

HEALTH CARE

Mr. REID. Mr. President, last month, I stood here and told everyone about a young woman from Nevada named Alysia. She was born with a kidney disease, one she fought bravely her entire life. But lately things have gotten worse. Similar to far too many Americans in recent months, Alysia lost her job. That has happened to far too many Americans. When you lose your job, as we have learned, your health care often disappears also.

Alysia did what any of us would do in the same situation, she tried to get independent coverage so she could afford the surgery she needs to get better. Her doctors say surgery is imperative, but insurance companies say: No, you can't get insurance. They refused to cover her. They call her kidney disease a preexisting condition—everyone else, including Alysia, calls it a tragedy.

She is not the only Nevadan who has written me about injustice. Caleb Wolz is a high school student from Sparks, NV. Similar to so many kids, he used to play, when he was younger, all kinds of games. But now he just sticks to skiing and rock climbing. You can forgive him for not playing some of the games he doesn't play anymore. He was born without any legs. Caleb was born without legs.

As kids grow, they grow out of their shoes. A lot of kids probably get a new pair every year. But Caleb, who is now 17, has needed a new pair of prosthetic legs every year since he was 5 years old.

You can probably guess what the story is now, and you have it right. His insurance company has decided it knows better than his physicians and has decided that Caleb does not need legs that work and fit. Even after looking at pictures of the bruises and abrasions Caleb suffered from the prosthetics that didn't fit, his insurance company decided, once again, his preexisting condition is too expensive to deal with.

These stories are hard to hear, but they are not hard to come by. They are extraordinary, but they are not unique. This happens to women all over southern Nevada just like Alysia and boys across northern Nevada just like Caleb. It happens to people on the east coast and the west coast. It happens to Americans in small towns and big cities. Every day, insurance companies look at a patient's medical history and the prescriptions they have filled. Then they deny them coverage or charge them exorbitant rates because of the patient's age or a specific illness. For every 10 patients who try to get health care, 9 of them never buy a plan because insurance companies deny them or make it too expensive.

Most of us were not born with a kidney disease such as Alysia's or, unlike Caleb, we are born with both our legs. But unless you are in absolutely perfect health, without a history of anything from heart disease to high cho-

lesterol or hay fever, in the insurance world you are out of luck. Some insurance companies even treat Caesarean sections as a preexisting condition, and some accuse women of scheduling unnecessary C-sections when they give birth. More than half of all Americans live with at least one chronic condition, and those conditions cause 70 percent of the deaths in America. Yet right now, insurance companies that care more about profits than about people are in complete control of their well-being. They are holding Americans hostage, and far too many of us cannot afford that ransom.

Reforming health care is a complex endeavor, but one part of the Democrats' vision for health care is simple. We are going to give people control over their own health. We are no longer going to let greedy insurance companies use a patient's preexisting condition as an excuse to deny them the care they need.

We will lower the high cost of health care. We will lower the cost of health care generally. We will make sure every American has access to that quality, affordable care, and we will do our very best to make sure people still have the power to choose their own doctors, hospitals, and health plans.

If we leave it to private insurance companies that are more interested in keeping their profits up than keeping us healthy, that will not happen, nor will it happen if our Republican colleagues continue to defend the status quo. A few weeks ago, the Republican leader in the House of Representatives said the following:

I think we all understand that we have the best health care system in the world.

How can one defend a health care system that goes out of its way not to care for people's health? And how can anyone celebrate such a system with a straight face? That health care system told Alysia she can't get the kidney surgery she needs. That health care system told Caleb he can't get the legs he needs. I think they would respectfully disagree with the Republican leader.

Insurance companies and most of our Republican colleagues seem to share a common philosophy. They both reflexively and recklessly say no for no good reason. That is a philosophy we cannot afford in America. If you are fortunate enough to have coverage you like, you can keep it. But if you don't like the fact that the insurance company can deny you coverage when they feel like it, you will agree we need to change the way things are.

RESERVATION OF LEADER TIME

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

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there

will now be a period for morning business for up to 1 hour, with time equally divided or controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half, with Senators permitted to speak for up to 10 minutes each.

The Senator from Tennessee is recognized.

ORDER OF PROCEDURE

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the Senator from Arizona and I be permitted to engage in a colloquy for up to 20 minutes.

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

Mr. ALEXANDER. Will the Chair please let me know when 2 minutes remains.

The ACTING PRESIDENT pro tempore. The Chair will do so.

HEALTH CARE

Mr. ALEXANDER. Mr. President, I heard the majority leader talk about denying care, and that is the issue before us—one of the major issues. The vision of the Republicans is that there will not be someone in between a patient and a doctor who would get in the way of a treatment you need or the care you need or have you stand in line or wait too long. Our great fear is the Democratic proposal so far, in which we have not had a chance to participate, would put the government between you and the doctor and the government doing the rationing.

Republican proposals, such as those of Senator GREGG and Senator BURR and Senator COBURN and even the bipartisan proposal by Senator WYDEN, a Democrat, and Senator BENNETT, a Republican—of which I am a cosponsor of all—envision a system where those of us, the 250 million of us who already have health care insurance, would be permitted to keep it and that we would find a way to reform the Tax Code to give to individuals who do not have good health care the money they need to buy the health care and to choose it for themselves. Our concern is, the Government might become too much involved, and we might create a program that is filled with more debt, on top of the debt we already have, that our children and grandchildren simply couldn't afford it.

Mr. MCCAIN, the Senator from Arizona, has been, I guess, in more town meetings about health care than any other American, at least any other American who serves today in the Senate. He was in Texas last week and home last week in Phoenix, at some of our leading institutions, to hear what people had to say about it.

I wonder if I could ask the Senator from Arizona if he heard concern from those in his home State of Arizona, or those at M.D. Anderson in Texas, about

the government getting in between the patient and the doctor.

Mr. MCCAIN. Mr. President, if I could say, first of all, I would like to thank the Senator from Tennessee for his leadership on this issue. It is a privilege to serve on the HELP Committee with him, and his continued involvement in the ongoing discussion and debate about one-sixth of America's gross national product has been vital.

I thank my friend from Tennessee. Could I also pick up on what the Senator was just saying, that the majority leader criticized the Republican leader in the House who said America has the best health care system in the world. What the Republican leader in the House was saying was the obvious: America has the highest quality health care in the world. And as the Senator from Tennessee just mentioned, I was in Houston at M.D. Anderson with Republican leaders, the Senator from Kentucky and Senator CORNYN from Texas. There were people there from 90 countries around the world—90 countries, most of them wealthy people who could have gone anywhere in the world for health care.

But they went to the best place in the world, M.D. Anderson—one of the best, I would argue. We have some facilities in Arizona and probably in Tennessee that are of equal quality.

But is there any doubt, when people come from all over the world to the United States of America, that the highest quality health care is not in America? It is. The problem is, and I am afraid some of my colleagues do not get it, it is not the quality of health care, it is the affordability and the availability of health care.

Our effort has been to try to make health care affordable and available. The latest proposal of the Democrats is that it only covers 40 percent of the uninsured and costs trillions of dollars. So why not, I would ask my friend from Tennessee, why not let people go across State lines to get the insurance policy they want? Why could not a citizen of Arizona who does not like the insurance policies that are available there find one in Tennessee? Why not have meaningful malpractice reform? We all know where 10, 15, 20 percent, sometimes, of health care costs come from. They come from the practice of defensive medicine.

Everybody knows it. It is one of the elephants in the room. So, therefore, we do not have—and consistently in the HELP Committee, amendments that have been proposed by the Senator from Tennessee and me and others to reform medical malpractice have been voted down.

The State of California some years ago enacted meaningful and significant medical malpractice reform. Guess what. It has decreased health care costs. So we are not getting—and I say to my friend from Tennessee, I hope he agrees that we are going at the wrong problem. The problem is not the quality of health care. We want to keep the

quality of health care. It is the cost and affordability of health care.

We have not gotten affordable and available health care for all Americans.

Mr. ALEXANDER. I agree with my friend from Arizona. I think of the pregnant women in rural counties in Tennessee who have to drive all the way to Memphis, or all the way to Nashville to get prenatal health care because there are no OB-GYN doctors after their medical malpractice cases have driven up their insurance. So there is no way for them to get health care.

If I am not mistaken, I listened to the majority leader talking about the tragic case in Nevada of someone unable to get health care because of a preexisting condition. The Senator from Arizona knows all of the proposals. I believe all of the Republican proposals would say, everyone would be covered, that preexisting conditions would not disqualify you.

The issue before us is whether we are going to address trillions to the debt or put the government in between the patient and the doctor.

Mr. MCCAIN. I totally agree. Could I mention, since the Senator from Tennessee and I are going up to another meeting in the HELP Committee, the Roll Call article this morning says:

Senate Majority Leader Harry Reid on Tuesday strongly urged Finance Chairman Max Baucus to drop a proposal to tax health benefits and stop chasing Republican votes on a massive health care reform bill. Reid, whose leadership is considered crucial if President Barack Obama is to deliver on his promise of enacting health care reform this year, offered the directive to Baucus through an intermediary after consulting with Senate Democratic leaders during Tuesday morning's regularly scheduled leadership meeting.

In other words, according to this article, any shred or semblance of bipartisanship is now out the window. So I think the Senator from Tennessee would agree with me. One of the very disappointing aspects of this whole debate is we have not changed the climate in Washington. Has there ever been, to the Senator's knowledge, a call to sit down at a table in a room with leading Republicans and Democrats and say: Hey, can't we work this out? What is your proposal? Here is ours. Can't we sit down and agree to save health care in America and preserve its quality and make it affordable and available? Way back in the 1980s when Ronald Reagan and Tip O'Neill sat down together, they saved Social Security.

This is unfortunate that even the last shreds of attempts at bipartisanship are now gone. Now maybe it is because the 60th Democratic vote was sworn in yesterday. Maybe they figured they had the votes. Maybe they do. But anybody who alleges that this administration and the other side of the aisle are changing the climate in Washington, that is simply false.

Mr. ALEXANDER. There is probably no one in the Senate who has been in

the midst of bipartisan negotiations more times than the Senator from Arizona. This is not just for the purpose of feeling good, it is the way to actually get a broad base of support for an energy bill or an immigration bill or a Supreme Court nominee. Usually it involves, if I am not mistaken, sitting down with several members of each side and coming to a consensus, sharing insurance ideas, fighting off the left and right and producing 60 or 70 votes. If I am not mistaken, that is the way we do bipartisan bills around here.

Mr. MCCAIN. I say to my friend, indeed. One of the issues I think we ought to continue to understand is one of the key elements of this debate is whether we will have the so-called government option. I know the Senator from Tennessee is going to talk about that. I think it is important for us to look overseas at other countries that are highly industrialized, highly sophisticated, strong economies, countries that have government-run health care.

To say the government option would be just another competitor clearly is not the case; otherwise, we would just have 1,501 new insurance companies in America. If you had the government option, it will lead to a government takeover of health care, and we ought to look at what other countries do.

I am sure the Senator from Tennessee knows this, but it is health care rationing and a level of health care that will not be acceptable in the United States of America. I say that with great respect to our friends in Canada, the British, and other countries that have government-run health care systems. I think that is going to be one of the two major issues: the government-run health care and the employee mandate. Those are what this health care debate will come down to.

It is of great concern, I know, to the Senator from Tennessee.

Mr. ALEXANDER. I thank the Senator from Arizona. I know he is on his way to work on the health care bill, to take the leadership, to the extent we can, in making it a better bill. I thank him for coming to the floor to discuss that today, and to help us reemphasize that we do not have any disagreement with our friends on the other side about the need to reform health care. I do not think we have any disagreement. At least we want to make sure our principal goal is to make health care affordable for every American. We want your family and you to be able to buy health insurance at a price you can afford and to take care of tragic cases such as the one the majority leader talked about. I think there is a consensus on both sides of the aisle to make sure if you have a preexisting condition you can be insured, and it will not matter where you live.

The Wyden-Bennett proposal, for example, and others, actually also say that you may carry your insurance from one job to the other, so that if you lose your job, or if you change

your job, you still have your insurance because it is your insurance, and it does not just depend upon your employer.

What we are concerned about is the fact that President Obama's administration has already proposed adding, over the next 10 years, more new debt, three times as much new debt actually as was spent in all of World War II in today's dollars. That is the first thing.

The second thing is this idea of the so-called government option. Someone says: What is so bad about that? Think of it this way. Let's say you put some elephants and some mice in one room. You say: OK, fellows, compete. What do you think will happen? Pretty soon there are no mice left; they are all squished. You have a big elephant left. That is your only choice.

We have an example of that in the current Medicaid Program, which is one of the worst government programs imaginable. There are 60 million Americans stuffed in it, primarily because they are low income or disabled. It is run jointly by the Federal Government and by the State government. Every Governor—and this has been true for 25 years, from the time I was Governor—has struggled with finding money to both fund the State's share of it and still have money for higher education and for other State needs.

It is filled with waste. The Congressional Budget Office says 1 out of every 10 taxpayer dollars that are spent for Medicaid is fraud, waste, or abuse. That is \$32 billion a year. That is \$320 billion over 10 years, enough to make a real dent in whatever we decide to do on health care.

Yet the Democratic proposals that we are seeing involve putting more people into that government program. The problem for the taxpayer is how expensive that is. I have a letter from the Congressional Budget Office dated July 7 to Senator GREGG, the ranking member of the Budget Committee, which I ask unanimous consent to have printed in the RECORD.

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

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 7, 2009.

Hon. JUDD GREGG,
Ranking Member, Committee on the Budget,
U.S. Senate, Washington, DC.

DEAR SENATOR: In response to your request, the Congressional Budget Office (CBO) has considered the likely effects on federal spending and health insurance coverage of adding a substantial expansion of eligibility for Medicaid to the Affordable Health Choices Act, a draft of which was recently released by the Senate Committee on Health, Education, Labor, and Pensions (HELP). CBO's preliminary analysis of that draft legislation was provided to Senator Edward M. Kennedy on July 2, 2009; that analysis is available on CBO's web site, www.cbo.gov.

The draft legislation would make a number of changes regarding the financing and provision of health insurance, including establishing insurance exchanges through which coverage could be purchased and providing

new federal subsidies to help individuals and families with income between 150 percent and 400 percent of the federal poverty level (FPL) pay for that coverage. Although the draft legislation envisions that Medicaid would be expanded to cover individuals and families with income below 150 percent of the FPL, it does not include provisions to accomplish that goal, and our preliminary analysis (conducted jointly with the staff of the Joint Committee on Taxation) did not reflect such an expansion.

The precise effects on federal costs and insurance coverage of adding an expansion of eligibility for Medicaid up to 150 percent of the FPL would depend importantly on the specific features of that expansion. For example, the effects would depend on how eligibility for the program was determined and on whether the expansion started immediately or only as the proposed insurance exchanges went into operation. The effects would also depend what share of the costs for newly eligible people was borne by the federal government and what share was borne by the states (which would be determined by the average FMAP, or Federal Medical Assistance Percentage). In addition, the effects would depend on whether states faced a maintenance-of-effort requirement regarding their current Medicaid programs.

CBO has not yet had time to produce a full estimate of the cost of incorporating any specific Medicaid expansion in the HELP committee's legislation. However, our preliminary analysis indicates that such an expansion could increase federal spending for Medicaid by an amount that could vary in a broad range around \$500 billion over 10 years. Along with that increase in federal spending would come a substantial increase in Medicaid enrollment, amounting to perhaps 15 million to 20 million people. Such an expansion of Medicaid would also have some impact on the number of people who obtain coverage from other sources (including employers). All told, the number of non-elderly people who would remain uninsured would probably decline to somewhere between 15 million and 20 million. (For comparison, CBO's analysis of the draft legislation that was released by the HELP committee found that, absent any expansion of Medicaid or other change in the legislation, about 33 million people would ultimately remain uninsured if it were to be enacted.)

Such an expansion of Medicaid would have some impact on other aspects of the federal budget beyond Medicaid itself (including tax revenues and the proposed payments to the government by employers who do not offer coverage to their workers, which the legislation labels "equity assessments"). Those additional effects might increase or decrease the effect of the proposal on the federal deficit by as much as \$100 billion. It bears emphasizing that this analysis is preliminary and the figures cited are approximate because they do not reflect specific legislative language nor do they incorporate, in detail, a variety of interactions and other effects that changes in Medicaid would cause.

I hope this information is helpful to you. If you have any questions, please contact me or CBO's primary staff contacts for this analysis, Philip Ellis and Holly Harvey.

Yours truly,

DOUGLAS W. ELMENDORF,

Director.

Mr. ALEXANDER. That letter was from Douglas W. Elmendorf, the Director of the Congressional Budget Office, with whom I am about to meet, along with other members of the HELP Committee.

It says: The proposal envisions that Medicaid—that is the Democratic pro-

posal—would be expanded to cover individuals and families with an income below 150 percent of the Federal poverty level.

That sounds good, but the draft legislation does not include provisions to accomplish the goal. About three-quarters of the people who would remain uninsured under this version of the legislation would have income—in other words, even though we are spending trillions more under this proposal, a lot of people are uninsured and three-quarters of them are going to be dumped into Medicaid. For the Federal Government, that is hundreds of billions of new dollars we would have to borrow, and the thought is over time it would be shifted to the States. In the State of Tennessee, based upon conversations we have had with the State Medicaid director, it might add an amount of money to the State's annual budget that would be equal to the amount that a new 10-percent State income tax would take.

That is not even the worst thing about it. The worst thing about it is what it would do to the low-income Americans who are stuffed into the proposal. Some 40 percent of doctors will not see Medicaid patients for all their services—40 percent of doctors. So we say: Congratulations, we are going to run up the Federal debt and add a big State tax, in order to stuff you into a proposal where 40 percent of the doctors today will not see you. It is like giving out a ticket to a bus system that does not have any buses.

What is the alternative? The Republican proposals are completely different. They focus first on the 250 million of us who already have health insurance to try to make sure it is affordable to us, that we can afford it. Then we say let's take the money that is available and give it to the low-income Americans and let them buy, choose, a private health insurance policy more like the policies most of us have. We offer this instead of stuffing them into the Medicaid proposals which are filled with inefficiencies, cannot be managed, and which many doctors will not work with.

That is a better course forward. But, unfortunately, our voices are not being heard on that subject. But we are going to continue to make our case. We have the Burr proposal, the Gregg proposal, the Coburn proposal, the Wyden-Bennett proposal. All are different from the government option, and all do not run up the debt.

In fact, the Wyden-Bennett proposal, which is the only bipartisan proposal before this body today, with several Republican Senators and several Democratic Senators, adds zero to the debt according to the Congressional Budget Office.

Maybe as we go through, if we were seriously considering it, we would find a need to add some costs. But at least we start with the idea that instead of adding \$1, \$2, or \$3 trillion over the next 10 years to the Federal deficit and

dumping a new program onto the States after a few years, which the States in their bankrupt condition, in some cases, cannot afford, at least we would start out with an increased deficit of zero.

We are almost working at the wrong end. Our biggest problem facing the country is the cost of health insurance to every American, not just the uninsured Americans but the 250 million who already have insurance. The other big issue is the cost of government, caused by rising health care costs, and we have gotten away from thinking of ways to bring that under control. There are even proposals floating around to take savings, to cut Medicare and Medicaid and use those dollars to help pay for the Democratic plan.

If we reduce the growth of spending in Medicaid, we should spend it on Medicare, which is increasing at a rate that is going to cause our children and grandchildren never to be able to pay off the national debt.

Republicans stand ready to work with Democrats to produce health care reform this year, despite the majority leader's statement that it is time for Senator BAUCUS to stop chasing Republican votes. We are glad he is chasing Republican votes, and we hope he gets some. But the way we do things around here usually is a group of 15 or 20 Senators, such as Senator MCCAIN and others, sit around and say: OK, let's put our ideas together and come up with a consensus bill, not to operate from a procedure that we won the election, we have 60 votes, and we will write the bill. It is more complicated than that. It needs a broad base of support in the Senate to have a broad base of support in the country. Without that base of support, it will not be successful.

We have made our proposals—the Burr proposal, the Gregg proposal, the Coburn proposal, the Wyden-Bennett proposal. Senator HATCH and Senator CORNYN have a slightly different idea that would give the money to the Governors and let them find a way to cover low-income individuals. As a former Governor, I like that idea. We have an imaginative Democratic Governor in Tennessee who has brought the Medicaid Program there under some control and has come up with several innovative ideas. The difficulty he and other Governors have is that it takes them a year to get permission from Washington to try their innovative ideas to offer the kind of health care to low-income individuals they might need which could be different in Tennessee and different in California.

This is the biggest issue before our country today. It is certainly the biggest issue before Congress. Republicans have our proposals on the table. We are ready to go to work. We want to make sure there are no preexisting conditions left out that disqualify people. We want to make sure that everyone is covered and that we have access to health care at a cost the family budget can afford. We are resolute in our de-

termination not to add trillions more to the national debt and not to dump new debt on the States. We are resolute in our determination not to dump low-income people into a failing government program called Medicaid when a much better alternative is to give them the credits and the vouchers and the cash so they can purchase private health insurance and have coverage more like the rest of Americans have.

I yield the floor and suggest the absence of a quorum.

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

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. VITTER. I ask unanimous consent to speak in morning business for up to 15 minutes.

The ACTING PRESIDENT pro tempore. In my capacity as a Senator from New Mexico, I object.

The Senator from Illinois.

HEALTH CARE REFORM

Mr. DURBIN. Mr. President, the issues before the Senate are sometimes weighty and complex, historic. I don't think there is any greater challenge this Senate has faced in modern times than our current debate over health care. This is such a major part of not only the American economy but of our everyday lives that it is hard to think of another issue we have tackled which will be so far-reaching.

The American people understand the need for change when it comes to health care. Even if they have a health insurance policy today they value and trust, they are worried about tomorrow. The cost, the availability, being denied coverage for a preexisting condition, losing a job and losing health insurance, a child who turns age 23 and all of a sudden is on their own in the health insurance market—there is a lot of uncertainty we need to be serious about.

When we think about these issues, many times we put them in the context of Washington. In Washington, the issues are about the people one might see in the corridors. They are lobbyists representing special interest groups who can afford to send people to talk to Senators and Congressmen. They represent doctors and hospitals, health insurance companies, pharmaceutical companies, medical device companies. They all have an interest in this debate because, quite honestly, it goes to the bottom line—whether or not they will be profitable. They, of course, want to maximize their profits if they can.

But the people who are not in the corridors are the ones we ought to be thinking about as well. These are average Americans who got up this morning, and, if they were lucky enough,

went to work. They will work hard all day, come home bone weary, trying to keep their family together, and get ready for another day tomorrow.

I think of a mother like Karen Gulva in my home State of Illinois. She is a single mom with a 12-year-old boy with asthma.

I visited, about 10 years ago, the University of Chicago Children's Hospital. The head physician there, the admitting physician at the hospital in the emergency room, said to me: Senator, what would you guess is the No. 1 diagnosis of kids going into emergency rooms in America? And I said: Trauma? They fall off their bicycles and things like that? He said: No. Asthma. Asthma is the No. 1 reason children are seen at emergency rooms across America.

Well, it surprised me because my family has been spared from that problem. I started thinking a lot more about it. I came to the Senate here and started talking to my colleagues. I went to TED KENNEDY—he sat back there in the back row—and I said: I am thinking about an asthma awareness effort. He said: Count me in. My son has asthma. Then I went across the aisle, at the time, and talked to Spencer Abraham, who was a Republican Senator from Michigan. I said: Spencer, I was surprised to learn about this asthma being the No. 1 reason kids go to emergency rooms. He said: I know all about it. I grew up with asthma. Pat Moynihan, who sat in the back row here: Same story.

It dawned on me, even though it had not touched my life personally, it touched the lives of many people in this Chamber and a lot of American families.

Karen Gulva has one of those families. The primary care physician for her 12-year-old son has prescribed daily doses of a lot of medications: Singulair, Allegra, and two different kinds of inhalers. Add these medications to the Strattera he is already taking to regulate his ADD, and you can see that access to medication is essential in the day-to-day life of this typical active 12-year-old boy in my home State of Illinois.

There is more to Karen's story. Karen has a stable full-time job earning a salary of \$31,000 a year plus benefits. She falls right into the range of what we call middle-class working Americans. At first, Karen's health insurance premiums were affordable. They reduced her paycheck by \$52.50 twice a month—\$105 a month. However, costs for that health care have risen dramatically over the last few years. Karen is now paying over \$300 a month for her premiums alone.

Remember, she makes \$31,000 a year gross. This does not include the \$500 deductible or her share of the cost for office visits and prescriptions. The yearly cost of health care for Karen and her son is now so great that it is hard for her to keep up with other payments she has to make—just the basic necessities: food, gas for the car, and car