEC. ____ . INCENTIVE PROGRAM FOR STATE HEALTH ACCESS INNOVATIONS.

Section 2104, as amended by section 108, is amended by adding at the end the following new subsection:

“(1) INCENTIVE PROGRAM FOR STATE HEALTH ACCESS INNOVATIONS.—

“(1) ESTABLISHMENT OF STATE HEALTH ACCESS INNOVATIONS INCENTIVE POOL.—

“(A) IN GENERAL.—There is hereby established in the Treasury of the United States a fund which shall be known as the ‘CHIP State Health Access Innovations Pool’ (in

this subsection referred to as the ‘SHAI Pool’). Amounts in the SHAI Pool are authorized to be appropriated for payments under this subsection and shall remain available until expended.

“(B) TRANSFER OF FUNDS.—Notwithstanding subsection (j)(1)(B)(i), from the amount appropriated for fiscal year 2008 under such subsection, \$250,000,000 of such amount is hereby transferred to the SHAI Pool and made available for expenditure from such pool for the period of fiscal years 2008 through 2012.

“(2) AWARD OF GRANTS.—

“(A) IN GENERAL.—The Secretary shall award grants to eligible States from amounts in the SHAI Pool in accordance with this subsection.

“(B) ELIGIBLE STATE.—For purposes of this subsection, an eligible State is a State—

“(i) for which the percentage of low-income children without health insurance (as determined by the Secretary on the basis of the most recent data available) is less than 10 percent; and

“(ii) that submits an application for a grant from the SHAI Pool for the purpose of carrying out programs and activities that are designed to expand access to health providers and health services for low-income children who are eligible for medical assistance under the State plan under title XIX (or a waiver of such plan) or child health assistance under the State child health plan under this title.

“(3) REQUIREMENTS.—

“(A) PRIORITY IN AWARDING OF GRANTS.—In awarding grants under this subsection, the Secretary shall give preference to grant applications that—

“(i) propose innovative approaches to increasing the availability of health care providers and services;

“(ii) create longer-term improvements in health care infrastructure;

“(iii) have potential application in other States;

“(iv) seek to remedy shortages of health care providers; or

“(v) result in the direct provision of health services.

“(B) PROHIBITIONS.—The Secretary shall not—

“(i) award a grant to carry out programs or activities which the Secretary determines would substitute for services or funds provided by a State or the Federal Government; or

“(ii) disapprove any grant application on the basis that programs or activities to be conducted with funds provided under the grant would be provided through or by an entity that otherwise receives Federal or State funding, such as a Federally-qualified health center.

“(C) TERM, AMOUNT, AND NUMBER OF GRANTS PER ELIGIBLE STATES.—

“(i) TERM.—A grant awarded under this subsection may be renewed each year for a period of up to 5 years, but in no case later than fiscal year 2012.

“(ii) AMOUNT.—No grant awarded under this subsection may exceed \$2,000,000 for any fiscal year.

“(iii) NO LIMIT ON NUMBER OF GRANTS PER STATE.—Nothing in this subsection shall be construed as limiting the number of grants that an eligible State may be awarded under this subsection.

“(D) ANNUAL AGGREGATE LIMIT.—The aggregate amount of all grants awarded from the SHAI pool shall not exceed—

“(i) \$50,000,000 in fiscal year 2008;

“(ii) \$100,000,000 in fiscal year 2009;

“(iii) \$150,000,000 in fiscal year 2010;

“(iv) \$200,000,000 in fiscal year 2011; and

“(v) \$250,000,000 in fiscal year 2012.”

Mr. SANDERS. Madam President, as my colleagues know, this legislation, the SCHIP legislation, includes a \$3 billion incentive pool, and the purpose of this pool is to provide States with the funding they need to do outreach efforts in order to attract children into the program. The reality is, however, a number of States today have already enrolled 90 percent of their kids into the SCHIP program, and with the passage of this bill, more States will soon be at that level.

Further, we want to provide strong incentives for States below the 90-percent enrollment to reach that level.

This amendment, in order to incentivize States to reach that level of 90 percent, would allow States to apply for multiple grants of up to \$2 million each when they achieve an enrollment rate of greater than 90 percent of children below 200 percent of poverty. These grants would help assure the children we enroll in SCHIP have a place to go to receive medical care and to find the personnel they need to provide that care. These grants would come from a pool of money—the State Health Access Innovations Pool—of \$250 million, about 8 percent of the \$3 billion incentive pool. This money will be used to find innovative approaches to increasing the availability of health and providers and services and would result in the direct provision of health services.

The reason for this initiative is pretty clear. In Vermont and in many other parts of this country, one can, in fact, have health insurance and yet find it quite difficult to buy or to find providers of that service. So what we are saying is let us make sure that when our kids do have health insurance, there will be doctors, there will be dentists, and there will be other health care providers. This is a good amendment, and I certainly hope it will be supported.

The other amendment I have offered, amendment No. 2600, is a simple amendment to Section 111 of the Children's Health Insurance Program reauthorization. Section 111, as my colleagues know, applies to certain qualifying States that expanded their Medicaid Program to cover kids prior to the enactment of CHIP in 1997. I wish to commend the Finance Committee for working language into the current bill that will no longer penalize these "early expansion States" and will allow States to cover children between 133 percent and 300 percent of the Federal poverty level to be covered under the CHIP program.

My amendment simply states that payments to States to cover these children who were previously covered under Medicaid be used solely to fund health care-related activities. Specifically, the language states that payments may only be used to provide coverage or to expand access for health care infrastructure, including but not limited to the provision of school-based health services, dental care, mental

health services, federally qualified health centers, and educational debt forgiveness for health care practitioners in fields experiencing local shortages.

This amendment is a simple provision that will specify that States benefiting from an increased match must use these funds for health care and will allow States to address coverage issues as well as the crucial area of expanding access to services, something that particularly affects rural and inner city communities. I urge support for this amendment.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

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

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

DRUG COMPANY PAYMENTS TO PHYSICIANS

Mr. GRASSLEY. Madam President, I would like to take a few minutes today to discuss an important issue that affects all Americans who take prescription drugs. Specifically, I am going to speak about the need for greater transparency in the payment that doctors who bill Medicare and Medicaid receive from drug companies.

Over the past few years, it became apparent during my inquiries into the Food and Drug Administration that drug companies pay physicians for a variety of different reasons. Indeed, some of our leading physicians—doctors who have significant influence in their medical fields—receive tens of thousands of dollars every year from drug companies. For some, these payments can make up a considerable amount of their annual income.

The payments can take the form of honoraria for speaking engagements, payments to sit on advisory panels, and funding for research. Further, drug companies spend about \$1 billion a year to fund educational courses that doctors are required to take every year called Continuing Medical Education, or CME.

In April, the Finance Committee staff prepared a report on pharmaceutical companies' support of Continuing Medical Education. This report found that some educational courses supported by drug companies have become veiled forms of advertising that encourage off-label use of drugs.

Let's review how this works. Right now, it is possible for a doctor to attend a CME—continuing medical education—course sponsored by a drug company. That same company can make payments to doctors who will teach the course, and the doctor who teaches the course can discuss the findings of research paid for by the company. Now, that may sound like a conflict and unethical, but that is how it

happens. The whole field is connected by a tangled web of drug company money.

To try and understand this a little better, I have been exploring the money doctors get from drug companies, especially the doctors who work as academic researchers. Most universities require their academic researchers to report outside income. I have sent letters to a handful of universities to understand how well such a reporting system actually works. I haven't received all the information yet, but I can comment on some of the things I have already found.

Most universities require professors to report outside income that may create a conflict of interest with their research. This means that if a doctor at a university is receiving money from a company either for research, speaking fees or to sit on an advisory panel, then they have to report that income. But there appears to be a couple of problems, and let's say a couple of problems with the whole system, as I found out.

The only person who knows if the reported income is accurate and complete is the doctor who is receiving the money. The university doesn't necessarily police its own people to make sure they are reporting everything they are supposed to report. It seems that some of these academics are getting so much money coming in from so many different companies they need an accountant to be sure everything is reported accurately.

Second, these disclosures are usually kept secret. So if there is a doctor getting thousands of dollars from a drug company, payments that might be affecting his or her objectivity, the only people outside the pharmaceutical industry who will probably ever know about this are the people at that very university, if they are even keeping track of it, and we don't know that they are keeping track of it. But most Americans never get a fair chance to see this information.

To give one example, I sent a letter to the University of Cincinnati asking about how much money the drug companies have been paying one of their psychiatrists, Dr. Melissa DelBello. Back in May, The New York Times reported on the research done by Dr. DelBello to see if adolescents could be treated for bipolar disorder with a powerful drug called Seroquel, which is manufactured by Astra Zeneca. The study was funded by Astra Zeneca and showed that Seroquel was a good choice for treating bipolar disorder in children. Dr. DelBello's study was later cited by a prominent panel of experts who concluded that drugs such as Seroquel should be a first-line treatment for children with bipolar disorder.

Here is where it gets interesting. After Dr. DelBello released her study, Astra Zeneca began hiring her to give several sponsored talks. Another doctor told The New York Times he was persuaded to start prescribing drugs

such as Seroquel after listening to Dr. DelBello. But when the reporter from the New York Times asked Dr. DelBello how much money she got from Astra Zeneca, she told the paper: "Trust me. I don't make much."

Well, I decided to find out how much, and I went directly to the University of Cincinnati who, by the way, has been extremely cooperative, helpful, and responsive. Soon I figured out just how much "not that much" money is. Dr. DelBello's study, which helped put Seroquel on the map, was published in 2002. That next year, she got more money than she has ever received from the pharmaceutical companies—at least that is what the documents that I have say.

In 2003, Astra Zeneca alone paid her a little over \$100,000 for lectures, consulting fees, travel expenses, and service on advisory boards. In 2004, Astra Zeneca paid her over \$80,000 for the same services.

Now I am not saying this money was a payoff or suggesting there is something inherently bad with accepting drug company money, but let me tell you what Dr. Steven E. Hyman, provost, Harvard University and former Director of the National Institute of Mental Health, said.

He said these payments could encourage psychiatrists to use drugs in ways that endanger patients' physical health. Specifically, he said of doctors:

We don't connect the wires in our own lives about how money is affecting our profession and putting our patients at risk.

I think this is a rather interesting assessment by Dr. Hyman.

But let me continue. Just last March, several leading physicians released a study on pharmaceutical company payments to physicians. They published this study in the *Journal of the American Medical Association*, one of the most prestigious journals in medicine. I would like to quote what they concluded about the need to provide public disclosure of these payments to doctors:

Full disclosure would better allow the public to appreciate the relationship between industry and the health profession.

And so, for the sake of transparency and accountability, shouldn't the American public know who their doctor is taking money from? After all, anybody can go on the Internet and see who is funding the campaigns for federally elected officials. Because doctors are expected to look out for the health and well-being of their patients, shouldn't we hold doctors to similar standards?

In fact, some of this is already occurring. Minnesota requires drug companies to report any payments they give to doctors in that State. I think that is a good thing. Apparently, so do the citizens of Minnesota.

I think what we really need is a national program that will require all drug companies to report when they make payments to doctors. I don't

think it would be all that hard for those companies to do. After all, companies have to make sure they know where every penny is going. So it should not be that hard to report some of it to the Federal Government and to the American people. Besides, they are already doing it in Minnesota.

In closing, I plan to continue my inquiry into drug company payments to doctors. In addition, I look forward to working with my colleagues in the Senate, as well as members of the pharmaceutical industry, to establish a national reporting system.

I yield the floor.

The PRESIDING OFFICER (Mr. SALAZAR). The Senator from Maryland is recognized.

Mr. CARDIN. Mr. President, I ask unanimous consent to be recognized for 7 minutes, and if the Chair would notify me when I have used 6 minutes.

The PRESIDING OFFICER. The Chair will do so. Without objection, it is so ordered.

Mr. CARDIN. Mr. President, I take this opportunity to speak in favor of the Children's Health Insurance Program and its reauthorization, which is the legislation that is before us. We hear the numbers that 6 million children benefit from the program today—over 6 million—and this will provide for an additional 3 million children.

I want my colleagues to know that each one of these people are people, they are families, and they are affected by what we do here today. I take this time to acquaint my colleagues to Deamonte Driver. He was a 12-year-old who didn't live far from here—6 miles from here—in Prince Georges County, MD. He had a tooth problem. His mother tried to get him help. He had no insurance, and he fell through the cracks. He had a brother, Dashawn Driver, who had six decaying teeth. They tried to get help for him. The mother thought the older brother was in worse shape than Deamonte. He started having headaches and was rushed to the emergency room. They found out his problem—he could not get to a dentist—was an abscessed tooth.

Before this, a social worker made 20 phone calls in an effort to try to get dental care for the Driver family, without success. They could not find a dentist willing to treat someone without insurance or in the Medicaid system. Deamonte ended up needing emergency surgery, which cost \$250,000, and he ended up losing his life because the system did not provide care for a 12-year-old.

Mr. President, we can certainly do better than that. Dr. Koop, a former Surgeon General of the United States, said, "There is no health care without oral health." Medical research has shown the linkage between plaque and heart disease. We know now that gum disease can be a signal of diabetes or a liver ailment or a hormone imbalance. We have to do better than we are doing today.

Dental disease is the most common childhood ailment in the United States to date. One out of five children between the ages of 2 to 4 will have some form of decaying teeth. By the time they reach 15, three out of five will have tooth decay.

There is an imbalance as far as the racial effects. Racial minorities are much more likely to sustain untreated tooth decay. Forty percent of African-American children have untreated tooth decay.

I thank my colleague, Senator BINGAMAN, for his leadership on these issues and for introducing legislation and moving forward to try to provide better oral health care for children. I thank Senator SNOWE for her leadership. I thank Senator BAUCUS and Senator GRASSLEY for including initiatives in the legislation that is before us that will help the States meet this challenge—the \$200 million included in the bill. That will have a major impact to try to help American families.

We have an important opportunity before us in the legislation that we are considering to help our children, not only to continue the benefits for 6.6 million children but so that we can add another 3 million out of the 9 million who currently have no health insurance.

We have to do more, but this is our opportunity today, and we have to take advantage of it. Our health care system is in crisis.

Earlier this week, I introduced the Universal Health Coverage Act, which would require everybody in this country to have health insurance. I think it is essential that we address the major problems in our country of so many people being without health insurance. We should start with the children, and we can do that with the legislation that is before us.

Why is that important? Well, we know that children who are enrolled in the Children's Health Insurance Program or have insurance are much more likely to get primary health care. They won't use the emergency rooms as much. If you don't have insurance, you have no choice but to go to the emergency room. We have improved health care outcomes if the child has health insurance. We know they are much more likely to have immunization and primary health care.

I want to comment that—again, talking about families and individuals—the Finance Committee held a hearing on the Children's Health Insurance Program. The Bedford family from my city of Baltimore came down here and testified.

Mrs. Bedford said:

We no longer have to decide whether a child is really sick enough to warrant a doctor's visit.

The Bedford family enrolled in the Children's Health Insurance Program in Maryland. The program is working. Without this legislation, we will have to reimpose freezes on enrollments and people will lose coverage. It happened

in my State. This is a bipartisan bill, and I compliment my colleagues for bringing forward a bill that we can get enacted into law.

In Maryland, we started a program on July 1, 1998. About 38,000 children were enrolled at first, and we are up to 101,000 children enrolled today. Maryland will get an increase in this bill from \$67 million to \$189 million. We will be able to enroll 42,000 more children in the State of Maryland. It is an important program.

I also compliment the committee for including outreach so that we can reach families who don't know how to enroll, or whether they are qualified to enroll, so we can get more families and children enrolled in the children's health care program.

Mr. President, I urge my colleagues to take advantage of the opportunity that we currently have before us. This is an opportunity in which we can make major progress in dealing with those children in our community who will either lose their coverage because we take no action, and those who currently have no insurance whom we can get enrolled in this program. It is a valuable program. We have an opportunity to move forward. So I urge my colleagues to support the fine effort of the Senate Finance Committee in bringing forward this legislation.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri is recognized.

ETHICS AND LOBBYING REFORM

Mrs. MCCASKILL. Mr. President, I rise today to say I am proud, very proud. I came to Washington hoping that we could make a difference in terms of the way business is done here. And I will be honest, I had some moments of doubt over the last 6 months. There were times that I wandered around the floor of the Senate, and even among my own party and the other party, and I heard kind of a murmuring of discontent over the ethics reform that we passed back in January. I got nervous that we weren't serious about it, that we really weren't going to push the kind of cleansing of things that we have done in the legislation before us on which we are about to vote.

This isn't hard, what we are doing. We are trying to live like everybody else in America. Most Americans don't have a corporation they can call for a ride on a jet plane. Most Americans don't have somebody who wants to pay for a fancy trip. Most Americans really don't have the ability to decide that one group in their State gets money when others don't. But we did here. That was wrong.

That is why I am so proud of this legislation. Is it perfect? No. I will wait—probably in vain—for that piece of legislation that we pass that is perfect. But because of our process, because of the glorious nature of a democracy, it is always a matter of give and take, always a matter of finding compromise to find that piece of legislation that can get enough votes so that we can

send it to the President's desk. That is what this process was.

Now, I have some friends—and, frankly, some people I agree with—on the other side of the aisle who are unhappy with some of the provisions in this bill. They are willing to look at the bundling provisions, the ban on travel and gifts, and the ban on corporate jets. They are willing to overlook the revolving door reforms—reforms in terms of sneaking provisions into conference bills without them ever being in either piece of legislation in the House and Senate, and focus in on just the inadequacies of the earmark reform.

Well, would I have liked it to be a 67-vote point of order rather than a 60-vote point of order? Yes, I would have. Would I have wished for a system maybe that was even more transparent? Yes. But this is major reform. I will tell you that there are a few Senators who do not participate in the earmarking process, and I am not here to pat them or myself on the back for the fact that we do not do that.

I will say I think it is interesting that the phrase “the fox in the henhouse” was used as to the provisions in this bill. You know, there is a saying, “all hat and no cattle.” Well, I think that maybe this is the time to use the phrase “all foxes and no hens,” because if you step back from this issue of earmark reform, it is not complicated. It is pretty easy. As one of the cartoons said, “We have met the enemy and it is us.”

All we have to do to achieve the transparency that we need is for every Senator to put every earmark request that they are making on their Web site. I will say it again. All we have to do is have every Senator put every earmark request they are making on their own Web site. And then it won't be hard to make sure that the chairman of the committee or the majority floor leader have, in fact, certified all of the earmarks. I am a little offended that there is some assumption that these chairmen and the majority leader would go out of their way to not tell the public there is a congressionally directed expenditure in the bill and will try to hide it. They are going to be caught if they do that. It is going to become public.

Then you will have the kind of accountability that really works around here. So I was disappointed when I heard that one of the Members of the other Chamber said he thought he could put earmarks in this conference report because we needed to vet it. It is not our job to vet them. It is not the Parliamentarian's job. They don't have the staff to do this. That is the job of the people of the United States because, guess what. It is their money.

This is a strong ethics bill. Even though I was a cosponsor along with the Senators who spoke against this on the earmark reform, I want to say this goes a long way in the right direction. It is a great effort. I am proud of Sen-

ator REID, Senator FEINSTEIN, Senator FEINGOLD, Senator OBAMA, and all of the other Senators who worked on this bill, and many on the Republican side have as well. I think we are going to pass it by a big number today. It is a moment we should all be proud of, an accomplishment we should herald, and we should remember that if we are worried about foxes, we ought to check in our own closet for that fox outfit before we start pointing the finger at anybody.

I yield back the remainder of my time.

LEGISLATIVE TRANSPARENCY AND ACCOUNTABILITY ACT OF 2007—Continued

The PRESIDING OFFICER. Under the previous order, the question now occurs on the motion offered by the majority leader to concur in the House amendment to S. 1.

Mr. GRASSLEY. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant journal clerk called the roll.

Mr. DURBIN. I announce that the Senator from South Dakota (Mr. JOHNSON) and the Senator from Minnesota (Ms. KLOBUCHAR) are necessarily absent.

I further announce that, if present and voting, the Senator from Minnesota (Ms. KLOBUCHAR), would vote “aye.”

Mr. LOTT. The following Senator is necessarily absent: the Senator from Minnesota (Mr. COLEMAN).

Further, if present and voting, the Senator from Minnesota (Mr. COLEMAN) would have voted “yea.”

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 83, nays 14, as follows:

[Rollcall Vote No. 294 Leg.]

YEAS—83

Akaka	Dole	Lugar
Alexander	Domenici	Martinez
Allard	Dorgan	McCaskill
Barrasso	Durbin	McConnell
Baucus	Enzi	Menendez
Bayh	Feingold	Mikulski
Biden	Feinstein	Murkowski
Bingaman	Grassley	Murray
Bond	Gregg	Nelson (FL)
Boxer	Hagel	Nelson (NE)
Brown	Harkin	Obama
Brownback	Hatch	Pryor
Bunning	Hutchison	Reed
Byrd	Inouye	Reid
Cantwell	Isakson	Roberts
Cardin	Kennedy	Rockefeller
Carper	Kerry	Salazar
Casey	Kohl	Sanders
Chambliss	Landrieu	Schumer
Clinton	Lautenberg	Sessions
Collins	Leahy	Shelby
Conrad	Levin	Smith
Corker	Lieberman	Snowe
Dodd	Lincoln	Specter