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House of Representatives

The House was not in session today. Its next meeting will be held on Tuesday, December 1, 2009, at 2 p.m.

Senate

FRIDAY, NOVEMBER 20, 2009

The Senate met at 9:45 a.m. and was called to order by the Honorable JEFF MERKLEY, a Senator from the State of Oregon.

PRAYER

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

Let us pray.

O Lord, Your Holy Word and our own good sense tell us that all we are and all we call our own belong to You. Help us to find ways of living and sharing with others that will reflect this truth.

Today, shower our lawmakers with Your blessings. Enable them to see and experience evidences of Your love. Give them the wisdom to walk humbly and to see everything with faith's eyes. Let them live with true thanksgiving, remembering Your love and presence which can turn deserts into paradise. Give them boldness to take stands for what You have revealed is the application of Your principles and justice for our Nation. We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable JEFF MERKLEY led the Pledge of Allegiance, as follows:

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

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

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

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, November 20, 2009.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable JEFF MERKLEY, a Senator from the State of Oregon, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. MERKLEY thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

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

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 President, I ask unanimous consent the order for the quorum call be rescinded.

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

SCHEDULE

Mr. REID. Mr. President, at 10 o'clock this morning, the Senate will resume debate on H.R. 3590, the health care bill. The debate will be controlled in alternating, hour-long blocks until 10 p.m., from 10 until 10, with the majority controlling the first hour. The majority will control the time from 10 until 10:30 and the Republicans will control the time from 10:30 until 11 p.m.

There will be no rollcall votes during today's session of the Senate. The next vote will occur tomorrow night at 8 p.m., Saturday, November 21. That vote will be on the motion to invoke cloture on the motion to proceed to the health care legislation.

RECOGNITION OF THE MINORITY LEADER

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

HEALTH CARE REFORM

Mr. MCCONNELL. Mr. President, our good friends on the other side of the aisle have spent 6 weeks behind closed doors putting together this trillion-dollar experiment in health care that raises premiums, raises taxes, and makes drastic cuts to Medicare. We have now had less than 48 hours to look through this 2,074-page bill, but there are 10 things we know for sure that every American should begin to understand. There are 10 things about this bill we can begin to convey to the American people with certainty, starting this morning.

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

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The Democratic bill includes nearly $½ trillion in new taxes that hit virtually every single American, including, most importantly, middle-class families who make less than $250,000 a year—almost $½ trillion dollars in new taxes, a substantial part of it hitting middle-class families who make under $250,000 a year.

The second thing we know about this massive 2074-page bill is it will raise insurance premiums for the 85 percent of Americans who already have health insurance in our country. So we know buried in this 2,074-page bill are higher insurance premiums for all Americans.

The third thing we know about this massive 2,074-page bill is there will be huge cuts in Medicare, $½ trillion in cuts in Medicare over 10 years, and it will limit many of the choices seniors now have.

Additionally, this monstrous 2,074-page bill, according to the Congressional Budget Office, will not lower health care costs. My recollection was that the principal reason we went down this path in the first place was to do something about the cost increases that are hitting American businesses and individuals. So we go through passing, presumably—I hope we don't, but if we pass this 2,074-page bill, we will actually increase costs. The true cost of this bill, which was not stated by the majority at the announcement of the bill—if you look at the 10-year period when everything is implemented, the true cost of the bill is $2.5 trillion. Certain gimmicks were employed to try to make the bill look like it actually was deficit neutral or even raised money for the Government over 10 years. The way that was done was to delay the implementation of parts of the bill. But once everything kicks in, if you look at a 10-year window after everything kicks in, in this monstrous 2,074-page bill, it would actually cost $2.5 trillion, a massive expansion of the Federal Government.

The sixth thing we know about this bill for sure is, if you like the health insurance you have, you may not be able to keep it. Buried in this 2,074-page bill are provisions that clearly indicate that if you like the health insurance you currently have, you may not be able to keep it. According to the Congressional Budget Office, the Democratic bill would force millions of Americans off the health insurance they currently have.

The seventh thing we know about this bill is it would let government bureaucrats dictate what kind of health plans Americans can buy. No longer would they have the option to buy whatever health care plan might make sense for their family. The Government will prescribe what kind of insurance plans Americans can buy and, thereby, of course, what benefits they can receive. Some bureaucrat in Washington is going to dictate the plans that are available for the American people. I suspect people who are young and healthy and have high deductibles may not have that option anymore. Those are the kinds of Americans for whom the cost of insurance is going to go up dramatically.

What else do we know about this 2,074-page bill? It creates a government plan that the Congressional Budget Office has said would bring about higher premiums. The majority has said the whole point of the government plan, having the government, in effect, get into the insurance business, is to offer a lower cost alternative, but the only way to do that is to subsidize costs, ration care, and undermine private insurance, which could lead to a government takeover of health care.

In the Democratic plan, the Congressional Budget Office actually says the government insurance company would have higher premiums. So, clearly, the only way it could have a positive impact on the cost of insurance would be to subsidize costs, ration care, and undercut private insurers. Of course, that would be the first step toward what some of the more candid liberals in the House have said is a single-payer system. They are actually disappointed this bill doesn't go far enough to create a government insurance company, which then leads to a single-payer, European-type system.

What else do we know about this bill? The Democratic bill, for the first time in history, would allow Federal programs to pay for elective abortions. How do people out in America who feel strongly about that issue—what do they say about it? According to an AP story just this morning, a direct quote from the person with the Catholic bishops who work with this legislative issue here on the Hill—here is what he had to say. This is a quote from this individual who works for the Catholic bishops on legislative issues. ''This is the worst bill we have seen so far on the life issue.'' That is from a spokesman for the Catholic bishops on what is buried in this 2,074-page bill on the issue of whether the government will, for the first time, allow Federal programs to pay for elective abortions.

Another observation he made about it—and this is a direct quote, two words by the spokesman for the Catholic bishops: ''Completely unacceptable.'' Completely unacceptable, the abortion language in this 2,074-page bill. That is how the Catholic bishops apparently feel about this.

Finally, Americans should know this bill does not have the commonsense reforms they have been asking for all along. There is nothing in this massive bill about getting rid of junk lawsuits against doctors and hospitals that CBO said costs us $54 billion over a period of time. There is nothing in the bill about leveling the playing field when it comes to health care taxes. What the American people would like for us to do is to, step by step, address the cost issue—to them. This bill doesn't do that in any way.

Americans would like to have health care reform, but higher premiums, higher taxes, and cuts to Medicare that produce more government is not reform. Yet that is precisely what we would get were we to pass this 2,074-page bill sitting here beside my desk.

I yield the floor.

RESERVATION OF LEADER TIME

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

SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009—MOTION TO PROCEED

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of the motion to proceed to H.R. 3590, which the clerk will report.

The assistant legislative clerk read as follows:

Motion to Proceed to 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.

The ACTING PRESIDENT pro tempore. Under the previous order, there will be debate until 10 p.m., the time controlled in alternating 1-hour blocks, the majority controlling the first hour.

The Senator from New Mexico is recognized.

Mr. BINGAMAN. Mr. President, I rise to speak for a few minutes about the health care legislation that has now been proposed by the majority leader and that we will be hopefully proceeding to for serious discussion, deliberation, and opportunity for amendment. Let me talk first about where we are today without health care legislation.

What are the circumstances faced by the average American family without enactment of health care legislation? The cost of medical care is rising. In fact, it is unaffordable for many individuals and businesses. In addition, there are 46 million who are uninsured in the country. That number continues to grow. I have been in the Senate and continued to watch that number grow for the last decade at least. Those most in need of health insurance often are denied coverage. Many others worry about whether they are one diagnosis away from financial ruin because of their lack of adequate coverage and their lack of ability to afford adequate coverage.

We are working in the Senate to craft a national health reform proposal that would remedy the situation and would do so by reducing the growth in the cost of health care. Let me be clear. We are not saying the cost of health care is going down substantially. We are talking about the growth in the cost of health care. That is what we are trying to moderate as part of this legislation.

We are also providing insurance to everyone in the country, regardless of

their health status and medical condition. This health reform proposal is designed to lower health care costs, lower than what they otherwise will be in the future. This health reform legislation caps what insurance companies can force patients to pay in their out-of-pocket expenses and in their deductibles. The legislation would let small businesses and individuals join purchasing pools and give them the lower costs that benefit larger groups today. I have heard from hundreds of small business owners in my State over the years who have complained that the cost of health care to them and their employees is so much higher than the cost of health care to large employers and their employees. We would solve that. We would create a system that helps to prevent illness and disease instead of just treating it when it is too late and when the cost is excessive.

This health reform proposal will reduce health care fraud and waste and abuse and overpayment to insurance companies. It is estimated by most experts to be in the range of $60 billion per year under the current health care delivery system. This legislation would eliminate most of the cost of uncompensated care. This is a substantial part of the premium people with health insurance are required to pay. They are not only paying for their own health care when they pay their premium, they are paying for the uncompensated care that hospitals, physicians, and others are providing to people who don't have insurance. That is the 46 million uninsured figure I mentioned before.

This legislation reduces the growth in the cost of public programs such as Medicare and Medicaid and helps to rein in the Federal deficit. We have the unusual circumstance that many of the individuals who opposed the establishment of Medicare and claimed it was socialized medicine are now resisting any effort to put it on a sounder financial footing and doing so purportedly in the name of defending the beneficiaries of Medicare. We need to speak the truth to the American people and say: Medicare and Medicaid are going to continue. There are going to have to be reductions in the growth of those programs in the future, the growth of the cost of those programs, and some of those changes are incorporated in this legislation. That is a good thing for Medicare beneficiaries. That is a good thing for people who are going to be dependent upon Medicare in the future. They will know Medicare is there. They will know Medicare is solvent and will benefit accordingly.

Health reform will also ensure all Americans have access to quality and affordable insurance. We prevent insurance companies from the current practices in which they are engaged. One of the worst of those practices is the practice of denying health coverage for preexisting medical conditions. If one has a preexisting medical condition and is able to buy a policy, perhaps, the policy in its own language will exclude them from getting medical treatment that might result from that preexisting medical condition. This legislation would end that. It would end the discrimination of charges that currently exist where the charge for health care is based on one's health status or gender.

During the course of this year and the last few years, while we have been studying the health care delivery system, I have come to a new understanding of what the word ''underwriting'' means. I used to think I knew what the word ''underwriting'' meant in insurance. What I have found it means is the screening out of people who might actually need the insurance that is being sold. So much of the effort of the health insurance industry today is not focused on assisting the patient or the policyholder; it is focused on screening out those individuals who might, in fact, wind up sick and might need health care. We try to end that in this legislation, and we do so effectively.

The legislation provides tax credits to middle-class families to make sure they can afford quality coverage. There are many middle-class families in my State who, frankly, cannot afford adequate and quality coverage for the parents and the children.

This legislation strengthens employer-based health care by offering small businesses a tax credit so that employers can offer competitive, affordable rates to their employees, if they choose to do so.

It creates incentives that reward doctors for healthy outcomes, not only for more and more procedures. We have the unfortunate circumstance today, for which this Congress and this administration and previous Congresses and previous administrations are responsible, where we have set up a system of payment, under Medicare in particular, where the amount the health care provider receives depends on how many procedures they perform, not on whether the patient gets better, not on whether they have done the right thing to assist that patient. We are trying to begin changing that with this legislation. This will result in better health care for all Americans.

Health reform is also designed to improve the choices people have when they go out to obtain coverage or to obtain health care itself. Most Americans get their insurance through an employer. Many are satisfied with the plans they currently have. They are satisfied with the physician or the doctor they currently have. It is clear in the legislation we are considering that this legislation does not require them to change that. This legislation says they can keep that policy. They can renew that policy. They can add family members to that policy if they choose to do so. But this health reform also provides security that ensures that families always will have guaranteed choices of quality, affordable health care. That is even when a person loses their job, when a person switches jobs, when a person gets sick, or a person decides to move from one community to another. This legislation will ensure that they have access to health care even in those circumstances.

It creates a health insurance exchange. This exchange would be a place where families and businesses could easily compare insurance plans and prices and make a judgment based on that comparison. This puts families, rather than insurance companies or government bureaucrats, in charge of their own health care. It helps people to decide which quality, affordable insurance option is right for them and for their family.

It keeps government and insurance bureaucrats, because there are bureaucrats working for insurance companies just as there are bureaucrats working for the government, both from coming between each individual and his or her doctor by simplifying insurance paperwork, by cutting out the pages of fine print, by eliminating all of the ''gotcha'' clauses people discover once they get sick. They find out they were not covered for whatever it is that now afflicts them.

By promoting computerized medical records, this legislation will dramatically improve efficiency in our health care system and, through that effort, also reduce cost.

Let me talk a little bit about the impact of this legislation on my State. I represent New Mexico. Frankly, this legislation is critically important to my State. This chart is a depiction of what is projected by the experts about the cost of health care in New Mexico. Without health care reform, my State is expected to experience the largest increase in health insurance premiums of any State in the Union. For example, the average employer-sponsored insurance premium for a family in New Mexico in the year 2000 was $6,000. By 2006, that had almost doubled to $11,000 for a family of four. By 2016, the expected increase goes to an astonishing $28,000.

In addition, this third chart highlights the health insurance premiums and the percentage those premiums represent of the income of the average New Mexico family. It is higher in my State, unfortunately, than in any other State in the Union. Today, 31 percent of a family's income is going to pay for health care. That is for the folks who have coverage today in New Mexico. That is expected to grow to an astounding 56 percent. Over 56 percent of a family's income is expected to be consumed just paying premiums for health care by 2016. That is totally unsustainable and unaffordable.

The health reform proposal that has been developed by the majority leader, based on the work of the Finance and HELP Committees, intends to slow the growth of health care costs around the Nation. The nonpartisan Congressional

Budget Office forecasts that the legislation would not add to the Federal deficit. In fact, it would reduce the deficit by $130 billion by 2019 and by more than $400 billion by 2029.

Most experts believe these reductions also will drive down the cost in the private health insurance market. Thus this legislation is critically important to my State because it will help to curb increases in health care costs for all New Mexicans.

Let me show you a fourth chart. This one is a chart based on—I guess this is data from the Census Bureau. It is a chart that was developed by the Commonwealth Fund. It is the percent of adults ages 18 to 64 who are uninsured by State. It has two maps shown on it. The first is for 1999 through 2000 and the second is 2007 through 2008.

You can see what has happened just in that relatively short period. In 1999 to 2000, there were two States that had more than 23 percent of its population uninsured, and those two States were Texas and New Mexico. The only State in the Union that has a higher uninsured rate than we do in New Mexico is Texas. That was the case then, in 1999 through 2000. It is still the case today, I would point out.

But what you can see from this map on the right of the chart for 2007 to 2008 is that many other States—particularly the States shown in dark blue across the South and California—many other States have joined the ranks of States that have over 23 percent of their population uninsured. Their aged 18-to-64 population was uninsured. This is a very serious problem.

I think my State has the lowest rate of employer-sponsored insurance in the Nation. We also have the highest rate of uninsured among employed individuals in the Nation.

Let me show you this next chart, this fifth chart I have in the Chamber. This is a pie chart that shows what the current status of folks in New Mexico is. I know it is difficult to read from a distance, but let me explain what it is.

We generally think of most people having private health insurance coverage. In New Mexico, 38 percent of our population has private health insurance coverage. So it is not a majority; it is 38 percent. We have 14 percent who are covered by Medicare. We have 22 percent who are covered by Medicaid and the Children's Health Insurance Program. We have 4 percent who are undocumented immigrants in our State, estimated at about 80,000 individuals. They do not have coverage today, and they will not have coverage once this legislation becomes law, if we are able to pass this legislation and the President is able to sign it.

Then this large red area shown down here at the bottom of the chart is 22 percent, and that represents individuals who have no coverage, excluding undocumented immigrants. So we have the undocumented immigrants, at 4 percent. Then we have 22 percent without coverage. These are folks who are here legally. Most of them are citizens. They do not have coverage. This gets back to the point I was making before about people's premiums today are covering not only the cost of their own health care needs, but they are covering the cost of the uncompensated care that is provided to this large red wedge of people shown down here on the chart. So it is a serious problem that needs attention.

New Mexico will benefit from this legislation in very important ways. The legislation will provide new Federal tax credits for private insurance, and it will also expand the Medicaid Program for individuals with incomes of up to 133 percent of poverty.

This is a very important provision for my State: It is projected that insurance market reform and Federal tax credits may reduce the cost of coverage in the individual/private market for the average family in my State by as much as 40 percent. So this last chart tries to take the previous information and say what would likely occur by 2019—10 years from now—if, in fact, we are able to enact this legislation.

You can see what the two biggest changes in the legislation are. The green wedge in the pie chart shows that we will have more people covered by Medicaid and CHIP. We would have 29 percent rather than the 22 percent we had before. It shows we will have many more people covered by private insurance. I believe for the first time in the history of our State, we will have over 50 percent of our population—exactly 53 percent is what is estimated—who will be covered by private insurance and have an insurance policy they can depend upon.

So this would still leave undocumented immigrants—which is still estimated to be 4 percent of the population—without any guaranteed source of coverage. But we would have about 124,000 New Mexicans newly eligible for Medicaid coverage, and covered by Medicaid, we would hope. We would have an additional 238,000 New Mexicans who would be eligible for private coverage through the exchange or from their employers if their employers chose to provide that coverage.

We will have a lot of opportunity over the next few weeks to debate particular parts of this legislation. I look forward to that debate. I think the more the American people understand what is in this legislation, the more wholeheartedly they will support us moving ahead and enacting this legislation.

This debate has been a long time in coming. In the 27 years I have been in the Senate, we have not gotten to this point previously, where we were beginning a serious debate that might actually result in the passage of legislation, major comprehensive reform legislation. But I think we are to that point.

This is legislation that is currently available for anyone to review on the Internet, and I encourage people to do that. I encourage people to study the issue and follow the debate. As I say, the more people do study the issue and follow the debate, the more people will conclude this is worth doing, this is important to do.

So I very much urge my colleagues to rally around this effort. I hope, frankly, we will get some Republican support for this legislation. I think it is very unfortunate we are going into this debate with reports that all Republicans are agreeing to oppose health care reform. That is not the way to move our country forward. If there are amendments they would like to offer, obviously, they will have every opportunity to offer those, and some of them may prevail.

That certainly was the case in the Finance Committee when we marked up the legislation. That certainly was the case in the HELP Committee when we marked up the legislation. Amendments were offered from Republican members, and some were adopted. But to just say no, to just say: We are opposed to reform, is not a good option. I think the American people deserve better than that. I hope we will have a serious, substantive discussion about what the elements of health care reform should be.

I compliment the majority leader for putting together a very credible proposal that will move this country very far toward meeting the health care needs of all Americans. I hope by the end of this year we are able to enact that legislation or pass it through the Senate and go to conference with the House of Representatives.

Mr. President, I see my colleague is in the Chamber to speak on this issue, and I will yield the floor at this time.

The ACTING PRESIDENT pro tempore. The Senator from Ohio.

Mr. BROWN. Mr. President, I appreciate following Senator BINGAMAN. Senator BINGAMAN perhaps knows more about this issue than anybody in the Senate. He was the only Democratic Senator to be on both committees that wrote this bill and did such great work both in the Finance Committee and the Health, Education, Labor, and Pensions Committee.

I would follow up his words by pointing out that this process—I was on a C–SPAN show this morning, and I heard the previous Senator who was on the show, a Republican, say this bill was written behind closed doors and that it is a partisan bill.

I went through this process, as did the Acting President pro tempore from Oregon, and we sat through 11 days of markup in the Health, Education, Labor, and Pensions Committee—all televised, all public, with hundreds of amendments. We accepted 160 Republican-sponsored amendments. The Senator from Oregon and I and Senator BINGAMAN and Senator MURRAY, also on that committee, voted for most of those 160 amendments. This bill had a lot of bipartisanship.

But on the big issues, the issues such as the public option, such as issues on

how we are going to pay for it—some of the big issues—there is a clear philosophical disagreement. We can go back to 1965, when Medicare passed. Republicans opposed it in those days because they had a different view of the world. Their philosophy is government will never do anything right. Our philosophy is Medicare has been a pretty darn good program and has lifted a whole lot of seniors out of poverty, and so has Social Security. Medicare, in fact, has given people longer, healthier lives as a result.

So this issue is not so much partisan—although my friends on the other side of the aisle made it that—it really is a difference in philosophy. They wanted to continue—my friends on the other side of the aisle pretty typically do the bidding of the insurance industry. We cannot have health care reform and do it the insurance companies' way or there will be no health care reform.

We stood on the Senate floor—Senator MERKLEY and I, and Senator KAUFMAN and Senator WHITEHOUSE and Senator TOM UDALL and others—talking about some of the things insurance companies have done, such as having preexisting condition exclusions, where someone who has an illness cannot get insurance.

When I was on the C–SPAN show today, a gentleman from Indiana called. He is 63 years old. He has a preexisting condition, and he cannot get insurance. He has 2 years to wait to get on Medicare. But he knows when he is on Medicare, Medicare will not take away his coverage, exclude his coverage because of a preexisting condition. Neither will the public option exclude him from coverage because of a preexisting condition.

But you know Cigna does, you know Aetna does, you know WellPoint does, you know Blue Cross—the insurance industry so often excludes them because of a preexisting condition. That is why they can afford to pay their CEO at Aetna $24 million a year. That is why insurance company profits have gone up 400 percent over the last 7 years—because the insurance companies deny care for so many people, so they cannot get covered, they cannot get insurance. Then they turn down so many claims. Thirty percent of insurance company claims are turned down initially by the insurer. So even if you eventually appeal and get your claim covered, get your claim paid for from the company that you have paid premiums to—if you ultimately get your claim paid for—why should you have to get on the phone day after day and call your insurance company and complain and complain and cajole and persuade and finally get it paid? That is not how our reform will work. That is not how the public option will work.

Mr. President, I know Senator MURRAY is here to speak in a moment. I just want to, as I have done many times on the Senate floor in the last 3 months, share three or four letters from Ohioans who have written me about this health insurance bill. What has come through in these letters I have gotten is a couple things—or maybe three things.

No. 1, I have found that most of the people who have written these letters—if I met them a year ago and asked them: Are you satisfied with your health insurance, most of them would have said: Yes. But then something happened. They lost their job or they got sick, and it was very expensive and they lost their insurance because they got cancer or they had a child born with a preexisting condition. They cannot get insurance. So they once were happy with their insurance—until they needed it. That has happened too many times.

The second thing I see over and over in these letters from the people—similar to the man from Indiana I mentioned earlier—is people who are 61, 62, 63 years old, maybe 59 years old, who are sick or they are not sure about their health and they cannot get insurance, they just say: I wish I was 65. I cannot wait until I am 65 so I can get covered because I know Medicare is stable and will not cut me off their plan.

What kind of health care system do we have when a 61-year-old writes a letter to their Senator saying: I cannot wait until I am 65 so I have health care protection, I have health care security? There is something wrong with that. We fix that too.

The third thing I hear in these letters—then I will read them briefly—is people call for the public option because they know a public option will help them, will help discipline insurance companies and make them behave, make them more honest. The public option will save money because they will compete.

In southwest Ohio, Cincinnati—in Hamilton and the three adjoining counties to Hamilton: Clermont, Warren, and Butler; those four counties—two insurance companies in those four counties control 85 percent of the insurance policies. Obviously, with that lack of competition, the quality is low and the cost is high for that insurance. Injecting a public option will inject confidence. The existence of a public option will inject competition and make those insurance companies work better.

This first letter is from Patricia from Hamilton County:

> I am a senior who has been on Medicare for several years now. I also have a supplemental insurance plan with reasonable premiums and copays, but that has continued to rise over the last two years. Therefore, I don't have any problems accessing the care I need now. However, I have multiple sclerosis and when I was younger and living in another state, I was subjected to the preexisting condition exclusion. Fortunately, I was employed by the state which allowed me to obtain a reasonable health plan. But I know a lot of people are not as fortunate as I am. It is our responsibility as citizens to make sure all of our people have good health care coverage. A public option is essential to making sure this happens.

Patricia understands the public option will—again, whether you choose Aetna, whether you choose the public option, or a not-for-profit in Ohio called Medical Mutual, you have that option, and the public option is, in fact, an option that will give people that opportunity.

Joyce from Lawrence County, sort of straight southern Ohio along the Ohio River near the Ironton area of the State, writes:

> I have been notified that any Medicare Part D monthly premiums will increase 25 percent in 2010. I simply cannot afford this increase and I need my medications. I am a senior, live on fixed income, and suffer from multiple sclerosis. I do not know how to handle this situation except give up my drug therapy and live with frequent episodes that require hospitalization. I support your efforts for health reform that includes a public option.

One of the things that will happen under our health care bill is that the doughnut hole that keeps people such as Joyce around Ohio and around the State and around the country who don't—it means people pay so much out of pocket for their prescription drugs coverage, we will close—initially, we will close it by half, and we are going to offer some four amendments to close the doughnut hole entirely so that people don't get hit so hard by drug costs.

Karen from Morrow County up near where I grew up in the Mount Gillian area, sort of north-central Ohio—Karen writes:

> Please vote for health care reform for all that includes a public option. As a middle-aged female small business owner in rural Ohio, I am tired of seeing my community ravaged by the loss of affordable and accessible health care. With a preexisting condition, I have no option but to stay with my present provider and cross my fingers each year on my birthday that I won't be dropped.

This is a small business owner.

One of the things we knew right away and that Senator MURRAY and Senator MERKLEY and I worked on in the HELP Committee was to make sure there were good, strong incentives for small businesses to be able to afford health insurance for their employees. Whether it is in Olympia or Spokane or Portland or Eugene or Cleveland or Toledo, we have all been in similar situations where we have small business owners approach us all the time.

> I have 20 employees. One of them got cancer. It costs so much for this one employee that they are either dropping my small business coverage or the cost has spiked so much that we can no longer afford it. What are we going to do?

Our bill will bend the cost curve for them and will give them tax credits so they can buy insurance and allow them to go into the exchange so they are in a larger pool. So 1 or 2 illnesses in a company of 20 or 30 people won't cause the price spikes that a larger pool of insurance will be able to blunt.

The last letter—and then I will turn it over to Senator MURRAY—is from

Gail from Belmont County, which is eastern Ohio near St. Clairsville, Flushing, that area of the State. Gail writes:

I am a teacher and my husband is retired. In March 2009 I was diagnosed with cancer and began treatment soon after. I had surgeries, radiation therapy, and chemotherapy. I have an employer based plan, but it doesn't cover the entire costs of some of my expensive drugs which can cost thousands of dollars. How does someone without insurance afford such treatment? The fact is, they can't. I really didn't realize how expensive health care had gotten until I got sick.

Which is kind of the situation with all of us.

One of my sons is a veteran and has coverage that way. One son is in college and is still covered under my insurance. But my third son works seasonally and is not covered at all. He had an appendectomy several years ago and the resulting medical bills destroyed his credit. I don't know what will happen if he ever gets sick again. It is not right to leave the poor to flounder without proper medical coverage. It is time to end the greed of insurance and drug companies and have them face fair competition.

That is really all we are saying here. We want to create a system with consumer protections so that insurance companies can't drop people for preexisting conditions; can't put a limit on their coverage so that when they get sick they lose their insurance; can't discriminate against women, whom they usually charge more for premium costs for their insurance policies than they charge men; can't discriminate based on geography or disability. We want to give incentives to small businesses so they can insure more of their employees, and we want to bring competition into the system so insurance companies have to compete better than they have, driving prices down. That is what this legislation does, not to mention a lot in prevention and wellness. Prevention is in the bill, which really will help keep people out of hospitals and live longer and healthier lives. That is our mission.

This Congress has tried to do this for seven decades. Tomorrow will be a historic moment when we vote in the evening to move this bill to the floor of the Senate so we can begin this process. It is the most important thing professionally I have ever done in my life. I feel privileged to have the opportunity to be a part of this and to fight for 11 million Ohioans. I know this isn't a bill just for uninsured Ohioans; it is a bill to make businesses more competitive, to help small businesses, to give consumer protections to those who are happy with their insurance and want to keep it, and to help Medicare beneficiaries by closing the doughnut hole and bringing some of their out-of-pocket costs down so they can live healthier, longer lives.

Mr. President, I yield the floor.

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

Mrs. MURRAY. Mr. President, I wish to thank the Senator from Ohio for sharing those stories. It tells the compelling reasons why tomorrow night's vote to move to this bill is so important, and we are all honored to be a part of that.

After a lot of hard work, it is amazing that our country really is now closer than we have been in decades to passing a real health insurance reform bill that will help provide our families and our businesses with affordable and stable health insurance coverage. There is a lot of debate and there is a lot of work still ahead of us, but it should not go unnoticed that this is a big moment for our country, and you know what. It couldn't come soon enough.

Our economy is hurting. Americans across the country are so worried about keeping their jobs and making their mortgage payments. The last stress people need today is to worry about the cost of getting sick or being dropped from their insurance plan or opening the mail and seeing yet another premium increase.

Health insurance premiums for families in my home State of Washington have more than doubled in the last 10 years, and they are rising at a rate that is five times faster than people's salaries. Families and small business owners are paying more and more for their coverage, and often they are getting less and less in return. These numbers demonstrate clearly what families and small business owners across my State of Washington understand all too well. The status quo in the health insurance system is unsustainable and the cost of inaction is just too high for them to bear.

The news we got back from the Congressional Budget Office on Wednesday is encouraging. It shows the American people that our bill, our legislation will save money while protecting Medicare, and it ensures that families and businesses can take back control over their own health care choices.

If we do not pass this bill, health insurance premiums are going to continue to skyrocket. If we fail to act, health insurance companies will continue to deny patients coverage simply because they are sick. And if we let another year go by without reform, more and more families are going to lose their coverage and more and more businesses are going to collapse under the growing burden of the cost of health insurance. It doesn't have to be this way. We have been talking about reforming our health insurance system for a very long time here. Now we owe it to the American people to give them more than just talk; to give them, finally, the stability and security of a health insurance system that will be there for them when they need it and that cannot be taken away from them if they get sick or if they lose their jobs.

Six months ago, I sent a letter to my constituents asking them for their stories and their thoughts on health insurance reform, and the response I got was overwhelming. I received over 10,000 letters and e-mails from people across Washington State sharing their health care stories with me. Those stories came from small business owners, from employees, from moms and dads who told me how they are struggling with the cost of care today. So many of them cannot afford the status quo and deserve health insurance reform that allows them to keep coverage if they like it, gives them additional options if they don't, makes their care more affordable, and guarantees, finally, stable coverage that cannot be taken away when it is needed the most.

I have come to the floor many times over the last several months as we have worked to put together our Senate bills and I have shared some of these stories on the floor. Now that we have a plan on the table, I wish to tell two of these stories once more to really demonstrate the desperate need for us to move quickly and to get this bill passed.

Chris Brandt, from Spokane, WA, told me a story about his problems finding coverage. Chris told me he is a healthy young man who works for a small business that cannot afford to provide coverage to its employees, so Chris, as do a lot of Americans, had to find coverage on his own through the individual market. He told me that after paying his mortgage, his car payment, and his student loans, the only insurance he could afford is a catastrophic plan that might keep him out of bankruptcy if he gets sick. But even the cost of that plan has doubled—has more than doubled in the last 2 years.

So here is a man named Chris who wants insurance. He doesn't want to be a burden to anybody else if he gets sick, but he cannot keep up with the rising cost. We have to have a system that encourages people such as Chris to get high-quality insurance that covers preventive care so that those small, inexpensive medical problems can be treated before they become large, expensive medical problems. That is what will keep our families healthy, and it will save money in the system in the long run.

I also received a very compelling story from a woman named Patricia Jackson who lives in Woodinville, WA. Like a lot of working families, the Jacksons told me they have insurance through their employer and they pay their premiums each month directly through Patricia's paycheck. But also like a lot of our families, the burden of those premium payments is rising too quickly. Patricia told me that to care for her family of four, she paid $840 a month in 2007—$840 a month. In 2008, her payments jumped to $900 a month. This year, Patricia paid $1,186 a month. Now, before this year is even over, she got a new bill and her rates have been hiked to $1,400 a month. That is an increase of over 66 percent for her premiums in just 3 years.

Patricia, not surprisingly, told me she and her family can no longer afford to pay this, and she is not alone. Family health care coverage rose over 86

percent between 2000 and 2007. That is an increase in my State of over $5,600 per family. Wages during that time period only grew 16 percent.

The largest private insurance company in my State sent out a letter in August to all of the people who get insurance through them and told them they were raising rates by 17 percent—17 percent. Some of my small business owners are telling me premium increases are going up 40 percent. This makes families and businesses have to make choices about what they can pay.

Families are really struggling today in this tough economic climate. It is the worst since the Great Depression. They cannot afford these cost increases. So the bill we are about to bring to the floor will finally—finally—make insurers compete for the business of the American people. That is what families and small business owners in my State and across the country want and need, and it is what they deserve.

The bill we are going to bring before the Senate will make health insurance more stable. It will end the unfair and deceptive insurance company practices such as cherry-picking and cancelling coverage because of preexisting conditions. It is going to reward what works in this system and change what doesn't. Finally, it will start reining in those costs so that health care can become more affordable. It is going to allow people such as Chris to get high-quality coverage, and it is going to rein in the costs for people such as Patricia. This is more important now than ever before as our economy struggles and the cost of that care continues to rise.

We have been talking about health insurance reform for a long time, and while we were talking, families and small businesses have suffered. It is now time to end the politics and end the partisanship and come together to bring our families and our small business owners the health insurance reforms they deserve.

As we move forward in this debate, I am going to be working very hard to make sure that the needs and priorities of Washington State families and businesses are preserved and that we move forward in a way that ensures that the future health of our families and the strength of our economy is there. So I urge all of our colleagues to work with us now in a very constructive way over the next several weeks as we debate this bill. and to rise above the partisanship. Let's make health insurance work for our families, our economy, and for our country. That is what this debate is about.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

Mr. DURBIN. Mr. President, we gather on the floor today at a time that is historic. It is hard to imagine, to put it in the appropriate context, but this debate over health care reform is remarkably similar to the national debate over the creation of Social Security, or the creation of Medicare. It is that historic. It affects that many Americans and their futures. That is why it is important that all of us come forward to understand what this debate is about, the important issues that are before us.

The starting place for those who want to get into it is, of course, a Web site in today's technology and reality. The Web site is democrats.senate.gov/reform. If you visit that Web site, you will be able to see the bill that will be before Congress in its entirety. You will have your chance to read it, though it will be challenging. It is difficult not having all of the Federal statutes before you. But most of it is fairly clear in terms of what we are trying to achieve.

There have been critics of the bill who have come to the floor and argued that this bill should be defeated because it is too long, too many pages. They bring to the floor more than a copy of the Senate bill; they bring the House bill and the Senate bill and stack them up here to say how long this is. Well, of course, we are not going to vote on the House bill; it is the Senate bill. That is a bit of an exaggeration, but it is a long bill, over 2,000 pages. I won't talk about whether it is small or large print, but it is 2,000 pages plus.

You may ask, why does it take so many words to address this? But wait a minute, this is about health care in America. One out of every six dollars in our economy is spent on health care. It affects every single American citizen, and it will be challenged in court by the health insurance companies that want to stop this health care reform. We have to make sure this is carefully and well written, perhaps erring on the side of adding more language so there is no question as to our intent. But that is it.

The obvious question I ask back to the critics on the Republican side of the aisle, who say we should vote against this bill because there are too many pages in it, is: Where is your bill? Where is the Republican health care reform bill?

I know that in a few moments—in about 10 minutes—Republican Senators will come to the floor to talk about this important issue. I welcome that. I wish we could come to the floor at the same time. We might get close to something called ''debate,'' which would be an interesting phenomenon in the Senate, as it is something we have gotten away from. When they come to the floor, I hope the first Senator who stands up will do what I did. I hope the first Republican Senator will read a Web site where the American people can go to to read the Republican health care reform proposal. Again, ours is democrats.senate.gov/reform. What is the Republican Web site? Where can we find the Republican bill? I know the answer. There is no Web site where you can find the Republican health care reform bill—at least not today. I hope it will come soon. They have spent their time criticizing our efforts to change this system. That is healthy in a political system like ours, but at some point criticizing isn't enough. Stand and tell us what you are for, what you are going to propose.

If we start moving on this, as we expect to tomorrow, the procedures will take us to the consideration of the Senate Democratic amendment offered by Senator HARRY REID. I want to suggest and heartily recommend to the Republican side of the aisle—I see my friend, Senator JOHN BARRASSO, of Wyoming, who is here. He is a medical doctor, an orthopedic surgeon. We are friends. We may disagree on this issue, but we agree on many other issues. I hope he will encourage his leadership to produce a bill, show us what they believe. It would even be good if they send it to the CBO, as we did, and let us know what it would cost for the Republican plan for health care reform.

I will tell you what we have received from the Republican side of the aisle. It is three pages long. If you are looking for brevity, it is a very brief analysis of the health care reform issue in America. It is a press release from Senator MITCH MCCONNELL, where, as of yesterday, Senator MCCONNELL laid out everything—maybe not everything but most of the things he thought were wrong in the Senate Democratic approach. It is all negative. There is not one positive in here in terms of what the Republicans would do. Are they sensitive to the reality of health care in America today? Do they know the cost of health care insurance premiums have gone up three times faster than wages, that fewer businesses are offering health insurance coverage to their employees, and that more and more Americans have no health insurance protection because of unemployment and because of the cost of health insurance today? Are they aware that two out of three people filing for bankruptcy today are doing so because of medical bills—two out of three—and that 75 percent of them have health insurance that isn't any good? And they are in bankruptcy court. Are they aware of this cost challenge? If so, what will the Republicans do about it?

They will show us a stack of paper that Senator BARRASSO will show when he speaks, but they won't show us the Republican alternative. What is it? How much does it cost? How many people will it cover?

I hope my friend from Wyoming is the first Republican Senator who will come to the floor and join us in at least saying there is one thing we agree on—that health insurance companies are running roughshod over consumers and

families of America. I hope this Senator from Wyoming, and other Republican Senators, will say there is one thing we can agree on with the Democrats: We should stop these abuses by health insurance companies. We should not allow these health insurance companies to turn you down for a preexisting condition when you get sick. We should demand that the health insurance companies cover our children beyond the age of 23.

My wife and I have been through this with our kids, and a lot of others have, too. Here comes your son or daughter, fresh out of college and looking for a job—oops, he or she is 23 years old, so now they need their own health insurance. Our bill moves that age to 26. Could the Republicans endorse that idea? It would be great if they did.

Would they endorse the idea that your health insurance would stay with you if you lose your job, and that we should not put caps on the coverage of a catastrophic illness so it won't wipe out a family? I hope they will join us in health care reform.

Of all the criticisms, I have yet to hear the first Republican Senator take on the health insurance companies. That is what this battle is about. Who will win? Will it be the American people or the health insurance companies? I hope our friends on the Republican side of the aisle will join us in saying that it is clear it will be the American people.

Finally, this bill will expand coverage to 30 million more Americans. How many more Americans will be covered by the Republican health care reform plan? I am sorry to say I can't tell you. No one can tell you, because they have not produced a plan. We don't know what they are planning on doing.

This bill we are bringing before the Senate tomorrow for a procedural vote and to start the debate is a bill that is not perfect. I would have written it a lot differently. But it is a bill that we are working toward a working majority on. That means concessions. Some of these concessions are painful, from my personal point of view, but they are necessary. It would be great to have one Republican Senator cross the aisle tomorrow night and say, all right, I may not agree with everything in your bill, but I do believe this is an important national issue; the Senate should debate it, and this Republican Senator will join the Democrats in saying let's proceed to the issue, proceed to the debate. I don't think that is too much to ask. In fact, I think most Americans would say: Why wouldn't they want to debate it? Tomorrow night, they will have a chance to vote on that cloture motion on the motion to proceed to that debate. I hope they will join us at that point.

I will address one particular issue raised by one Republican Senator yesterday. Senator COBURN of Oklahoma, a medical doctor, said of the Democratic health care reform bill that there is a 5-percent tax on cosmetic surgery. He went on to say that this bill would cover breast reconstruction surgery after a mastectomy—in other words, imposing a tax on a surgery for breast reconstruction. I want to respond to him and say he is wrong and inaccurate. I want to make sure the record is clear. The bill we are proposing says the surgery is not a cosmetic surgery if it is ''necessary to ameliorate a deformity arising from, or directly related to . . . disfiguring disease.'' That is in the bill.

The bill points to the current definition for deductible medical expenses for the interpretation of this language. The IRS has already dealt with this. IRS publication 502 specifically states that breast reconstruction surgery following a mastectomy for cancer is deductible. It is clearly not taxable under our bill.

That statement on the floor by Senator COBURN was inaccurate. I wanted to make that clear. The Senator was mistaken. Breast reconstruction surgery is not elective cosmetic surgery for the purpose of this bill and is not subject to the bill's 5 percent excise tax on elective surgery.

I know we have a limited amount of time before the other side of the aisle has a chance to speak. I will save my remarks I had planned relating to some people in my home area back in Illinois, who are battling health insurance companies. On the Senate floor, I told the story of Danny Callahan, a baseball coach at Southern Illinois University who is fighting cancer. WellPoint has turned down the drug he was using, which his doctor recommended, to fight cancer and said they won't pay for it. It is a good drug for him, but it is expensive. It stopped the spread of cancer. His doctor said this drug works, but the health insurance company won't pay for it. The drug costs $12,000 a month. Danny Callahan cannot afford that. He will get a couple more treatments, but that is it. At the first of the year, the health insurance company is cutting him off from this lifesaving drug that is attacking the cancer in his body. They made that decision. His doctor said it was the wrong decision. He is another of many Americans who are at the mercy of the health insurance companies when you need help the most.

Can we change this? Can we give the American people a fighting chance when it comes to these situations? I think we can. But we won't do it by saying no. That is what we have heard from the other side of the aisle—no to everything. I hope that after 11 o'clock today, on Friday, November 20, the first Republican speaker will say: Here is the Republican health care reform bill. You can find it on the Web site. You can read it and compare it to the Democrats' bill. Again, the Democratic version is available at democrats.senate.gov/reform. Read it.

The ACTING PRESIDENT pro tempore. The majority's time has expired.

Mr. DURBIN. Mr. President, I am looking forward to reading their bill.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that the Republican Senators, during their hour, be permitted to engage in a colloquy with fellow Republican colleagues.

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

Mr. ENZI. Mr. President, I rise to talk about the health care reform bill. This country needs health care reform. The status quo in health care is unacceptable. Health care costs are skyrocketing, insurance premiums are increasing, and too many small businesses can no longer afford to offer health insurance to their workers. No one on either side of the aisle denies we need health care reform.

We need to enact reforms to bring down costs so everyone will have access to quality, affordable health care. We need to take a step-by-step approach to reduce health care costs and lower insurance premiums for individuals and employers. We need to eliminate discrimination based on preexisting conditions and ensure that people can take their insurance with them from job to job. I support commonsense reforms that would achieve all these goals.

Unfortunately, this 2,074-page Reid bill fails to address these issues. Instead, this bill would raise taxes by $493 billion. It would cut another $464 billion from the Medicare Program. The bill would reduce wages and eliminate the jobs of millions of Americans. It would actually drive up health insurance premiums for many more Americans and still leave 24 million people without insurance coverage. We need to do better than that, and I think we can.

Our country currently faces one of the worst economies in a generation. Our unemployment rate is 10.2 percent, which means there are 15.7 million Americans without jobs.

At the same time, the bill we are debating, or will be debating when we actually get to the real thing, would impose $28 billion in new taxes on employers. This new tax will eliminate millions of American jobs and reduce wages for millions of American workers.

When employers struggle with extra costs, workers and their families feel the impact. American workers depend on a strong economy to create jobs that help them feed their families and build their dreams. Unfortunately, the policies being pushed by the majority will only make it more difficult for America's businesses to hire workers or pay current employees more.

The Congressional Budget Office, health researchers, and nationally recognized economists all agree that Senator REID's new job-killing, employer tax will mean one thing: More Americans will be out of work if this bill becomes law.

As I mentioned, this bill will raise taxes by $½ trillion—$½ trillion. The authors of the bill truly believe the greatest problem in our health care system is that we do not pay enough taxes for our health care.

Under this flawed bill, if you take a prescription drug, you will pay a new tax. If you use any medical devices or equipment, ranging from walkers to wheelchairs, you will pay a new tax. If you do not have health insurance, you will pay a new tax. If you do have health insurance, you will also pay a new tax. If the government decides your health insurance is too expensive, there will be a new tax for that as well.

The problem with our current health system is not that we don't pay enough taxes. Americans actually want to lower their health care costs—that is the message—not just pay more taxes to the Federal Government. All these taxes will only increase costs, making health care even more unaffordable.

The third major problem with this bill is it will actually increase the cost of health insurance for millions of Americans. The bill mandates that insurance premiums for younger, healthier workers be tightly tied to the costs for older, sicker individuals. This will immediately drive up costs for the young, healthy individuals who, coincidentally, make up a significant portion of our current uninsured population.

The bill also eliminates consumer choices, requiring Americans to buy richer types of plans that cover more of the deductibles and cover more out-of-pocket expenses. These plans typically have much higher premiums.

Taken together, these insurance changes will increase costs for millions of Americans. In looking at more modest provisions included in the Senate Finance bill, nationally recognized accounting and business consulting firms found these changes would increase insurance premiums by 20 to 50 percent.

The practical effect of this bill is, Washington could dictate to every single American, even those who have insurance they now like, the coverage they would need to purchase. Washington will tell you what is good enough coverage. The bill does not give people affordable options, and it penalizes those who do not purchase high-end, expensive plans, regardless of what they want, need or can afford.

Before I was a Senator, I was a small businessman. My wife and I owned three shoe stores. When I was showing someone a shoe and he said he did didn't like it or couldn't afford it, I didn't try another sales pitch. I knew it was time to find another shoe, one he liked and could afford. If the customer is complaining, get something else to show. The customers are complaining. The voices of August are still out there, and they know this bill is just more of the same.

There is a lesson in that story when it comes to reforming health care. It is time to listen to our customers and find an alternative they want and can afford. The intensity of the country's disapproval is apparent in townhall meetings, letters to newspaper editors, citizen protests, constituent calls, and letters from all across the Nation. I received some of those that said: My Senator is not listening but you are.

I wish to find solutions. Ask most of my colleagues and they will tell you, time and time again, I have been known to work across the aisle on commonsense reforms on all kinds of issues. I have fought for years to enact commonsense reforms that will help slow health care cost growth and make the insurance market work better for small businesses.

I worked closely with Senator BEN NELSON from Nebraska on a bill that would allow small businesses to combine their purchasing power across State lines, even nationwide, and collaboratively buy health insurance at discounted rates.

I worked closely with the late Senator Ted Kennedy on a bill to reform the drug approval process at the Food and Drug Administration.

I worked closely with then-Senator Clinton on a bill to save lives and decrease costs by promoting greater use of electronic medical records.

Time after time, I have advocated that we set partisan differences aside and work on the 80 percent of the issue that will make a difference for most people.

Unfortunately, rather than working with Republicans to develop a commonsense solution, the majority drafted a flawed bill that spends too much, does too little to cut health care costs, and puts seniors' benefits on the chopping block.

The White House and Democratic leaders should have responded to these concerns with alternative ideas that actually address the health care issues that most Americans care about—their cost. Unfortunately, they decided to simply try a more aggressive sales pitch. As a result, opposition to it will only continue to grow.

If this bill continues to move forward, in spite of what most Americans are telling us, I am going to keep offering amendments geared to bringing down health care costs for American families, scaling back total health care spending, and protecting seniors.

I yield the floor to my colleague from Wyoming who has copies of the bills.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, in joining my colleague from Wyoming, he and I had a townhall meeting together in Gillette, WY, his hometown, a wonderful community. I was just there last week for a Veterans Day parade. What Senator ENZI knows and I know is when we talk to the people of Wyoming, they want commonsense solutions.

As I am here with the House-passed bill and the Senate bill we are now looking at, people of Wyoming are astonished at the amount of pages in this sort of thing, how to deal with this, how to comprehend it. What does it mean? What if I like something on page 208 but don't like something on page 1,200?

We ought to be using a step-by-step process. My colleague has a wonderful program, a 10-point plan to improve our health care, and any one of those would be a positive step to actually helping American families, helping them get the health care they would like and they need. But not these bills—one through the House, one through the Senate.

I don't know if my colleague wants to join me in discussing the townhall meetings, where people said: We want health care reform; we want things that are going to make life better but to help keep down our premiums, help keep down the cost of our care. Eighty-five percent of Americans have health care coverage. They are just not happy with the cost. What I heard for the last hour from my colleagues on the other side of the aisle is we need to cover more people; we need to cover more people. That is only part of it. We need to keep down the cost of care for the 85 percent of people who like the care they have.

That is what happens when we get together with groups of people from around the State of Wyoming who come out for our townhall meetings to discuss the issues, to listen. We are there mostly to listen; they are there mostly to talk.

I ask my colleague, is that not exactly what we heard: We need changes but not this?

Mr. ENZI. Absolutely and not just townhall meetings. That is how the letters, e-mails, and phone calls are coming in, greatly in response to what they anticipated they were going to get, which was going to be lower costs. They don't mind helping other people to have insurance and subsidizing that insurance or in some cases providing it for free. But they expected to get something out of it themselves. We miss the mark on this. You can tell they missed the mark. The bill that has been brought up to be voted on is just a little 2-page bill. Why didn't they put up the House bill? Because they couldn't get 60 votes for the House bill. They know that is wrong. This is a whole lot different from the House bill. It is different. I give them some credit for that. They couldn't put this bill up because they can't get 60 votes, and they have to get 60 votes to move on to debate.

They brought up the Service Members Home Ownership Tax Act of 2009, which is actually two pages and a summary. So there is not much to that bill. Their hope is they can get the 60 votes and people will not concentrate on the fact of what is in this bill.

I appreciate all the efforts of the Senator from Wyoming. He has been involved in the health care industry as a provider for a long time and a real student of what is in these bills. He has

looked at these bills in detail, so he knows a lot of the flaws. I appreciate him taking the time to point those out.

Mr. BARRASSO. Mr. President, there are a lot of flaws in these bills because what Senator ENZI and I both hear when we go to townhall meetings—but also I had a telephone townhall meeting the other day—is: Don't cut my Medicare. Yet when we take a look at the details of these bills, it is going to cut $500 billion—$500 billion—from our seniors who depend on Medicare for their health care.

They also say: Don't raise my taxes. But taxes are going to go up across the board. Every family is going to notice an increase in their costs, whether through taxes, premiums, an increase in the cost of their lives in terms of how it is going to impact the care they are going to receive. They say: Don't make my family pay more for health care. But across the board, people look at this and say they are going to end up having to pay more.

When Senator REID brought this bill out, he said: Of all the bills I have seen, it is the best. To me, it is the best of the worst bills I could ever see. It raises taxes. It is not just me speaking. If you read what the people who had a chance to read the bill say—the Associated Press, the Washington Post, the New York Times, others throughout the country, our e-mails from home—there are higher payroll taxes, companies would pay a fee, rely primarily on new taxes, new fees, and then cuts in Medicare. It is beyond me that this Senate—that this Senate, the Senate of the United States—is ready to tell the seniors of this country they are going to cut $500 billion from the care these seniors get from Medicare. That is a growing number of people. Year after year, more people are on Medicare but yet the cuts are going to be there.

The gimmicks, the budget gimmicks are astonishing. The advertised pricetag is an astonishingly large number, over $800 billion. To get down to that astonishingly high number, they have used quite a few gimmicks. You get taxes, you get Medicare cuts, and then you get the gimmicks.

I visited with Senator GREGG from the Budget Committee earlier today. He is going to be on the floor to discuss the gimmicks. One of the things they have done is basically hidden the true cost of the bill. The true cost of the bill is going to be close to $2.5 trillion over a 10-year span. They have done it by putting in a whole new program called the Community Living Assistant Services and Support Act. It is a new Federal long-term care program.

What happens in these long-term care programs? They take in the money early on and then they do not spend it until many years later. But in the way they count money around here—they do kind of a 10-year score, they call it. For the first 10 years they are going to be taking in all of this money, and then when it is time to pay the money out, that money is not going to be there anymore because they will have spent it on the increased cost of medical care because these bills do nothing to get the cost of care down.

KENT CONRAD, Democratic Senator from North Dakota, do you know what he called this part of the bill, the Democratic bill on which we are going to be asked to vote? He called it a Ponzi scheme of the first order. He said it is the kind of thing that Bernie Madoff would be proud of. That is a Democrat talking about what is in this bill.

What has the Washington Post said? ''It's a gimmick. These are not savings that can honestly be counted on the balance sheet of reform.''

Do we need reform? Yes. Do we need health care reform? Do we need to change the system? Absolutely. But this is not the way to go.

Senator ENZI is here. He has done a remarkable job as a member of both the Finance Committee and the HELP committee, and he has been part of the markups for both of the bills. He has focused relentlessly on trying to get the costs down so the premiums for the American people will not go up, and he has offered amendment after amendment, and they have been rejected time and time again.

Then Senator REID gets these two bills—one from the HELP committee, one from the Finance Committee—tries to stitch them together behind closed doors, and there is an amendment that Senator ENZI had put into the bill, one of the bills—it was voted on and approved—and then it magically disappeared without the knowledge of any members of the committee. It was something intended to help the American people, but that got taken out and thrown away in the dead of night.

I don't know if Senator ENZI would like to comment on that, but this is a Senator who was working to improve the lives and health and pocketbooks of the American people, and his great idea is thrown away.

Mr. ENZI. I would like to comment on that, in some way, unprecedented action by a committee. We agreed in committee on some amendments. Then when the bill was actually printed, which was not done for 2 months—which was, I think, so people couldn't actually look at it during the August recess, during that 2 months—when it was finally printed, some of the things that were agreed to were left out. One of the big ones was an actual wellness program, one that worked for Safeway, that helped cut their cost in the first year by 8 percent.

Have you heard of anybody cutting their costs in health care? Their program did. Since that time it has been held level because of what they were able to do with wellness programs. We got that wellness program approved. We didn't get much approved when we were doing that bill, but we got that approved.

But when the bill was printed, that was left out. Staff, without talking to any one of the Members, had taken it out. I think that is unprecedented around here. But that was not the only instance either. I would like to direct the attention of Senators to the costs on this bill, which the Senator from Wyoming has mentioned. As an accountant, I look at those. They say they are going to reduce the deficit in the first 10 years and even more in the second 10 years. There are two ways they can do that. One of them is to raise taxes. The other is to steal money from other people, which is what they are doing from Medicare. That, maybe, means they are overtaxing? So that might mean they want to stick in some other things that will be spending. Is there anybody out there who thinks you can do a $1 trillion new program and it will not cost a dime?

I hope people are taking a look at matters such as the Wednesday editorial by the president of Harvard who made some comments about how things are working. I hope everybody reads that. This is a good way for our Nation to go broke. We are not in very good shape right now, but that is a good way to go broke, and there are a lot of gimmicks in this bill too.

I appreciate the Senator from Wyoming pointing that out, and I assume the Senator from New Hampshire, who is the chairman—ranking member on the Budget Committee now—and has a handle on a lot of these gimmicks will share some of those too.

Mr. GREGG. If I could join this colloquy with my colleagues from Wyoming—what a great State to have two such exceptional Senators. First off, I want to make this point: Obviously, a lot of folks are pointing at this bill which I have right here—the Senator from Wyoming has one, and the other Senator from Wyoming has one—because it is real. Up until now most of the debate that has been occurring around here has been media. A lot of it has been theater. Some of it has been good theater, I hope, but it has been theater to a large degree.

Now we are dealing with something that is extremely real. Every page of this 2,074-page bill will have an impact on Americans. Every page of this bill will make a decision and direct a policy that will affect the health care of every American everywhere.

It is an extraordinarily intrusive and expensive bill. The Senators from Wyoming have been alluding to this, but it really is historic. The colleagues on the other side say this is a historic bill. It is historic. Never in my experience, and I don't think in any experience, has the Congress taken up a bill which is essentially going to restructure and fundamentally change the way that 16 to 20 percent of the national economy is going to be affected in such an immediate and intrusive way.

Essentially, the Federal Government will affect every decision that has to do

with health care as a result of this legislation, every decision that has to do with health care.

The cost this is going to create in the area of increasing the size of the government is astronomical. We have heard this number, that this is a $890 billion bill. That is pretty big. I suspect that would run the State of Wyoming for a few years, maybe a century. I think the State of New Hampshire would probably run for pretty close to a century—in fact, more than a century, to be honest with you. I don't think our budget is $8 billion yet. So that is a lot of money, $800 billion plus. But that is not the real number. That is a phony number. That is a bait-and-switch number.

That number is arrived at by claiming, over a 10-year period, that the programs that are initiated in this bill—which is a massive new entitlement—will not start until the fourth and fifth year. In fact, the House bill was at least a little more honest than the Senate bill. It started in the fourth year. The Senate bill starts in the fifth year with most of the spending. But the taxes which the Senator from Wyoming, the senior Senator from Wyoming was just talking about, and the fees and the reductions in Medicare, they start pretty much in the first year.

So they have taken 10 years of taxes, fees, and cuts in Medicare, and they have matched them against 4 or 5 years of actual spending and claimed that they are in budget balance and that the bill only costs $890 billion—only.

In fact, CBO has scored this over the real period, when all the programs are in place. Over that period, over that 10-year window when all the programs are functioning that are created under this bill—all of them being Federal programs, brandnew entitlements, extraordinarily expensive initiatives—when that occurs, this bill costs, by CBO's estimate, $2.5 trillion. In order to pay for that we would have to cut Medicare by over $1 trillion. In order to pay for that we would have to raise taxes, fees, by over $1.5 trillion. This is a massive increase in the size of government, a massive increase in tax burden, a massive effect on Medicare.

The Senator from Wyoming mentioned there are a few gimmicks in here on top of the huge gimmick, that it is a bait-and-switch, that this is a $800 billion bill when in fact it is a $2.5 trillion bill. There are a lot of other games in here that deal with budgeting. I found one of the more entertaining ones: the fact they take credit in this bill for creating a new program, the CLASS Act, a massive new program, a long-term care program. They take credit in this bill as that being a budget surplus item. How do they figure that out? Because on a long-term care program, basically people in their twenties, their thirties, their forties, even into their fifties, pay into it. It is like buying insurance under this plan, so that money comes into the Federal Treasury.

What they do not account for is when those folks go into their long-term care facility and the money goes out, the money goes out at an incredibly fast rate, and the program balloons radically in its costs. They do not account for that. They just account for the years when people are paying in, and they claim that as surplus money they apply to try to reduce the cost of the bill. So they spend the money.

This is classic. First, they take in the money and claim it as an adjustment against the debt they are running up, and then they spend it so it will not even be available to pay for the program they claim they are going to fund with it. It is just inconceivable.

Bernie Madoff is in jail. Whoever thought up this program and scored it in this bill, Bernie Madoff would be proud of that person. He would say: My type of guy. That is the way you do accounting—fake it.

It is unbelievable. There are a whole series of these types of games in here. The States are going to be taken to the cleaners by this bill. The allegation that we are going to expand Medicaid by 20 to 30 million people, and the States are not going to end up paying a huge bill as a result of that? Absurd on its face. It is absolutely absurd on its face.

More importantly, when we expand Medicaid by 20 or 30 million people, the doctor will tell you, back here, the reason Medicaid is in such dire straits is because doctors will not see Medicaid patients. Why? Because they are reimbursed at 60 percent of the costs. Who pays the other 40 percent, by the way, for the present Medicaid recipients? Who pays the other 40 percent? I will tell you who pays. Mary and Joe Jones, who are working down at the local restaurant who have health insurance, they pay it with their premium. Bob and Marie Black, who are working over at the local software company, they pay it with their health care premium. The 40 percent of Medicaid that is not paid for by the government is paid for by people who are in private insurance. Their insurance premiums go up because they are subsidizing Medicaid reimbursements because the hospitals have to get paid for the cost, and they are only getting 60 percent of it from the government and the other 40 percent is being picked up by the private sector.

When we expand Medicaid by another 20 or 30 million people, we are inevitably going to drive up the costs of private insurance again. So the private insurance policies go up. What does that do? It does what this bill is basically intended to do: it will force employers to drop private insurance and move people over on to the public plan. That, when you get down to it, is what this is all about. This is an exercise in having the Federal Government get control over all health care. It is being done in an incremental way. They are setting up a scenario that will not be immediately apparent to people. But as we move through the years it will become apparent because what will happen is the costs of private health care will go up so much that private employers will start to drop their health care. They will take the penalty, which is not that high in this bill compared to what they have to pay in health care costs, and move their people, and say: Sorry, I am not going to give health care anymore—or never did—and go get this government plan.

Then down the road Congress will change this government plan a little bit, and they will start to put price controls in, just like they want to do in Medicaid. Basically, that will mean people will get fewer products because as you put price controls in you will have less innovation, fewer drugs. Fewer devices will be developed because people will not be getting a return on their investments because these will be price-controlled events.

You will find delays because that is what happens when you move to a government program that controls costs. The government can only control cost by controlling price. That creates delays in access which is what happens in England and Canada. So the quality of the health care system goes down.

I ask my colleague from Wyoming, who is uniquely qualified to comment on this because he is a doctor and he has experienced the problems of dealing with Medicaid, is this not a reasonably accurate reflection of what will happen if we move another 20 or 30 million people into the Medicaid Program? Doesn't that mean that private insurance policies have to go up, fewer doctors will see fewer people, and inevitably we will end up with a cost shift which forces private insurers to drop insurance?

Mr. BARRASSO. Mr. President, that is exactly what is going to happen. No. 1, we will get this huge push of an unfunded government mandate onto the States, a mandate that both Republican and Democratic Governors have called the mother of unfunded mandates, and they are across the board opposed. This is the way that Washington, with its wisdom, will say: We keep the price down, but what we will do is make the American people pay for it in a roundabout way. The more people you have on Medicaid, the program to aid the poor—and we have seen this in Massachusetts with their health care plan; there are not enough doctors to take care of everyone so the system is swamped, which is why it is taking now up to 9 weeks to get an appointment to see a doctor in Massachusetts, but also about 40 percent of doctors do not see Medicaid patients because the reimbursement rate is so low.

What you said, 60 percent of the cost, that is exactly right. It doesn't cover the cost of seeing the patient. We are talking about hiring a nurse, turning the lights on, paying the rent on the office, doing all of those things, the medical charts, the liability insurance, the whole list of the costs of having an

office opened. You cannot keep the office open if all of your patients are Medicaid patients. As a result, physicians—and I saw every Medicaid patient who wanted to see me. My partners and I have the same program where anyone can call and get an appointment, regardless of the ability to pay. But we know 40 percent of the doctors don't see patients on Medicaid.

Mr. GREGG. If I may ask a question on that point, this is an important point. As a practicing physician, if all your patients had been Medicaid, would you have been able to pay your bills?

Mr. BARRASSO. The answer is no. Doctors' offices cannot stay open at the rate that Medicaid reimburses, and no hospital in the country can stay open if they are getting paid across the board at Medicaid rates. You have to have other people who are paying more to make up for the underpayment by the government on Medicaid.

Mr. GREGG. If I might follow up, doesn't that inevitably mean that the people who are paying more are in the private sector, which means premiums for people in the private sector go up, which means fewer people are willing to give that type of coverage because the cost is too high for the business to cover; right?

Mr. BARRASSO. The people who have private insurance end up paying more for their insurance premiums to help make up the difference because the government has across the board been the greatest deadbeat payer. Washington is a deadbeat when it comes to paying for health care costs, both for Medicare as well as Medicaid across the board. That has been the long tradition of Washington and health care. The other people who are penalized under this situation are people who have no health insurance, because they are being charged at a higher rate. The person who works hard and says, I will kind of self-insure in case something happens, I get sick and I have to pay the full bill, they pay the full bill to cover themselves as well as more to help for the underpayment done by Washington.

That is how, when you have more and more people on the Medicaid rolls, more and more people forced onto that through Washington's wisdom, it is going to be harder on people who have insurance through their jobs. Insurance premiums, for people who have insurance and like their insurance, those rates are going to go up. It is going to make it harder for American families and for small businesses that want to hire someone, because the rates of insurance will go higher. It will make it harder for small businesses to provide health insurance for their workers, and those who continue to provide health insurance will not be able to give raises because the costs are going to go up.

This whole approach to health care reform was supposed to be designed to help keep the cost of care down. That is what the President and the Senate promised all through the year. But it does not. It drives prices up.

When I hear my colleague from New Hampshire talk about all of the gimmicks being used in an effort to claim this is a good bill, I refer to this morning's column ''Health Bill Hoax.'' Only Bernie Madoff could believe the Senate's health care bill will expand coverage to 31 million while cutting the deficit by $127 billion over 10 years. It would be the first profitable entitlement. Kind of like when the President of the Senate, at an AARP townhall meeting this year, said: We have to spend money to keep from going bankrupt. On its face, we know how absolutely ridiculous that sounds. You can't do that. This is an incredible expense: taxes galore, all over the place. The word ''tax'' is used in the Senate bill 183 times; ''taxable,'' 164 times; ''taxes,'' 17 times; ''fee,'' 152 times; ''penalty,'' 115 times.

For people who believe this will keep down the cost of care, it will not. As my colleague from Wyoming said earlier, I advise Members to take a look at an editorial by the dean of Harvard Medical School, living in a State where they have the Massachusetts health care plan, which is government-forced insurance, government-mandated care, government-run care. According to the dean of Harvard Medical School in an editorial this week, the health debate deserves a failing grade. The plan is wrong and those who support it are living in collective denial. This is what is wrong with this. This will markedly accelerate national health care spending rather than restrain it. It will do nothing or little to improve the quality of care.

That is what we started with at the beginning—to improve quality, improve access, and lessen the cost. What we have is a bill which, if passed into law and signed by the President, will decrease quality, increase cost, and lessen the access of Americans to health care providers.

I appreciate my colleague's comments. The numbers are so high. These are staggering figures. How do you communicate to the folks back home how astonishingly large these numbers are? Because people say: We do want you to fix things, but don't cut Medicare, don't raise our taxes. Drive down the cost of medical care. Improve access to providers. Create more choices. As I look at this, to me this is going to mean higher health insurance costs, higher taxes, Medicare cuts and then, unfortunately, more government control over health care decisions.

Mr. GREGG. I thank the Senator from Wyoming. He has a unique perspective which we should listen to, as a practicing physician for how many years?

Mr. BARRASSO. I have 24 years practicing orthopedic surgery, taking care of the families of Wyoming.

Mr. GREGG. That is impressive. He understands this whole issue and the point on cost. It is very hard to conceptualize that this is a $2.5 trillion bill when honestly scored. When honestly scored, it is a $2.5 trillion bill.

This page right here, page No. 1, cost the American people $2 billion. You could pick almost any page in this bill. And I don't think they are worth $2 billion a page. This page here, what does that say? I don't know. I am just picking this out: Transfer to the Secretary of Treasury a list of individuals who are issued a certification under subparagraph (h), including the name and taxpayer identification number for each individual, the name and taxpayer identification number of each individual who was an employee of an employer but who was determined to be eligible for the premium tax credit under section 36(b) of the Internal Revenue Code of 1986 because, A, the employer did not provide essential coverage, and B, the employer provided such minimum essential coverage, but it was determined under section—and on it goes—section 36 (b)(c)(2)(c).

I don't understand what that said. We now will have about 72 hours to figure it out. But I know this much: When a bill costs $2 billion a page and when it includes language such as that, it is something we should spend some time on. This bill is being rushed. It should not be rushed. This vote that will occur tomorrow at 8 o'clock at night, after having this size of a bill on our desks for less than 2, 3 days, is very serious. We are firing real bullets here. This is no longer theater. It is no longer political media. This is the passage of a piece of legislation, the potential passage of a piece of legislation. Tomorrow's vote is a critical vote because it basically will mean we are on the road to passage. In fact, 97 percent of the bills that come to the floor of the Senate under a motion to proceed pass.

So this piece of legislation is serious. It is real bullets at $2 billion a page. Tomorrow's vote is something we need to look at as a vote that is not some sort of a procedural vote. It is a substantive vote on whether we are going to fundamentally change the way health care is delivered, cause the size of this government to grow by trillions and trillions of dollars, and put the Federal Government virtually into every decision that has anything to do with health care. With the way you choose a doctor, the way you get your insurance, with the type of procedures you get, with the type of drugs you can obtain—the Federal Government will be involved. How much it costs, the Federal Government will be involved. And with the type of debt that will be passed on to our children. This bill will play a major role.

Remember something about the Federal Government: Once you give the Federal Government power, you don't get it back. This bill is all about moving power here to Washington. That is what this legislation is about, about centralizing the decision process, the national decision process on health care. In the end, the goal, as openly stated by some of my colleagues on the other side of the aisle—and I appreciate the fact that they are forthright—is to

have a single-payer system where the government essentially runs health care top to bottom, much as it does in Canada and England. I believe that fundamentally undermines quality and is fundamentally unaffordable. It passes on debt to our kids which we obviously don't want. In the process, it will take Medicare, which is already in serious trouble—there is already a $55 trillion unfunded liability in Medicare—it will take Medicare's problems and aggravate them dramatically. To the extent savings are taken out of Medicare and used to create this new entitlement, which has nothing to do with Medicare or Medicare recipients but is going to be funded by Medicare both on the tax side with the HI tax in here and in the cuts in Medicare benefits with the elimination basically of Medicare Advantage, all of that is Medicare money that should be going, if you are going to do those things, to making Medicare more solvent for seniors, not to creating a new entitlement.

I see the Senator from North Carolina wants to jump in here.

Mr. BURR. I thank my colleagues from New Hampshire and Wyoming. Let me say on the same note, an $800 billion-plus bill, when you ask anybody in America, do you think this will increase the deficit, everybody's hand goes up. But the claim is that this is deficit neutral, that there is no no continuation of increasing the debt. Let me pick three areas, one you were just talking about, Medicare. This bill proposes that we shift $464 billion over 10 years to pay for this new program.

Mr. GREGG. Fully phased in, it is a trillion dollars.

Mr. BURR. But in that 10-year period, if you took Medicare, the proposal to shift over, if you face the reality that we will not cut doctor reimbursements 23 percent, which is another $246 billion worth of revenue, and the creation of a new program called the CLASS Act actually has people paying in for 20 years before the first person might take out a benefit, those three items alone come to $700 billion of the $800 billion we are paying for it with. Most Members would agree there are cuts that probably will never happen. On the face, it says it is going to contribute to the deficit. It will continue to add to the deficit at greater numbers, as the ranking member of the Budget Committee has stated.

But let me try to point out something I know my colleagues understand. This is a bill about coverage expansion. This is not a bill about health care reform. There are very few reforms, if any, in this bill. The Senator from Wyoming was talking earlier about Medicaid. One of the fundamental reforms that has to be made in health care is that we have to eliminate cost shifting where an individual who is uninsured goes in, receives a service, does not pay, and the cost is shifted to the private side, with people who pay out of pocket, people who have insurance. For the underinsured, the person goes in and receives a service, but the reimbursement is less than the cost of the service, and what is left over is shifted. Usually that is where the debate stops.

But under Medicaid, the current system, we reimburse 72 cents of every $1 provided, meaning 28 cents is shifted to the private pay side, out-of-pocket and insured side. In this reform package, we are increasing the rolls of Medicaid by 15 million Americans. We are taking a program today where, if the attempt is to eliminate cost shift—which it should be in health care reform—we would be eliminating Medicaid and we would be putting the Medicaid beneficiaries in a program that actually provided them a medical home, provided them an opportunity at prevention, wellness, and chronic disease management.

But, no, we are keeping Medicaid intact. And in the bill it says to the States: You cannot change your program. You have a maintenance of effort. You may find a more efficient way to do it, but if that efficiency means you are cutting any benefit, you are asking them to select where they choose health care differently, you cannot do that, States. We are locking you in for 10 years. And we are going to increase the rolls in Medicaid by 15 million Americans. We are actually exacerbating the problem we are trying to solve, which is, either shifting from people who do not pay or where there are reimbursements that under-reimburse for a service. We are increasing the rolls by 15 million Americans.

Forget the fact, as the good doctor from Wyoming knows, that when you lock them into Medicaid, you have locked them out of having a medical home. You have locked them into a system that is there to treat them when they get sick and not to spend a dime on trying to keep them well. The truth is, health care reform, in large measure, is about our ability to change the lifestyles of the American people so we make healthier choices.

In part, you do that by creating a medical home. It is the reason most of us, if not all of us, have argued that everybody should be covered in some fashion. Health care should be accessible and affordable. The debate is over: where and what type. And, more importantly, should the American people have the ability to have choice? Should the American people have the ability to construct a health care plan that meets their age, their income, and their health conditions?

What we are doing is, we are taking on a one-size-fits-all government approach to say: If you do not like what is out there, we are not going to let what is out there change. We will give you an option, and it is to be insured and to be managed and to be run by the Federal Government.

I am not sure how others in other States have found it. In North Carolina, it has been overwhelmingly rejected by the population. I daresay, I think we have the greatest health care delivery system in North Carolina, both public and private, some based in academia. I think what North Carolina says is: Do not hurt my quality of care. If we are going to talk about reforms, let's talk about how we increase the quality of care, not decrease it.

Unfortunately, this misses the boat on reform. It is the most expensive approach to coverage expansion that anybody could ever imagine. The question is, if we took some time, if we worked in a bipartisan way, could we find a way to do this more efficiently and more effectively for quality of care, where the outcome was different?

This is a town obsessed with process, as my colleagues know. This is a product where we should be focused on outcome, not process. Because at the end of the day, there is an American family who is going to be the recipient of the rules, the regulations, and also the outcome of what this produces.

Mr. GREGG. The Senator has made a very good point, which is how you do health care correctly. You do not create a massive new Federal entitlement. You do not spend $2.5 trillion we do not have. There are a couple things you could do, though, on a step-by-step basis.

One of them—and I would be interested to know if the Senator understands why it is not in here—one of them is to correct lawsuit abuse. It is estimated $250 billion a year of medical expenditure is defensive medicine which doctors order and hospitals undertake simply to avoid the potential of a lawsuit being filed. CBO estimates it would be a $50 billion savings if we would adopt the proposals they use in Texas, California. That is one approach.

Another approach would be to allow employers to pay employees more who live healthy lifestyles, such as employees who stop smoking or employees who get the tests they need—whether it is mammograms or colonoscopies—when they should have them or employers who live healthy lifestyles and lose weight. Under the bill that is not allowed, other than what present law is, which is very restrictive. That would save a lot of money, by the way.

The first proposal, as I understand, was opposed by the trial lawyers. Do you think that is why it is not in this bill—saving $54 billion on abusive lawsuits?

The second proposal—allowing employers to pay a differential and pay employees who are living a healthy lifestyle more—is opposed by the big labor unions here in Washington. Do you think that is why it is not in this bill?

I wonder whether maybe the Senator from North Carolina has some thoughts on those two approaches as to whether they would help the health care system in this country, and why they did not find their way into a 2,000-page bill, since we seem to have a lot of room in this bill for things.

Mr. BURR. I think the Senator makes a good point. I think many in the Congress who have worked on health care for a period of time have seen private businesses across this country reach new efficiencies in health care. Why? Because they have self-insured their employees. Where have they focused? They have focused on exactly what the Senator has talked about: prevention, wellness, chronic disease management, paying employees to enroll in chronic disease management courses, working with dietitians to make sure they lose weight, having cessation programs that are offered for free.

The things we have seen in private companies across the country that have brought down health care costs are absent in this piece of legislation. It is as though they have come to Washington and shared their tremendous experience, and we have ignored it when we sat down to write the bill.

Mr. GREGG. That is because we would have to change something called HIPAA.

Mr. BURR. That is exactly right.

Mr. GREGG. It is a technical term, but it basically allows companies to pay an employee who lives a healthy lifestyle more than other employees, and that is opposed, as I understand it. It was originally in one draft, and it got dropped somewhere.

Mr. BURR. Well, the Senator makes a tremendous point about the rational, reasonable reforms that the American people are looking for, and saying: Why can't we purchase insurance across State lines if that creates competition? Why can't we have insurance reform that allows us to construct the products? Why does the Federal Government have to mandate: Here is what the structure is?

Many Americans have chosen over the past several years to have flexible spending accounts, to have the ability to put their money in to take care of their health care needs. What does this bill do? It basically reduces the ability to fund flexible spending accounts at the amounts that are sufficient to let them continue to access their health care, in many cases with their own money. In fact, that is going backwards from what we have learned.

The Senator from New Hampshire mentioned earlier this shift of money from Medicare to this new program. Think about our Nation's seniors, those who are relying on Medicare for their health care, and the next generation that is getting ready to go in—some of us in this room. Well, when you shift $464 billion, you are shifting $1,063 per senior per year. Over the 10-year life of this score, we are going to shift $10,363 per senior, per beneficiary on Medicare today.

Is that fair to our country's seniors who have paid a lifetime of premiums into Medicare to receive a benefit, that because of fiscal irresponsibility that benefit may be cut in the future or the premium may go up for the next generation? And, thank goodness, the current beneficiaries in Medicare are screaming as loud as anybody because they understand the ramifications of what we are getting ready to do.

As the Senator from New Hampshire said, this is all going to happen tomorrow. This is going to happen at 8 o'clock Saturday night. People are going to come to the floor and they are going to vote on a bill, 2,074 pages—one that, at best, takes a team of people reading and a computer searching words in hopes you can identify everything of importance that is in the bill.

Mr. BARRASSO. The Senator from North Carolina, who has been a champion of early detection, early treatment, and prevention of disease, did see a preview of rationing this past week when this Preventive Services Task Force made a decision and recommendation about breast cancer.

The Senator talked about our seniors. I worry about rationing of care, delaying care, denying care. They said for women under 50 they should not have mammograms anymore. They should not do a breast self-exam. They said for women over 75, they should not have a mammogram anymore.

I will tell you that my wife is a breast cancer survivor, and she was diagnosed by a mammogram under the age of 50. And they cannot say that mammograms are not helpful. What they are saying is that the number of mammograms done per life saved is not cost effective.

I know both of the Senators who are on the floor, from New Hampshire as well as from North Carolina, have talked about early detection, early treatment, not using cost as the issue on comparative effectiveness research. We say let's use some clinical judgment. Let's see what we can learn. But, no, because for women under 50, they have to do 1,900 mammograms to save a life. For women over 50, it drops down to 1,300 mammograms to save a life. So that is what they are putting the cost of a life at: a 600-mammogram difference.

But for my wife—who is alive today, after three operations, and two full bouts of chemotherapy, and is now 6 years cancer free—having that mammogram under the age of 50 meant the difference between life and death.

That is what this bill has to do with. It is the difference between life and death for people. If you get into rationing care, delayed care—that is why people come to the United States for their care. It is the best care in the world. That is why Canadians and Europeans come here, because they have to wait too long. That is why our techniques and our treatments and our survival for cancer is so much better in the United States than these other countries. Because the Senator from North Carolina knows it is that early treatment that makes a big difference.

Mr. BURR. I think the Senator from Wyoming, being a medical professional, would probably agree with this: that every disease that can be detected at an early stage provides, one, more treatment options, greater survivability and, in the long run, less expensive cost to treat that disease.

It troubles me we have these determinations being made on cost that are not true costs because they are not putting into the calculation the treatment cost. But, more importantly, incorporated in this bill we are putting fees on medical device companies, we are putting fees on pharmaceutical companies, we are putting fees on health care equipment companies. Why? Because they have to pay for them.

We are replicating the same thing. We are disregarding the fact that when an innovative drug comes off the research bench, there is a likelihood we could cure disease versus maintaining, that we might have a new treatment option that cuts down on the cost.

As the Senator knows, even though he is an orthopedic surgeon, we have cholesterol-busting drugs that now people take who would have been in line for bypass surgery. And after that, we got stents that we put in, in place of bypass surgery, and that bypasses the last resort.

Sure, the creation of those blockbuster drugs was expensive. As they go off patent, generic competition comes in, and they become very inexpensive. But when compared to the $70,000-plus of bypass surgery, those drugs all of a sudden look inexpensive. But, more importantly, when you look at the quality of the care, where a patient did not have their chest cracked, they did not have rehab time, they did not have a hospital cost, we save a tremendous amount of money in the health care system.

Mr. GREGG. If I could jump in at this point.

I think the Senator has touched on something that is important; that is, when you start putting these major fees on things such as medical devices and drugs, you reduce the willingness of people to invest in creating the next device, and not only do you end up with a device being priced out of the market or maybe not being produced, but——

The ACTING PRESIDENT pro tempore. The Republican time has expired.

Mr. GREGG. Then I will yield the floor.

Mr. President, I ask unanimous consent we be allowed to speak for an additional minute each, so we may wrap up our time.

The ACTING PRESIDENT pro tempore. Is there objection?

The Chair hears none, and it is so ordered.

Mr. GREGG. My point is, this bill fundamentally undermines innovation, and innovation has been at the essence of what has made American medicine better than the rest of the medicine in the world. We are the most innovative country in the world in the areas of drugs and medical devices and procedures. I think this bill undermines that.

Mr. BURR. I might add, that level of innovation is what makes the U.S. health care system unique to the rest of the world. We may not do primary care very well, and I think we have all admitted that, but if you get sick, where do you want to be treated? Right here in the United States of America because of the innovation that takes place.

Mr. BARRASSO. Mr. President, there are improvements that need to be done to the system. There are simple things we can do to keep down the cost of care, such as allowing people to buy insurance across State lines as well as giving individuals the same tax breaks big companies get, ending lawsuit abuse and dealing with what is needed to be done in terms of incentives to help people stay healthy so they have opportunities to save money themselves, and allowing small businesses to join together.

The bill we are looking at here is going to raise premiums for people who already have insurance. It is going to raise taxes on all Americans. It is going to cut Medicare—cut Medicare—for our seniors who depend upon Medicare for their health care needs. And while they are doing it, they are going to fund a whole new program rather than save Medicare—a system we know is going to go bankrupt.

Thank you, Mr. President. I yield the floor and note the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

Ms. STABENOW. Mr. President, I am very proud to be here with colleagues of mine who have today joined me on the floor. Senator MERKLEY from Oregon and Senator MARK BEGICH from Alaska are such strong, passionate voices for people in this health care debate, for what we need to do to stop the insurance abuses and to save lives and save money. I am so pleased they are both here with me. Let me take a moment before turning it over to them to talk about what this is really all about for us.

Right now, the bill in front of us basically saves lives and saves money. We save lives through making sure that the 47,000 people who lost their lives last year because they couldn't find affordable health insurance to be able to see a doctor—making sure we change that; by focusing on prevention, also, so people have early detection and people can find out earlier when they have cancer and get the treatments they need to save their lives. There are so many ways in which this bill in front of us literally will save lives.

We save money. We save money for individuals and small businesses that are currently having a difficult time finding affordable insurance. If you have your insurance through an employer, as do about 60 percent of the people in my State, and if you are a large employer, then you can get a better rate because you have a large group plan. If you are a small business, you don't get that same treatment today. If you are an individual, if you are, like many people today, operating out of your home as a businessperson, a single entrepreneur, or maybe you are creating that next great invention in your garage and you are trying to find health insurance as a single individual for yourself and your family, you can't do that right now in a very affordable way.

So we want to fill in the gaps in a system that has worked well for many people with employer insurance and certainly for people in Medicare and our veterans with the VA and our military personnel and others. But we have a little less than 20 percent of the public right now that is left out there without a way to get affordable insurance, so we want to bring down their costs. We want to bring down the costs for our bigger businesses as well.

We want to make sure we are stopping people from using emergency rooms inappropriately and raising the cost on everybody with insurance and instead give everyone the opportunity to see their own doctor, their family doctor, and make sure their children and their families get the care they deserve.

We know this also saves money for the Federal Government, for States, for our economy as a whole, and we know what the numbers are in terms of inaction, the fact that we need to bring down costs across the board.

This bill protects Medicare. We know we would not have the AARP endorsing the House plan and hopefully supporting ours as well—I know they are still looking through the specifics, but they certainly support health care reform, and we welcome their support. They want health care reform. They have said certain things that I think are very important that debunk what we have heard from the other side of the aisle.

We have heard over and over that health care reform will hurt Medicare. The AARP Web site has up on its site: Myth: Health care reform will hurt Medicare. And then it says—not from us but from the AARP, a champion for senior citizens in this country—Fact: None of the health care reform proposals being considered by Congress would cut Medicare benefits or increase your out-of-pocket costs for Medicare services. None of the proposals we have introduced as the Democratic majority, supported by President Obama, would do that.

Fact: Health care reform will lower prescription drug costs for people in the Medicare Part D coverage gap, or what has now been dubbed the ''doughnut hole,'' so that they can get the better, affordable drugs they need.

Fact: Rather than weaken Medicare, health care reform will strengthen the financial status of the Medicare Program—strengthen it for the future.

We know Medicare has been a great American success story, and we want to make sure it is on strong financial footing to go forward for all of us who are baby boomers and beyond, to our children. This comes from the AARP Web site. So we strengthen Medicare. We protect Medicare.

Then we focus like a laser on stopping insurance abuses. We have heard so many times, unfortunately, story after story about families who cannot find insurance because someone in the family has a preexisting condition of some kind—a child who has leukemia, someone who is a diabetic. Even for women, pregnancy has been used as a preexisting condition. We want to make sure all Americans have the opportunity to find affordable insurance. We want to make sure that if you have insurance you have paid for your whole life, you have paid the premiums, you feel confident that because you have health insurance, when somebody in the family gets sick, the companies can't drop you on a technicality.

So we have a number of areas in which we want to stop abuses and, frankly, strengthen the system. We want your children to be able to stay on your policy until age 26 if they need that. That is something I have often said that I wish had been in place a couple of years ago because I know what it is like to have a son or daughter come out of college and that first job doesn't have health insurance.

We want to make sure early retirees get the health care they need and are able to afford their health insurance with the Federal reinsurance plan, to help businesses keep costs down for people who—frankly, many have been forced to retire at age 55 or age 60 and don't yet qualify for Medicare.

So this is the bottom line: We are saving lives, we are saving money, we protect Medicare, and we stop insurance abuses.

I wish to focus for a moment on something else we are doing that is absolutely critical to me and, I know, to colleagues across the country, because this plan will also save jobs. Folks have said to us: Well, don't talk about health care; let's talk about jobs. Lowering the cost of health care is about jobs. It is about jobs. We lose jobs overseas to other countries that have lower health care costs than we do. We have seen plants—in fact, in Michigan—go across a river that you could swim across, the Detroit River, from Michigan into Canada, everything else being equal—a unionized labor force, environmental standards—everything else equal but one thing: the health care costs are less. So this is about jobs, and it is about keeping jobs in America.

We know our plan will allow big employers to save $9 billion over the next 10 years—$9 billion. What will they do with that? They will put that back in,

reinvesting in equipment, building other plants, hiring more people.

Health care reform is about jobs.

Small businesses are estimated to save 25 percent in their costs over the next 10 years with the tax credits we have in the bill—the ways we create the ability to buy through a large pool, to be able to lower costs, and with the tax cuts in the bill to small business. There are tax credits to help all the companies that don't have insurance to be able to find affordable insurance.

The bottom line is, it is estimated that if we do nothing, the costs to businesses will double, and we will lose 3.5 million jobs. We can turn this ship around and begin to bring down costs. It is estimated we can save 3.5 million jobs.

People in America understand we have to focus on jobs and the economy. They also know the one-two punch is that when you lose your job, you lose your health care. So in our bill, we specifically create policies that make sure that if you lose your job, you don't lose your health care.

We want businesses, large and small, to be able to redirect the spending on ballooning health care costs and premiums, to be able to redirect that on hiring people and doing what we know how to do best, which is making things in America and putting people to work.

This is about jobs. It is saving lives and saving money and saving jobs in this country. I will conclude by saying that what are we hearing from our colleagues on the other side is the same kind of tactics that were argued in the 1960s before Medicare. You can take some of the same arguments and lift them right from the pages of the CONGRESSIONAL RECORD and you would think it was today's debate, but it was actually back in 1964, 1965, with Medicare. We know the arguments they used then about destroying the economy, about costs going up, about people losing access to doctors, and about how this would hurt businesses—it didn't happen then. We know it will not happen now. But what we are hearing is: Just wait, wait, wait, wait—that is all we heard in the Finance Committee. Don't do it now. What is the rush?

Well, if you are not getting those premium increases in the mail, maybe you don't feel the rush. If you are not losing your job and health care, maybe you don't feel the rush. But we have been talking about this for 100 years. We are tired of waiting. The American people are tired of waiting. They are saying business as usual for insurance companies: Let the insurance companies decide whether we are going to have maternity care covered under basic insurance. That is not necessary. It is an option. Let them decide whether we are going to focus on prenatal care.

We are 29th in the world in the number of babies who live through the first year of life—below Third World countries. Right now, 70 percent of the insurance companies in the individual market don't offer maternity care as basic health care. They say let the insurance companies decide. Let them be the ones between you and your doctor. When a doctor says what he wants to do when you are sick, what is the first call they make? To the insurance company. They say that is OK, let the insurance companies be the ones deciding what you are going to pay or get, whether you are going to be able to find coverage. Let them stand between you and your doctor. We say: No, we have had enough of that.

Finally, they say higher costs for middle-class families and small businesses are OK. Higher costs are OK because they are willing to allow this craziness to continue. Mr. President, we are not.

Let me emphasize, again, the bottom line: This is about saving lives, about saving money, and it is about protecting Medicare and stopping insurance abuses. We are committed to doing those things, getting through all the misinformation. All those who make so much money off the current system are just flailing and saying anything right now to try to stop us from getting control of the system and bringing costs down and making health care available. We are committed to getting this done for the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska is recognized.

Mr. BEGICH. Mr. President, I thank Senator STABENOW for her leadership. Last night, I had the honor of presiding while she spoke. I heard her first comment after she heard the other side describe the bill, saying it is so big they cannot read it, but they had great detail, for some reason. She even said she wouldn't support a bill as they described it. I agree with her. After hearing the last hour and what they described, I wouldn't support it either.

But that is not what this bill is about. This bill is about saving lives and saving money, protecting Medicare and stopping insurance companies and their abuse. I sat here for a few days—and I preside quite a bit, and I enjoy the opportunity to watch. I see the props brought out by our opponents. They always bring out the bill. It is almost always taller than they are. It is interesting that the prop is not realistic. The American public should know that. They make it look like it is such a large bill that they are incapable of studying it and reading it in a fashion—something that drives one-sixth of our economy. I learned one thing. In the last 11 months, I have gotten so many different books on different issues, and it is amazing. I took the bill—one of the pages out, page 114, and I was curious and thought, if we converted this into a regular book page similar to the ones we read on a regular basis—or all the books I get that people want me to read—I said, how big would it be? Well, it is just about as big as the book I have here. It is not hard. If you want to do it—and former Senator Martinez, who left us recently, I took his book, and it is an easy read. Maybe you would have to read it twice. It is not as they describe—like it is some complicated, huge document that is bigger and taller than they are. It is not a fair representation of what we are doing.

As you know, we have lots of pages here who work hard every day. I know they were surprised when I grabbed one of their textbooks for just one subject matter that they are required to study in order to be proficient. If you converted it into bill language, it would be four times the size of that document that they stack next to them. We ask our young people to be well educated, to learn the topics, and understand what they are referring to when they are tested. It is a simple thing.

I encourage our colleagues on the other side to not be so extreme in the way they display the bill. It is not accurate. I think it is important to recognize that. This book is short. Probably people cannot see this book because it is so low on this table.

The other thing, as a new Member, I am learning the elements of the process here. I heard some colleagues on the other side talk about the process. The motion to proceed is a simple issue. It is an issue of are we going to debate this in earnest. Are we going to put ideas on the table rather than just talk about it and talk about it? We tried this a few weeks ago on the Medicare fix. The idea was a motion to proceed so we could move forward and debate how we were going to pay for it. The Medicare fix is critical to Alaskans. We have Alaskan seniors who want to make sure the reimbursement rate is the right one to ensure long-term coverage. But they didn't want to move on the motion to proceed. Therefore, we never debated how to pay for it. We couldn't get there with the amendments that many of my colleagues on the Democratic side were anxious to put forward. That is where it is.

To the American public and for folks listening to this forum here, it is important we keep to the facts, and they are very simple. This bill saves lives, money, protects Medicare, and stops insurance abuses. It is proconsumer, pro-patient. It creates more affordable access to health care. It strengthens Medicare, as I said. It is fiscally responsible. We have a long way to go. I hear, again, my colleagues on the other side say rush, rush, rush or, as the Senator from Michigan said, they always want to wait, wait, wait. The fact is, we are going to have weeks of debate, and there are items I will bring forward to improve this, similar to many of my colleagues on both sides who will bring forth amendments. That is what we should let happen in the process—debate it, discuss it, and end up with a product that will improve the health care system of this country. That is the goal.

When I hear, on the other side, that somehow this bill will be rationing, delaying, and denying care—I don't know about you, but I get letters every single day about people who have been denied care by their insurance company, who have been rationed out because they have preexisting conditions. They cannot get coverage because of the delay of the private insurance companies and the techniques being utilized.

It is important to know the debate on this side of the aisle on this bill is about ensuring that we will no longer have insurance companies denying or dropping coverage. We are asking insurance companies in this bill not to place limits on your coverage and ration your care. As I said, there will be no discrimination for preexisting conditions, and there will be preventive care, making sure people can access their health care and their insurance.

As was said by Senator STABENOW, who clearly understands the job issues because of the struggle in her State, there is a report—I will cite a few things, and I know Senator MERKLEY from Oregon has many items, because as we have sat here as freshmen talking about health care, I know he has more to share from the small business perspective.

My wife has been a small businessperson for many decades. A report was done by the Small Business Majority, working with MIT. Here is the basic data. The largest employers in this country are small businesspeople. Small businesses will pay $2.4 trillion over the next 10 years for health care costs for their workers. With minor reform, I believe that is what we are offering, at minimum. It will save them as much as $855 billion. That is not me or a bunch of politicians coming up with this; it is people in the small business community working with folks to do the research who determined this. That means more small business can employ people and raise capital, expand employment, create new jobs. As described earlier, it saves real money for small businesspeople.

I can tell you my brother-in-law who owns and manages one of my wife's operations has diabetes, a preexisting condition, and he has a $15,000 deductible. He pays an enormous amount each month, with no preventive care or chronic maintenance. It is a program that will not do much for him until he ends up in a hospital in a severe condition.

This bill is not just about making sure the insurance companies are held accountable and do the right thing for people who buy and have insurance today; it is also about creating jobs and making sure the private sector continues to grow.

The last thing I will mention right now—and we talked about this—is protecting Medicare. This bill protects Medicare. Why I know this is because I have looked at that component of the bill and, most recently, I had to explain this to my mother who is on Medicare; she is 71 years old. She discussed this with me just this week, as I visited her at her home in Carson City, NV. She described her sister, my Aunt Audrey, who has a disease. She is in the doughnut hole, where she has to pay for prescription drugs that she had no idea she would have to pay for. Today, this bill is trying to rectify and fix that problem and make sure seniors who are struggling out there don't end up having enormous out-of-pocket expenses. This issue around Medicare is not real. What we are trying to do is solve the problem and make sure to extend its length of stability but making sure seniors get more. They have earned it and they deserve it. This bill moves it forward.

Again, I wish to reemphasize the point that this bill reduces the deficit. It has a positive impact for this generation and future generations—$127 billion in the first 10 years, $650 billion in the next 10 years. That is what it does.

You will hear all kinds of numbers—and I am sure people who watch this get confused, as I do at times, listening to all these numbers they throw out. But that is the fact. That is not decided by us as Democrats or Republicans; that is the independent office of CBO that made that determination. They determined that is the positive impact to the deficit.

We need to push aside all the debate and rhetoric that is out there that is not factual and focus on what is right. Again, as we move forward on health care and insurance reform, there will be a lot of stuff put on the table. There will be items I will put on the table to work to improve health care and to protect Alaskans—yes, I will be parochial at times—but also look to the greater picture for America. This will be a great debate. It won't end Saturday at 8 o'clock; it will continue on and on, probably to some folks' dismay because it will be longer than people want.

The fact is, we will debate this issue. We will struggle with it. We will struggle with it within our own caucus of what the right decision is. But when done, our focus is the American people, improving the system—the status quo is not acceptable—and ensuring that we save lives, save money, improve Medicare, and hold our insurance companies accountable for their actions.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, it has been a pleasure to listen to the comments of my colleagues from Michigan and Alaska, Senators STABENOW and BEGICH.

The bill before us saves lives, saves money, saves jobs, strengthens Medicare, and ends insurance abuse. You wouldn't have known that is the case if you were tuning in earlier to the Republican discussion in the last hour because what we had were a series of interesting arguments ranging from the plain silly to the flat wrong.

On the plain-silly end, we had a stack of paper about the complexity of a bill that addresses one-sixth of our economy and quality of life for every single American. My friend from Alaska has pointed out that if you put it in a normal size print, that is about equal to a normal book. I think we ought to realize that with a topic as serious as health care reform, which is touching the lives of every American, you are going to want to be thoughtful enough to address it in that detail.

We also had in the last hour a conversation about how much does the bill cost per page. Senator GREGG from New Hampshire said the bill is going to cost $2 trillion and there are 2,000 pages, so it costs $2 billion a page. Last I checked with my schoolchildren, 2 divided by 2 is 1, not 2 divided by 2 is 2. But that is not the point. The point is, health care reform is not an issue to be played with hysterics, to be played with phony visuals, to be played with phony math. This is about our future, a future in which our businesses can compete around the world and in which our small businesses are able to provide health care. In fact, this is about quality of life for every single American.

In the course of my colleagues from across the aisle discussing the bill, they actually made a pretty good case for it. Let me start with Senator BURR.

Senator BURR said health care reform should be about choice but this bill takes one-size-fits-all. Boy, I thought, he is absolutely right. Health care reform should be about choice, and this bill before us is about choice.

Right now in America, we have one dominant player in most major health care markets. Even if we have more than one, we have antitrust exemptions that enable the health care companies to collaborate and cooperate. So you don't have real choice in the marketplace today.

What does this bill do? This bill says we are going to give every American the same type of choice Federal employees have. I became a Federal employee in January after I was elected and sworn in. I was told to go to a Web site and look at all the choices I had. My wife and I sat down and looked at the situation facing our family, and we chose the health care plan we thought would be best for us. We had that choice. What this bill does is it creates a health care exchange or health care marketplace that creates those choices and puts them in front of every family.

I will tell you that right now it is very hard for an insurance company to go into a new market. Why is that the case? Because in health care, unlike in life insurance, you have to do contracts with the providers. You cannot sell health insurance if you don't have arrangements with the hospitals and the doctors. It is very expensive to do. You don't yet have any customers. So it is very hard to break into a new market. But now, if you have a computer marketplace that citizens who go to the exchange are going to see and have a

chance to change plans every year, you have automatic access to the customers and you can then afford to make contracts with the hospitals and physicians. It encourages competition across State lines. Take Oregon. You may have a company operating in Washington, Idaho, or California now say: Yes, we want to be on that exchange in Oregon.

I say to my colleague from North Carolina, he is right, reform should be about choice, and this bill is about choice.

My colleague, Senator BARRASSO, told a poignant story. He told a story about his wife having breast cancer and how fortunate he was and she was and their family was that it was detected by a mammogram and how important that type of preventive care is. I couldn't agree with him more. But millions of Americans—45 million, 47 million, one report says 50 million—do not have health care, and therefore they cannot get those preventive tests. They cannot get that mammogram if they are a woman. They cannot get that prostate checked if they are a man.

Senator BARRASSO makes a very good point about why we need to expand health care coverage throughout this Nation. The bill Senator REID has put before us will reach between 94 to 98 percent of all Americans.

The question came up: Why not 100 percent? Because Americans move a lot. Americans have crises and may not be paying attention when they are supposed to sign up. There will always be a small part of the population that is not signed up for health care. That is why it is a few percentage points. Let's put it this way: 100 percent of Americans will have the opportunity to have affordable, accessible health care. That is what this bill is about.

Returning to my colleague from North Carolina, he made the point that the bill before us is not about reform and that it should be about reform, about insurance reform. I have good news, good tidings for my colleague from North Carolina. Embedded in this bill are all kinds of reforms that are important for every person who has insurance in the United States of America.

First of all, guaranteed issue. You cannot be turned down because you have a preexisting condition if we pass this bill. I cannot tell you how many Oregonians—and I am sure it is true in North Carolina—have been turned down for health care insurance because of some health care problem they had in the past, maybe in the far past of their life.

This bill says you cannot have a lifetime limit. What kind of insurance do you really have if you have a $50,000 or $100,000 lifetime limit? After 20 years of paying your premiums, you get sick and, as you all know, you can wipe out $50,000 or $100,000 in a week or two. And now you are informed—you paid health care insurance for 20 years, you have been in the hospital for 2 weeks—sorry, you are on your own now. What kind of insurance is that when it is not there when you need it? This bill reforms that.

This bill adds nondiscrimination for gender, which is a fundamental value I think all Americans share.

This bill says you cannot be dumped off your insurance when you get sick or you have an accident. How many Americans have paid health care insurance premiums for years, paid those premiums month after month, are very healthy, rarely go to the hospital, rarely go to the doctor, but then they have a car accident and are seriously injured or they have bad news and have gotten a serious disease and they get that letter from their insurance company saying: Sorry, we are not renewing your insurance; you are on your own. So now, because preexisting conditions are not allowed, they cannot get insurance from anybody else either. They truly are on their own. This bill reforms that.

I am glad to let my colleague from North Carolina know that this bill is about reform.

Senator ENZI noted the story of selling shoes, that he had three shoestores and that when a customer came in and he showed him a shoe and that customer said that shoe is too expensive, he knew he shouldn't keep pushing the same shoe, he should not keep trying to sell it. No, he should show him a different shoe. That is exactly what the public option does in this bill.

Those who are in support of the status quo and don't want reform, they want to keep sending the same shoe, keep saying: Americans, you have only one choice or maybe a couple choices. But within a situation where there are no antitrust provisions, you just have to keep going back to that private company—no new shoe for you; no different product for you. But this bill says: No, if you are not happy with that, there is another alternative. In fact, this bill not only gives you one new shoe, it gives you two. Nonprofit co-ops can be set up—a provision that came to us through the Finance Committee—and it gives you a strong public option, a plan dedicated to healing, not dedicated to profits. So if you are not satisfied with the insurance you have, you have some alternative choices.

I think my colleagues across the aisle made a very good case—maybe better than the case I could make—for the fact that we need health care reform. We need it for large businesses so they can compete around the world, and we need it for our small businesses so they can afford to provide health care to their employees. We need it for our families because health care is about the biggest stress families face in America. If you have health care, you are worried about losing it, and if you don't have it, you are worried about getting sick. We need health care reform today.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, I wish to take a few moments and continue this discussion and then turn it over to the distinguished Senator from New Mexico, Mr. UDALL. We are so pleased to have him. We served together in the House. We are pleased to have him as a colleague in the Senate. They are a terrific team of people who are so smart, who care so much and have such great experience. Our previous speaker, coming from Oregon as the leader in the State legislature, and Senator BEGICH, as a leader, as a mayor—we bring a wealth of experience of people who have been serving, problem-solving, trying to make government work, make the right decisions at various levels of government. It is wonderful to be working with them today.

I wish to take a moment because I understand that the Republican leadership, our colleagues, are currently holding a press conference talking about what we are doing is somehow rationing care. This is the same argument, by the way, used back in the sixties with Medicare. Somehow seniors would not be able to get care, it would be rationed, which, of course, is the exact opposite of what happened.

Now people hold their breath if they retire early and don't have insurance, just waiting to turn 65 so they can get Medicare and they can see whatever doctor they want, not the one the insurance company says they can see but the doctor they believe they need to see, the specialist they believe they need to see.

We know that for too many people in this country, there is the ultimate in rationing. Over 45,000 people lost their lives last year because of the ultimate rationing. They couldn't find affordable health insurance. They couldn't see a doctor. They couldn't get the care they needed. Mr. President, 45,000 people in the greatest country in the world paid the ultimate price. Shame on us. We want to stop that. This legislation will head us in the direction to stop that, to say as a matter of principle in this country that it is not acceptable that any American would lose their life, any mom or dad would lose their child because they could not find affordable insurance in this great country.

We also know that every year we push as hard as we can to increase the amount of money going to the National Institutes of Health to gather information, to do research to save lives—to save lives through research, through information. In this legislation we want to make sure as the NIH is doing more research, as we are looking at better prescription drugs or new cures, that we are giving physicians and patients the very best information.

I am not scared of information. I want information for my family, for myself. I have been in a situation—I am sure that we all have—talking to

my physicians, where they said according to the latest data we now think a little bit differently about a particular procedure or a particular medicine. And they make a different recommendation. I want my doctor to have that information. That is not rationing. In fact, we specifically say in this bill, we specifically prohibit the Secretary of Health and Human Services from denying coverage of treatment solely based on research, solely based on information. But we certainly want the information.

I think it is kind of silly to even argue about whether we want medical research and information so our doctors have the very best information to be able to treat us. Right now, less than 1 percent of our health care spending goes to examining what treatments are most effective. We want to make sure the information is there for physicians. Physicians support that, by the way. This is something in the House bill, endorsed by the AMA, endorsed by medical professionals all across the country. We want our doctors to have more information to do a better job for us, not less.

We are hearing, over and over, scare tactics. We know we are going to continue to hear that until we get to the end and pass this bill. But none of the groups—doctors, nurses, family groups, consumer groups, business groups—none of those who currently support this legislation would be doing so if they thought it was in fact doing the things the other side is claiming it is doing, and certainly not if it was rationing care. The ultimate rationing right now occurs when people arbitrarily get dropped because the insurance company doesn't want to pay the bill; when people cannot get the coverage they need because of a preexisting condition; or when they lose their life because they can't find affordable insurance. Our legislation is about saving lives and saving money.

I wish now to turn the floor to my colleague from New Mexico.

The PRESIDING OFFICER. The Senator from New Mexico is recognized.

Mr. UDALL of New Mexico. Mr. President, I thank Senator STABENOW for that very good statement on what I think is a very important issue. As we speak, and as I have watched the floor, I hear my Republican friends talking, as Senator STABENOW said, about rationing. They are seeming to imply this legislation somehow would do that. They also look at this administration and see that a prevention task force report of some of the key experts in the country, trying to give us the very best science, the very best medicine—that somehow that could be rationing.

My advice to women, listening to this debate, is that they should be consulting their doctors when it comes to things such as this. They should be listening to their doctors. Their doctors are up on the best research, they are up on the best science, they are up on the best medicine and get on top of it.

I would say to the women of America: Listen to your doctors, not to Rush Limbaugh.

Senator BEGICH from Alaska is on the floor. I am happy to join with him and Senator MERKLEY and DEBBIE STABENOW—with all these great Senators down here—to talk about this bill. But there is something that—I look on the other side and I see these huge stacks of paper. We should be a little bit truthful and talk to people in a truthful way about these stacks of paper. First of all, they are one-sided, so you only have print on one side, which is not even the way we print them up around here. I have had mine printed up on both sides so I use both sides of the paper. They have made an attempt here to make it look a lot higher than it is, as Senator BEGICH pointed out here earlier today, and if you take the type and reduce it to the regular type of a book, you come out with an average size book.

We are doing a piece of health care legislation that is very important to this Nation, a significant part of our economy, and we want it to be something that will rein in these insurance companies, bring in competition, bring in more choices, so we have to be careful about what we put in it. I think we should focus on the substance rather than focus on the gimmicks. We are getting a lot of gimmicks from our friends on the Republican side with these big stacks of paper. Let's talk about the substance.

I hope we are going to see someday in this debate an actual Republican bill and proposal so we can debate it back and forth. We have not seen that yet. We have just heard an awful lot of rhetoric.

One of the things I want to talk about today is what is a very important part of this bill and that is the public option section. A public option would bring to the Nation more competition. What we want more than anything is to have more choices when it comes to insurance. We want to see as many choices out there in the marketplace.

Sometimes I don't understand, when my Republican friends talk about this, because we are talking on their terms—about competition, about choice in the marketplace, giving people more choices. I don't understand why they are opposed to those kinds of solid principles that are the backing of this particular bill.

The other thing a public option would do is keep insurance companies honest. That is tremendously important. We have these insurance companies out there, we know they are doing very well in terms of their profit making. I am going to be talking about that in a little bit. We know they have very high administrative costs. If you have a public option that is actually dedicated to providing health care rather than to making a profit, then you are going to have something going on in the marketplace that will keep everybody honest.

As you can see here, keeping the insurance companies honest, inserting competition into the market, and giving the uninsured access to affordable coverage—that is what we are talking about here. When we say a ''public option,'' we are not talking about subsidized by the government. This is going to be fully financed by premiums. The public option is not going to make a profit for its shareholders, it is going to focus on health care. It would have low administrative costs since it operates as a nonprofit. It would exert bargaining power to obtain discounts from providers. It would offer savings to its subscribers with lower premiums, greater benefits, or lower out-of-pocket expenses. It should follow the same insurance requirements as private plans. What you are going to see is the public option offering low cost and high value.

I think at this point what I wish to talk a little bit about is what has happened with some of our major health care insurance companies in the last couple of months. We have reached the end of a quarter. You see Wall Street has completed its third quarter earnings. Two of the big health care companies, Humana and Cigna, released their reports a couple of weeks ago. Let's just say that both companies did very well last quarter.

How well, you ask. Humana reported a 65-percent jump in profits over the same period. That is a big number. But, ironically, Humana's earnings seem positively restrained compared to Cigna's report. That is because Cigna reported a 92-percent increase in third quarter profits—92 percent.

Many companies right now are just getting back on their feet after the worst recession since the Great Depression. Although the economy is improving, times are still tough. When you take that into consideration, an earnings report with a 65-percent jump or a 92-percent jump in profits makes you wonder how Humana and Cigna are doing so well in such tough economic times.

I will tell you how they do it. They do it by putting profits above people. While Humana and Cigna touted earnings that are incomprehensible to the average person, or the average business for that matter—the average businesses, the business people I talk to say, are making 10 percent, 15 percent profit if they are doing well. Yet here these folks are making these huge profits.

While these health insurance companies are doing that, 47 million Americans continue to struggle without health insurance. While Humana's total revenue jumped 8 percent to almost $8 billion, and Cigna predicted profits of more than $1 billion this year, small businesses began reporting that their premiums are expected to jump more than 15 percent next year.

Unfortunately, Humana and Cigna are not alone in their ''profits above people'' business model. Over the past 7

years, publicly traded health insurance companies, companies that include Humana and Cigna, saw a 428-percent increase in profits—428 percent increase in profits. While the companies were raking in the cash, so were their CEOs, who in 2007 alone made $118 million between 10 of them. That is why health insurance premiums more than doubled over 9 years. Health insurance premiums doubling over 9 years, three times faster than wages increased.

Giant insurance companies are happy with the status quo. For them it means little competition, skyrocketing profits and the ability to do just about whatever they want to do to boost their bottom lines. A public option would change all of this. It would keep insurance companies honest by putting much needed competition back into the market. It would provide real choice for Americans by giving them another option that best meets their needs. And it would help small businesses and the self-employed by making health insurance for their employees more affordable.

I urge my colleagues on both sides of the aisle to pay close attention to these earnings reports. I urge them to take a hard look at the skyrocketing profits these health insurance companies have reported and ask themselves: Whose side am I on? The insurance companies that continue to put profits above people, or the people I was sent to Washington to represent?

I know which side I am on. I know a public option is the right thing for Americans and the right thing for this country.

One of the things we hear in this debate—all of us, as Senators, stay in constant contact with our constituents. We get mail, we get telephone calls, we get e-mails. My constituents in New Mexico have talked to me a lot about their health care problems. They have talked to me about their rising premiums. They have talked to me about losing their insurance. And they send me some very powerful stories I want to share.

Here is a story from a woman in Placitas, NM. Here is what she wrote me in an e-mail.

Dear Senator Udall: I own a small business—just me and my secretary. I just got my notice from my insurer about the rate increase for next year, which is between 9 and 10 percent. For two people I will now be asked to pay $2,300 per month in premiums.

We can't afford it. I am now faced with the likelihood of having to drop insurance, which for two cancer survivors is not the right answer.

I know you support the public option and that you are a reliable vote for reform. But if anyone on the Hill is keeping a record of how the inanity of this debate is actually affecting real people, please include this e-mail in the log.

How would a public option help in that circumstance the woman just wrote in about? A public option would provide another, more affordable choice for small businesspeople such as this lady from Placitas, people who own their own businesses, who are doing the right thing, pursuing their own American dream. These folks cannot achieve that dream when they are paying outrageous costs for health coverage for themselves and their employees. A public option would help small businesses succeed by giving them another, more affordable choice in the insurance market.

This is something we need to focus on. As we flip through the bill, as the American people look at this bill, ask themselves: Are you for the status quo, are you for keeping these premiums going up, are you for the insurance companies dominating the market or are you for competition? When it finally comes down and we look at the overall package, it is going to be clear.

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

The Senator from Florida.

Mr. NELSON of Florida. Mr. President, I will vote for the motion to proceed. That gets us to the point at which we can have the bill before the Senate in order to debate and to amend the legislation. It is a debate we must have. It is a debate we cannot afford not to have.

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

Mr. NELSON of Florida. I ask unanimous consent that I be able to proceed for 2 minutes.

Mr. ALEXANDER. That is OK as long as it is taken from the Democratic time.

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

Mr. NELSON of Florida. I will vote for the motion to proceed to bring the legislation before the Senate. This is a debate we must have. It is a debate we cannot afford not to have. What is before us is to make health insurance available and affordable. The legislation that will come before us will prevent someone from being denied insurance because they have a preexisting condition. It will not allow the insurance companies to cancel policies because someone is sick. It will bring in millions of uninsured people who will then be able to have insurance and can afford it. By the way, that brings down the cost of all the rest of our premiums because they get health care at the emergency room, and guess who pays. All the rest of us do, to the tune of a national average of about $1,000 per policy. This legislation will reduce the deficit, $130 billion over the next 10 years and over $650 billion in the second 10-year period. There is room for improvement. That is why we need to debate it. That is why we need to amend it. I will be offering an amendment that will produce savings to the taxpayers of another $100 billion by lowering the cost of drugs to Medicare recipients. Let the debate begin. I look forward to it.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, the Republican side should now have 60 minutes; correct?

The PRESIDING OFFICER. The Senator is correct.

Mr. ALEXANDER. That will extend until about 2:05.

The PRESIDING OFFICER. The Senator is correct.

Mr. ALEXANDER. Mr. President, the debate has begun. The debate is about reducing health care costs—the cost of premiums every American has or the cost to the government that every American has to be responsible for. The bill we have been presented goes in the opposite direction. It raises taxes. It means higher premiums. It cuts Medicare. It transfers major new costs to States which, in turn, will damage higher education and/or increase taxes or both.

Our purpose on the Republican side is to take this next hour, as we intend to take several hours, all the hours allocated to us today and tomorrow, and help the American people have a chance to read the bill section by section, to understand what it costs and to understand how it affects them.

In this next hour, the Senators from Georgia, Mr. CHAMBLISS and Mr. ISAKSON, and the Senator from Kansas Mr. BROWNBACK, will be focusing on tax increases. We will be referring specifically to page 348, title I, subtitle (f), part 2 of this 2,074-page bill, which has to do with the tax on employers. We believe a great many employers will look at this big bill, look at the tax on them, if they don't pay insurance, look at the new government program and say: It is going to be a lot easier for me to pay the fine and write a letter to the employees and say: Congratulations, I have written a check to the government. You are on the government plan.

Then we will go to page 2,040 of the bill, which is the new Medicare payroll tax. That is a tax on hiring. You heard that right, a tax on hiring in the middle of a 10-percent unemployment situation. How is that going to create any jobs? We don't think it will.

Then Senator CHAMBLISS, especially, and Senator ISAKSON, because of his background as a small businessperson, will talk about what Republicans want to accomplish. If you are waiting for the Republican leader to roll in a wheelbarrow with a 2,074-page Republican version of health care reform, you will never see it. We don't believe in that. What we do believe in is identifying a goal—reducing the cost of your premium, reducing the cost to the government, and then going step by step toward that goal; for example, by reducing junk lawsuits, by allowing small businesses to pool their resources to purchase insurance, which we have offered but the Democrats will not allow to come forward, and by allowing people to purchase health insurance across State lines. Senator CHAMBLISS and others of us will talk about this during the next hour.

That is the Republican plan, to do what most Americans want done, to reduce the cost of premiums, and to not increase premiums and taxes, or cut Medicare.

There is one hidden tax I wish to talk about because it is in the bill, and it is in the news. Most Americans may have seen that the University of California yesterday raised tuition 32 percent. There are, in our country, around 18 million students who are in higher education. What I wish to say to them is, if this bill passes, their tuition is going up. California's tuition is going up again. It is going up in Tennessee. It is going up in North Dakota, in Nebraska, in Georgia, everywhere there is a public college, university, or community college there are going to be new taxes or higher tuition or both.

In California right now, they are pointing fingers at each other about the 32-percent tuition increase. But they should be pointing the finger at us, Washington, DC, Congress, because it is we who have allowed the Medicaid Program, the largest government-run program we have in the country, to go year after year with increases of 7 or 8 percent. We require every State, if it opts in, to have a government-approved Medicaid Program. In our State, it is called TennCare. That Medicaid Program is helping bankrupt the States.

Here is a State of Tennessee headline: ''State looks at $1 billion in cuts.'' Part of that is from the recession. But part of that is because of the increased cost of Medicaid. What does this bill do? It sends to the States another $25 billion in increased Medicaid costs. What will that mean? Higher tuition rates, higher taxes, or both. The University of California has the reputation as the best public university in the world. It will not be that very long if the Congress of the United States doesn't rein in Medicaid and reduce its cost so Californians can afford to have both a health program and a fine university system. The Governor of Tennessee has said the same thing. He has been outspoken about this. He has talked about exactly the dollars it will cost us. In the House bill, it is $1.4 billion over 5 years. In my view, I don't see how the State of Tennessee can pay that without a big State tax increase or without damaging higher education or both.

Someone might look at this and say: What does health care have to do with a 32-percent tuition increase in California? It has everything to do with it. Instead of reining in Medicaid, we are expanding Medicaid. By doing that, we are making it impossible for virtually every State to properly support higher education. The only choice they have, other than taxes, is raising tuition for 18 or 20 million students across the country. Californians, if this bill passes, your tuition is going up one more time.

I call on the Senator from Georgia, Mr. ISAKSON. He spent a number of years as the leader of the Republicans in the Senate. He dealt with the Medicaid question. He dealt with the question of taxes. As a small businessman for most of his life, he understands well the impact of new taxes on hiring and mandates on businesses.

Mr. ISAKSON. I thank the Senator from Tennessee.

Mr. President, I am delighted to be a part of the debate for all the right reasons, to talk about things we can do but also talk about things that the proposed legislation, in fact, does do to the American people, to small business, and to our future.

When I end my speeches in Georgia, I always end with the same line. I say: I am 65 years old. I have nine grandchildren; in fact, No. 9 was just born. His name is Hunter. He is 5 weeks old. I always say my life is about their lives. The rest of my life is about making their lives as rich, as prosperous, as safe, and as free as the one my parents left to me.

Legislation such as this severely threatens that. I wish to talk about two ways in which it does.

The heart and soul of America is the small businessman, as 73 percent of our employees are employed by small business. I ran one. I had 200 employees and 800 independent contractors. By law, I could provide health insurance to the 200 employees, and I did. But contractors, because they are independent, the IRS will not let an employer provide that benefit. That is one of the reasons you have a large number of uninsured who are actually working—real estate agents, sole proprietors, contractors. The Senator from Tennessee and I and the Senator from Wyoming, Mr. ENZI, then as chairman of the HELP Committee, proposed a small business health care reform act, a Republican act proposed in this body to cover one-third of the uninsured without raising rates or without raising premiums or without raising taxes. We had to get to a cloture vote of 60, and we only got to 57. So 3 years ago we missed a chance to cover one-third of the uninsured by a change in our law which would make it more affordable and accessible for independent contractors. That is what we were for.

Let me tell you what this bill does to a small businessperson. No. 1, if you have more than 50 employees and you do not offer them health insurance, you have to pay a fine of $750 per employee for ad infinitum. If it is 500 or 51, you have to pay a $750 fine. I ran a company for 20 years. When I ran that company, I did provide insurance to 200 employees. I paid about $3,200 a year for the company's expense of their group health insurance. They paid the balance. If this offer were before me as a small businessman, then I would have said: Well, I have a $750 fine if I don't insure them and a $3,200 cost if I do. What should I do? Well, as a businessman, you are going to elect not to provide insurance, to pay the less expensive cost, which is the $750-per-person fine, and drive them into a public option.

This is not about a public option, it is about a public ultimatum, because as you look at the revenue-raising procedures, the tax-raising procedures, and the policy procedures, it basically drives people to a public option and drives small business away from providing that insurance.

There is another way it hurts small business. It also says, if you do provide health insurance to an employee and the cost of their part of the premium exceeds 9.8 percent of their annual income, then you have to move them to the public option, and they get subsidized. But you get fined $3,000 a year for the rest of the number of years that person works for you because their cost to their insurance was more than 9.8 percent of their income. You might say: Well, whose insurance would be more than that? Well, if you take a receptionist or someone like that today in a business, who may be making $25,000 or $30,000—an entry-level job—9.8 percent of that is only $2,800, $2,900. It would be more than easy for their share of their premium to exceed 9.8 percent. So the company gets fined, the employee gets driven to a public plan, and more revenue goes to the government through an indirect tax of a fine.

Mr. ALEXANDER. I wonder if the Senator would yield for a question?

Mr. ISAKSON. Absolutely.

Mr. ALEXANDER. If the employee were eligible for the Medicaid Program in Georgia and lost employer insurance and went into the Medicaid Program, isn't it true that the employee who went into the new government plan under this bill is likely to pay a higher premium and have a harder time finding a doctor?

Mr. ISAKSON. There is no question. I say to the Senator, you are exactly right. To think that it actually benefits the employee by doing that is wrong. They will have fewer doctors providing the coverage, and their cost might, in fact, be higher.

But I want to talk about one other thing on the small businessman before I yield to one of my other colleagues.

There is another tax—and we have heard the business about taxing the rich. This bill provides a surtax on payroll—a payroll Medicare tax on any employer who makes more than $200,000 if they are an individual or $250,000 if they are a couple. The Medicare tax goes from 1.25 percent—your share; the company matches it—to 1.95 percent.

Now, $200,000 is a lot of money, and so is $250,000. But to a small business incorporated as an LLC, a sub S, or something like that, that pays taxes as an individual, that is 1.95 percent doubled, which will increase the tax to 3.9-percent on every dollar that company makes on gross, not profit, if they're above $200,000. It is a tax on their business for Medicare to pay for a public option, not for Medicare. And Medicare goes broke in 2017.

So we are raising taxes on Medicare for the alleged rich, which really is most small businesspersons, all to pay for a program that does not benefit Medicare. The unintended consequences of this legislation are disastrous to small business, it is inappropriate in the way they are handled, and

it is directed to drive people to an inevitable option to where there is no option at all.

I thank the Senator from Tennessee for giving me the time. I know my colleague from Georgia, Senator CHAMBLISS, has a few facts to add as well.

Mr. CHAMBLISS. Mr. President, I thank both my colleagues from Tennessee and Georgia.

I want to talk just for a minute about what Republicans are for. We have been criticized by the folks on the other side of the aisle for being just against what they are for, and that is not at all true. There are actually four other plans that were filed in both the HELP Committee and the Finance Committee, three of which were strictly Republican plans, one was a bipartisan plan, that never saw the light of day, simply because the folks on the other side of the aisle had their minds made up that they were going to have their plan with a government option, and they were going to do whatever they could to move us toward universal health care coverage.

I want to say to those folks on the other side of the aisle who have stood up and said on the floor of this Senate: Yes, by putting a government option in place, our intention is for the government to take over health care—some of them have been very straightforward about that, and they have been honest. There have been others who have been not so honest about that. But that truly is the reason there is a government option in the plan we have up for a vote tomorrow night.

But what are Republicans for? First of all, everybody in this body is in agreement that we want to drive down the cost of health care and we want to drive down the cost of insurance, and those are integrally linked. If you drive down the cost of health delivery, then you will drive down the cost of health insurance.

There are a number of ways we can agree today to enact legislation that will help drive down the cost of health care. What are those things?

Preventive health care. Well, there is some mention of preventive health care in Senator REID's bill somewhere in these 2,074 pages. There is the mention of preventive health care, but there is not the incentive in place to encourage people to move toward preventive health care as was done in the private sector with Safeway, a grocery store chain where the CEO has visited both Republicans and Democrats and talked about the way Safeway was successful in doing that.

We all want to make sure those who do not have insurance today are covered. We want to cover preexisting conditions. We want to make sure we put competition into the insurance market by allowing policies to be sold across State lines. All of those things will work in concert to drive down the cost of delivery, as well as the cost of insurance policies per se.

There is another measure that will significantly improve the cost of delivery; that is, putting in some measure of tort reform. In this bill, with these 2,074 pages, that seeks to totally reform the health care industry in America today, there is not one mention of reforming the tort system in this country, the malpractice reform area. If you go to any doctor and you ask him what is the No. 1 issue on his mind when it comes to reducing the costs in his office, I bet in 99 percent of the cases—maybe 100 percent—they are going to tell you that tort reform must be implemented if we are ever going to hope to drive down the cost of the delivery of health insurance in this country.

Senator GRAHAM and I have an amendment we will be talking about that is a tort reform measure that is a loser-pays style of tort reform. It does not take away the right from anybody who is injured. Anybody who is injured ought to have the right to have their day in court. But it does eliminate the potential for the extensive, frivolous lawsuits that our docs and our hospitals have to deal with every single day that drive up the cost of health care.

I want to talk, too, about one other measure we are for that has been talked about a lot today; that is, covering the uninsured. I think, without question, if you want to drive down the cost of delivery and the cost of health insurance, you need to cover those people in this country who need to be covered.

We have a little disagreement with folks on the other side of the aisle as to the exact number they seek to cover with this 2,074-page bill. But there is one area where we do agree; that is, there are somewhere between 47 million and 50 million people in America today who are truly in that uninsured category whom we all, as a body of 100, would like to see have affordable insurance available to them.

Now, who are these uninsured? First of all, there are about 6 million people in this country today who are uninsured who are here illegally, and they are illegal, undocumented aliens.

Folks on the other side—and there is some question about this when you look at the language in this 2,074-page bill, whether they cover those illegal aliens, but let's assume we all agree they ought not to be covered. There are another 14 million people in America today who have health insurance available to them from the Federal Government in one form or another. Either they are Medicaid eligible or they are eligible for some form of SCHIP, the State Children's Health Insurance Program. In Georgia, it is called PeachCare. For whatever reason, these 14 million people have not taken the initiative to go out and sign up, for example, in Georgia, at the Department of Family and Children Services. I do not know what it is in Tennessee, I say to Senator ALEXANDER, but there is a comparable office in all 50 States for that to be done. What do these 2,074 pages seek to promote as to the 14 million people who have insurance available to them today to go in and take that insurance? Nothing. So these 14 million people are not even addressed.

Then there are another 15 million people to whom Senator ISAKSON just referred. They are people who are either those independent contractors or they are employees who work for employers who do not provide health insurance, but all of them are gainfully employed, and they have the ability to purchase health insurance. Some of these people are dealt with in this 2,074-page bill. Some of them are not because if you are an employer with 50 or fewer employees, then you are exempt, you would not be covered, still, as a part of that 15 million.

Then there are about another 12 million to 15 million whom I refer to as the hard-core uninsured. Those are the folks whom we really ought to try to reach, and those are the folks to whom the bulk of the $2.5 trillion this bill is going to cost during the 10 years when it becomes fully implemented seeks to reach.

I would simply say, if we are going to truly have a health reform bill, we need to start and take it step by step. If the folks on the other side of the aisle are serious about health care reform, we can get the appropriate committee chairmen together this afternoon, tomorrow, or whenever, and begin work on these issues I have just laid out about which there should be no disagreement. We could move forward with developing a true and meaningful health insurance reform package.

I want to come back in a minute and talk about Medicare taxes and the way Medicare is going to be dealt with here. But I would simply throw it back to the Senator from Tennessee, as well as to my colleague from Georgia, because they have both been involved in a very honorable way at the State level. Senator ALEXANDER is a former Governor of Tennessee. Senator ISAKSON was an elected member of our State house, as well as our State senate.

I say to the Senators, you gentlemen have experience dealing with Medicaid, and you know what the taxation side of Medicaid does from a State level. I would like to ask for your thoughts on what this 2,074-page bill is going to do to Medicaid in this country as we know it today.

Mr. ALEXANDER. Mr. President, I thank the Senator from Georgia. I am going to throw the question right back to Senator ISAKSON in just a minute.

I appreciate Senator CHAMBLISS taking time to point out what Republicans are for because it seems as if no matter how many times a day we say it, our Democratic friends do not hear it.

Let me put it this way: Let's say Senator ISAKSON, who has been a small businessman, buys a new small business. He takes it over, and he sees that generally it is working pretty well but

it has some problems with it. I wonder if the first thing he would do is come in and say, I tell you what, let's just turn it all upside down and change it all, or would he say, let's identify the problem, and let's take a few steps in the direction of fixing that problem.

What Republicans are saying is, we have a big health care system that in general works pretty well. Mr. President, 250 million of us have health insurance plans; 47 million do not. Senator CHAMBLISS has just pointed out who those people are. Thirteen million or 14 million are already eligible for plans and for one reason or another do not sign up. A few million are illegally here. Some others are young and think they are invulnerable and do not sign up. But we are saying the problem is the cost, people cannot afford to buy their own insurance, the government cannot afford its health care costs, and people are going broke over this. So we want to reduce the cost.

Senator CHAMBLISS identified this step-by-step approach. He mentioned reducing junk lawsuits against doctors. We have proposals for that. Combating waste, fraud, and abuse—we have introduced legislation for that. Senator ISAKSON talked about allowing small businesses to pool their resources. Additional ways to reduce cost is allowing people to purchase insurance across State lines, so you can shop for more insurance and reduce your cost through competition, and amending the health savings account laws so you can withdraw your money in a tax-free way to pay for your insurance premium, and encouraging wellness and prevention. We could take those six steps, reduce costs, and then take six more.

I wonder, Senator ISAKSON, with your experience in business, if you think it makes any sense for us to just come in here and say: OK, we are really smart here in the U.S. Congress. This is a big country, with 300 million people. We are just going to turn the whole health care system upside down, write a 2,074-page bill, change the premiums, raise the taxes—do all these things—or would you go step by step in the right direction and try to re-earn the confidence of the American people who have lost a lot of confidence in Washington, DC?

Mr. ISAKSON. I think it is an excellent question, because every year in my company we had an annual planning retreat at the end of the year for the next year, and ironically—and I didn't know we were going to get into this discussion—but our No. 1 topic that I would send out to all of my management team is: What is the No. 1 thing we need to correct or do in our company? We would spend the entire retreat talking about that one thing. If that one thing was the uninsured, then what we would have talked about is what do you do to insure that 14 to 15 percent who don't have coverage.

Senator CHAMBLISS hit the nail on the head: Small businesses with health plans that allow independent contractors and contractors to be covered; that is one. Have an immediate identification and registration system for people who are eligible for Medicare, Medicaid, or SCHIP so that when they come to a provider or a doctor they end up getting covered. Then, third, come up with a program that meets that last third, which Senator CHAMBLISS referred to as hard core, those who by choice or by chance are not covered.

The last thing I would have done is said, We are going to throw out the 85 percent of this that works in order to fix the 15 percent that doesn't, and that, in effect, is what this bill does.

Mr. ALEXANDER. I say to Senator CHAMBLISS, one of the most difficult issues I think for many Americans who are watching what we are doing is the plan to cut Medicare. The new bill goes a step further. The way I read it—and I indicated the sections in the bill a moment ago—we are not only cutting Medicare, we are going to tax Medicare. Then we are not even going to spend the money on Medicare. In other words, we are going to cut grandma's Medicare, tax grandma's Medicare, then spend grandma's money on somebody else, and grandma's Medicare is going broke in 3 or 4 years, according to the Medicare trustees.

Mr. CHAMBLISS. In addition to that, we are going to continue to tax young people who are in the workplace for additional Medicare taxes that are intended to be used by them in what is called the CLASS Act, which is another part of this monstrous bill, and chances are those people are never going to see those benefits. There is one tax after another in this bill that applies to Medicare.

One other aspect of Medicare that is of such critical importance here is that they have an $850 billion pricetag, according to the Democrats. According to the numbers and the figures of Senator GREGG, the ranking member of the Budget Committee, who came down here this morning and talked about it, that $850 billion is for the first 10 years. The taxes begin next year. The benefits don't begin until 2014. When you look at 2014 to 2025, the first 10 years of full implementation, the cost of this bill is actually $2.5 trillion, not $849 billion.

Why is it $2.5 trillion? Well, it is because the scope of government has broadened to such an extent that the expense of providing the services is going to be greater. We are going to have more people coming onto Medicare. We know now, as Senator ALEXANDER said, according to the bipartisan Medicare Commission, we will be paying out more in Medicare benefits than we receive in Medicare taxes in the year 2017. There are only two ways to fix that: either raise taxes or decrease benefits. The majority that is in power in Congress today has a habit of not seeing a tax they don't love, so my guess is that is the direction in which they are going to want to go: Raise taxes on Medicare beneficiaries and those in the workplace again to ultimately pay for Medicare benefits down the road.

The other part of this I wish to address with respect to Medicare is the Senator from Florida got up as we were coming on the floor and talked about this so-called deficit reduction. What do they mean when they say we are going to have a $32 billion deficit reduction over 10 years? Well, here is how it works. The deficit reduction is brought about primarily by the addition of a program in this bill to Medicare, what is called the CLASS Act. The CLASS Act is a long-term policy of insurance to take care of long-term health care needs. Young people are going to be required—young people in the 20, 30, 40-year age bracket will pay into the so-called Medicare trust fund that will be used to pay benefits for long-term care for those individuals when they start reaching the age where they need long-term care. So CBO has said that because these folks are 20, 30, and 40 years old and they are going to be buying these policies, they are not going to be getting any benefits for another 20, 30, or 40 years. So we are going to take the position that all of those premiums, which go into the general fund, by coincidence, will go to reduce the deficit. But guess what is going to happen, even according to CBO, when all of these young people who have been paying into the CLASS Act start getting benefits. All of a sudden we are going to start seeing deficits in the outyears, and our children and our grandchildren are going to have an additional debt put on them because of the way this particular provision is scored—and it is being touted as a deficit-reducing provision right now—that truly is going to be a provision that adds to the deficit and the debt our children and grandchildren are going to have to pay.

Mr. ALEXANDER. It must be a little confusing to the American people. I mean, one day Senator REID comes out and, a big hurrah, we are going to reduce the deficit and we are only going to spend $800 billion, and then the next day Republicans come out and say, No, when the program gets going, it is $2.5 trillion over 10 years. I wonder if I could say to the Senator from Georgia, while we have heard you talk about these projections, the senior Republican on the Joint Economic Committee has come to the floor, the Senator from Kansas.

How do you explain this to people in Kansas, Senator BROWNBACK, who must be very confused by this back and forth?

Mr. BROWNBACK. I don't think they are particularly confused. I think they smell a rat in this and they know if you are going to add this big of a program, somebody is going to tax me somewhere here.

The interesting way this is actually scored in the bill is the government uses the old heavy hand of inflation. As

we have heard, many economists have spoken in the past about how inflation is the most cruel tax of all, particularly for the people on a fixed income, because then the base dollars they have do not go as far as they used to. What is scored in this bill—and we have seen this time and time again—is what you have as an inflation factor that is not indexed. It is not indexed.

I wish to show these charts here to prove it. At the end of how this is scored, we will end up having people who have subsidized insurance when they start out, but that in the outyears in the scoring will be taxed for having subsidized insurance. So we will be both taxing them at the same time as we are subsidizing their insurance. And we are also—and I will show a chart here in a minute—taxing their insurance plan that we are subsidizing at the same time, and that is built into the base score. So then that is how you get to a CBO score that, presto chango, the budget is balanced; we are even producing a surplus. It is this cruelty of inflation.

People can remember back to the Jimmy Carter days with 10 percent inflation. They know what that did to them. Look at this. This is all in the CBO scoring. This is from the Joint Economic Committee staff who have been working through these calculations to see, How do you come up with adding a multitrillion-dollar entitlement program and come to a budget deficit-neutral facet to it? What we see here is surtax levels—and this is kind of a busy chart—but this red line is 100 percent of poverty in 2009 and 100 percent of poverty built out over 100 years, which is also part of the scoring system, and then the median income of married households. What you see is families receiving subsidies beginning to pay the surtax in the scoring of this. That is all due to the cruelty of inflation.

Mr. ALEXANDER. I wonder if I could ask the Senator from Kansas, haven't we heard this story somewhere before? As I remember, back in the late 1960s there was a so-called millionaires' tax. We were going after 155 very rich people in America who weren't paying any taxes and now we call it the alternative minimum tax, and if we don't fix it every year more and more people will end up paying this tax. I think last year there were 28 million Americans who would have had to pay the tax.

Mr. BROWNBACK. That is absolutely correct, and it is the same technique. This is the alternative minimum tax on steroids in the insurance industry and in the insurance field. It is the same thing. We fix it every year. That is why this is such a fraud. Do you really think we are going to tax people for their health insurance at the same time we are subsidizing their purchase of health insurance? That isn't going to happen, so those dollars aren't going to arrive. So where are those dollars going to come from? It will be from deficit and debt, or you are going to have this cruelty of inflation taking place.

The bill funds health care reform with increased Medicare taxes. We are going to see that taking place in this as well.

Here is the chart I like that I will show. It demonstrates how we are going to have these Chevrolet plans—you have heard of these health insurance plans. Let me put this chart up. We are going to tax the Cadillac plans, all right? Well, it turns out under this bill, the Chevy becomes a Cadillac. So you are going to tax the Cadillac when it is still a Chevy. That is because of inflation.

Most people know their health insurance premiums have been going up pretty consistently over time. Well, it turns out that the Chevy will metamorphose into a Cadillac and it gets taxed and that is in the CBO scoring of this bill, and that is how you come out with balancing the cost of the bill.

None of this is going to happen. You will have some sort of AMT-type fix that will take place on an annual basis, and at the end of the day you get a big debt and deficit you are going to have with it or horribly cruel high levels of inflation or maybe both.

Mr. CHAMBLISS. I would ask the Senator from Kansas if he would yield for a question. The question is: The Senator from Kansas and I were elected to Congress in the same year. This is our 15th year, I believe, of serving. You have been over here longer than any of us have, and you were involved in State government as well.

Have you ever seen a Federal program that was projected to be at X number of dollars of expenditure which came in on time and on budget?

Mr. BROWNBACK. No, I haven't seen that take place.

Mr. CHAMBLISS. Do you think that when Senator REID comes down here and says this bill is going to cost $849 billion over 10 years, that is a correct figure for a massive reform of health care?

Mr. BROWNBACK. No, and I don't know that there would be 5 percent of the public in my State who would believe that, because their experience tells them differently. Their experience tells them: Look, I know you guys make these great promises and everything, but I also know the further out you make this promise, the less reliable your data, and I have seen that whenever the government gets into things, it always costs a lot more and it seems as though our debt and deficit always keeps growing and it is way too big.

What is troubling is that this is built into the base of how we get to the numbers of getting this as a budget-neutral matter. This isn't going to happen. On top of all of that, you say we are going to save $400 billion in Medicare. We have now voted four times for the so-called doctor fix, which was a slight reduction in Medicare spending for providers, and I voted for it three times, to fix it, on an annual basis. Do you possibly think—possibly think—that the Congress is going to cut Medicare $400 billion, that people are going to come back here and say, You can't do that, you are going to be ruining Medicare and that Congress will fix it? I said this to Treasury Secretary Geithner yesterday: Our experience has never been to do something like that. So where does the money go? It goes right on the deficit and the debt and you are going to add to that $12 trillion estimate. We are hemorrhaging Federal money and, at the same time, the global community is saying, you have to get your fiscal house in order.

We just had our President over in China, hat in hand, with our bankers saying, OK, we think human rights is pretty important, but we need that loan. What we are going to see take place, because this is a fiscally irresponsible package, I think we are going to see the international community saying words are one thing but action is what talks, and we are going to start pulling capital out of the U.S. marketplace. It is going to drive up interest rates, it is going to drive up inflation.

So maybe this scenario happens, but it is cruelly done through inflation, and it is not fair to the American public.

Mr. ALEXANDER. I wonder if I might ask Senator ISAKSON from Georgia, we talked a little bit about his experience as a small businessman. Senator BROWNBACK has talked about taxes and how they are going to go up. According to the Republican Budget Committee analysis, the new taxes in this bill that we have on our desks would be about $850 billion over a 10-year period of time. Senator ISAKSON has been a small businessperson. Some of those taxes would be on you. Who is going to pay the taxes?

Mr. ISAKSON. My customer. The thing is, business is the collector of taxes for the government. Government imposes a fee, a fine, a cost to business, and it rolls into the base of what that business has to pay to produce its product and it is upon that which they make a profit. So this business of taxing business, they are getting business to collect a tax from the ultimate consumer. That is all it is.

I want to throw something else in. I appreciate Senator BROWNBACK very much. I was in Georgia a few weeks ago, Albany, near where Senator CHAMBLISS raised his family, at a Rotary Club. I was asked by a fellow: You keep talking about a trillion. How much is that? I babbled and fumbled. Have you ever tried to explain that number and quantify that? It is a huge number. We are talking about $2.5 trillion in the first full 10 years. I got so frustrated that I got on the calculator to figure out an analogy as to how much it is. I decided, I wonder how many years would go by for a trillion seconds to pass. I got on the calculator and worked it out. It is 31,709 years for a trillion seconds to go by. That gives

you some proportion of the volume of dollars we are talking about in taxes and costs and, as the Senator said so rightly, debt. That is a lot of money, and the American taxpayer ultimately is on the bill for every dime of it.

Mr. CHAMBLISS. I ask my colleague from Georgia, we talked about this, and he has had extensive experience at the State level with respect to Medicaid. Take our State—and I think we are representative of all 50 States. We have a Medicaid Program now that provides for coverage or eligibility at 100 percent of the poverty level. This bill takes that to 133 percent of the poverty level. Talk for a minute about the impact of going from 100 to 133 percent to cover some of those uninsured I referred to earlier. What is the impact on our State?

Mr. ISAKSON. Right now, Georgia's current year budget for the cost of Medicaid is $2.15 billion, or about 12 percent of the State appropriations. This bill, as currently configured, raises that eligibility by 33 percent. But the Feds hold harmless the States for the first 3 years of that increase, and then it is a 90/10 split for the next 7 years, and then it is silent. To give everybody the benefit of the doubt, say States only have to pay 10 percent more. That is one-quarter of $1 billion more in Georgia—from $2.15 billion to $2.4 billion in the State budget.

We all know what is going to happen—what happened with the original Medicaid program. The State will eventually have to pay the full 35 percent match, which would mean that over time, at the end of the 10 years, using today's numbers without inflation, Medicaid costs in Georgia for about 12 percent of the population would go from $2.15 billion to $3.4 billion a year for Medicaid.

Mr. CHAMBLISS. Whether it is paid by the Federal Government after that 3 years or by the State of Georgia, whose pocket will it come out of?

Mr. ISAKSON. The taxpayers of the United States of America.

Mr. ALEXANDER. As we were discussing earlier, it could be paid out of the pockets of the 18 million or 20 million students who go to, for instance, the University of Kansas and Kansas State. We began this discussion by pointing out that California raised tuition yesterday 32 percent for its students. They are pointing fingers at each other, but they should be pointing at us for not reining in Medicaid because over time that is the biggest reason.

Mr. BROWNBACK. In my State of Kansas, a huge budget debate is going on about where we are going to come up with the shortfall this year in the State budget. People can save in some places, but you have to do this on Medicaid. It ends up, in all probability, that a disproportionate share will come out of the schools for the schoolchildren. Is that what we at the Federal level want to see take place? No. That is one of the reasons I am voting against this bill. You are dictating a State budget. Initially the Feds are putting in the full amount, but I have seen this before too. You start with the Federal Government wiggling the carrot, saying: Take a bite. You can do it. Then once you get hooked, you say: OK, we are going to reel it in now, and you will pay more of it. It will be the Federal Government dictating the State budget, putting it into Medicaid and taking it away from schools. That is what will take place. That is what is happening in my State now.

It is not fair to do that. It is not right for us to do that. Most of the people across Kansas think this whole issue is fiscal insanity—literally fiscal insanity—what we are looking at doing with that level of debt, $12 trillion a year. With my State having the level of debt it has, making this requirement—a multi-trillion-dollar entitlement expansion when the Federal Government is hemorrhaging money, as well as State governments—is fiscal insanity. The world community is saying: Get your fiscal house in order. This makes no sense.

Mr. CHAMBLISS. I don't think we can overstate what the Senator has said. Not only is the Federal Government looking at the largest deficit we have ever seen in the history of our country—just this past year, $1.3 trillion—but every State is having the same problem. That deficit is trickling down.

In Georgia, for example, we have one county that has run into these education reductions that Senator ALEXANDER is talking about, which universities are facing. That one school system reduced the days the children are going to school from 5 to 4 days to save the cost of buses running and other bills, for heating and whatnot, for that extra day. That is not what we need to be doing as Americans. We need to figure out a way to struggle through this.

Instead of struggling through it, we are now in the toughest times we have ever seen, as Senator BROWNBACK said, we are adding these huge taxes that will stifle the small business community on top of the debt that we have seen created in this country just in the past 12 months.

Mr. ALEXANDER. I have a question I will ask any of the Senators who want to comment. Someone asked me yesterday: Where is all this opposition to these health care bills coming from? We have seen the Gallup poll and the Pew poll. These are not Republican Polls. They are well-respected polls in this country that are showing that independent voters, by 2 to 1, say they don't want this bill.

I have been in and out of politics for many years. I have never had as many people stop me on the street or in the airport or wherever, and say, ''Please don't do this.'' Somebody asked me yesterday: Why is there that much opposition?

My answer was—and this is what I would appreciate comments on—this is not just about health care. This is, as President Obama said one time, a proxy for a national debate about the role of government in Washington and in everyday American life. This is about the stimulus package, about the Washington takeover of car companies. This is about the growing debt; this is about the takeover of student loans; this is about every Washington takeover, and every increase in debt. That is what this debate is about. I think that is why we are seeing such intensive opposition. I wonder if you have any reflection?

Mr. BROWNBACK. I certainly think it is. What I observe, too, is people coming up to me in large numbers and very passionately saying they are both mad and scared. They are mad about this taking place, and they are scared it is going to actually happen to them. They feel like, how can this happen to them in this country? They look at that huge debt and at our President over in China talking as if he is going to see the banker, and they don't like it. This isn't their country the way they want it to be. They want our country to be fiscally sound instead of going to beg hat-in-hand to the ''banker'' in a foreign country. Then you are going to add another big entitlement on top of that? They are saying: Don't ask me, the taxpayer, for more money because I don't have it. They are mad and scared about this. It is very disconcerting for people in the country.

Mr. ISAKSON. I agree with Senator BROWNBACK. I guess I could sum it up in four phrases. There will be less access, seniors fear, because of cuts in Medicare. They will have less access. There will be higher costs because of the bending of the way in which they calculate premiums and the additional taxes. Everybody knows that will be a higher cost. There is a great fear of rationing, which is a component part of almost every plan to get from where we are to where they want to take us.

Lastly, I hear a lot from young people who are considering a medical career either in research or in applied medicine. They fear that medicine will not be the practice in this country in the future that it has been in the past. If that is true, if they leave and go to other fields, we will have less innovation and research and development and, in the end, less quality health care for the American people.

Mr. CHAMBLISS. These are not people who are on the extreme right or extreme left who are bombarding us with phone calls, e-mails, and letters as all of us get on airplanes, as I did Monday. I had people come up as I walked through the airport, and as I was on the airplane, and when I got off the airplane, saying: Please stop this bill. Don't pass this foolish bill that you all are talking about up there now. It is amazing, the type of folks who will come up and say that.

I have two quick anecdotes I would like to read. One is a letter I got from a doctor. It reads:

Dear Senator:

I am a vascular surgeon in Rome, GA, with a patient population that is 70 percent Medicare. I am deeply concerned about the proposed Medicare cuts. After 8 years of college and medical school, and 7 years of training, I have accumulated a large debt in loans and interest. Plus there is the huge administrative burden of a large Medicare population in my practice. I don't know how I and other physicians are going to be able to afford to continue to see Medicare patients if these cuts go through. As it stands now, I am paid only 23 cents on every dollar charged. I would appreciate help in staving off these cuts.

The other one is an e-mail I got in the last few days about a good friend of Senator ISAKSON and mine, Bob Lovein, a funeral director in Nashville, GA, which is close to my hometown. It says this:

A lady walked into the funeral home and gave him a letter from the VA. The letter stated that they (the VA) owed her $307 on her husband's death benefits. Bob pulls her husband's file and he had buried him 10 years ago . . . and we trust the government to run health care?

That is how ridiculous it is in the minds of people in this country who are calling and writing our offices—certainly the offices of every one of the Members of this body—because they don't understand why we are mortgaging and sacrificing our children's future, or why, as Senator BROWNBACK says, when the President goes to China to see their banker—China owns almost $1 trillion worth of our debt—the Chinese Premier asked the President about the health care bill because he is concerned about the way we are spending money here.

I can never remember any foreign leader ever asking the President of our country about anything to do with the financial condition, particularly a program like this, which would affect us.

Mr. ALEXANDER. I am afraid our time is almost up.

Mr. BROWNBACK. Yes, our President got lectured by the Chinese regulator about our financial system. This is unbelievable. This exacerbates it, if we pass this bill.

Mr. ALEXANDER. I thank Senators BROWNBACK, CHAMBLISS, and ISAKSON. I think all four of us want the American people to know above all that we have repeatedly said that instead of 2,000-page bills that raise taxes, raise premiums, cut Medicare, and transfer costs to States, we would rather identify the goal of reducing costs and go step by step toward that goal. We have introduced specific legislation to take those steps, which could be bipartisan, such as allowing small businesses to pool their resources to purchase insurance, that Senator ISAKSON talked about, and reducing junk lawsuits, as Senator CHAMBLISS talked about, and allowing competition across State lines. We have our step-by-step plan.

We believe the American people have lost confidence in Washington and that they would prefer that we go step by step in the right direction to reduce costs and re-earn their trust rather than pass a 2,074-page bill that will bankrupt the country.

I yield the floor.

Mr. BROWNBACK. Mr. 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.

Mr. HARKIN. 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. HARKIN. Mr. President, the debate has now begun on the bill we call our health care reform bill. It has taken us a long time to get here. After a lot of hearings, a lot of markup, a lot of public discussion, a lot of town meetings around the country, now we are at the final pivotal moment, a historic moment in the long march to pass meaningful health care reform.

I say long march because it started with Theodore Roosevelt and continued on through the New Deal, continued on to Harry Truman's administration, and on to this time. Every time we have been turned back by the status quo forces, those who want to stick with what we have, those who are afraid of making changes. This time they are not going to stop us. This time it is unstoppable. We have come this far, and we are not going to turn back.

Just listening to a little bit of the discussion on the Republican side today and listening to what the Republicans have had to say about health care reform in the last few months and anticipating what we will hear from Republicans in the next few weeks, it will be a message of fear that somehow by changing the status quo, the American people are going to be worse off than they are now, that somehow we are going to take away something they have, that somehow if we just stick with what we have, everything will be fine. But you will hear a lot of words and messages from the Republican side meant to frighten people, to put a pall of fear over what we are trying to do.

The frightening thing for the American people is if we do nothing, if we stick with the status quo. Too many people in this country have no health insurance whatsoever. Thousands every day in this country, every single day thousands of people lose health care insurance coverage. So many people who have preexisting conditions cannot get coverage at all. People who are beginning to retire but they are not quite 65 and cannot get on Medicare are left in a state of limbo, where they cannot get health care coverage.

So many people in this country are being discriminated against in health insurance because—well, because they are a woman or perhaps because they are older, perhaps they are a person with a disability. For a variety of reasons, they are being discriminated against in health insurance coverage.

We have to make these changes. We cannot continue to spend over the $2 trillion a year and still be so lacking in the essential health care services for the people of this country. We spend twice as much in this country on health care as Europe. Yet we have twice as many people sick with chronic illnesses. That does not seem to make sense.

We have some of the highest of high-tech medical devices and procedures and interventions anywhere in the world and, of course, people who have a lot of money in other countries—we always see kings and princes and wealthy people from other countries come here. They come here for the very high-tech, high-cost interventions. We are very good at that. We are the best. We are unequaled in that. But where we fall short is helping the very broad mass of American people to have the peace of mind knowing that if something happens to them, if they do get ill, they are not going to lose everything.

The single biggest cause of bankruptcy—I know in my State of Iowa and I think most of the country, the single biggest cause of bankruptcy is because of medical expenses because people bump up against lifetime caps or annual caps, they cannot make it, and they declare bankruptcy. In no other country in the world is this allowed to happen. It is incumbent upon us to get this bill through.

At the beginning, I wish to salute our majority leader HARRY REID for what he has done. We had our bill that came out of the committee that I am now privileged to chair after the untimely death of our esteemed colleague and friend, Senator Ted Kennedy. Our HELP Committee bill came through under the great leadership of Senator CHRIS DODD. We passed it on July 15. Then the Finance Committee, under the able leadership of my friend and classmate Senator MAX BAUCUS of Montana, did their work. Then the two bills had to be put together and that was done by the majority leader and he did a masterful job of putting the two bills together and getting it down to the Congressional Budget Office and getting a score on what it would cost, what it would cover. When we saw the bill come back—the bill we now have in front of us, the so-called merged bill—it truly is a work of genius by the majority leader.

I said the other day that he has the patience of Job, the wisdom of Solomon, and the stamina of Sampson to get this job done.

I also salute all the Senators—Democrats and Republicans—whose ideas are incorporated in this bill. It is a robust bill. It went through a long, bipartisan process. In our committee, we had proceedings that spanned 13 days, 54 hours. Republicans were full-fledged participants. They offered 210 amendments. We accepted 161, many of them making substantive changes in the bill.

A similar open and inclusive process was followed in the Finance Committee. I daresay, when we got our bill through, after all that, after all the

amendments offered, accepted or adopted, not one Republican would vote for our bill—not one. It is truly unfortunate now that we have put these bills together, we have gone through this long process that has taken most of this year, that Republicans have now chosen the path of delay and filibuster and obstruction.

Why are we even here today? We are here because the Republicans are trying to prevent us from even bringing the bill to the floor for debate. How many people in America know that? The reason we are here is because the Republicans do not even want to bring the bill to the floor for debate and amendment. That is their right under the rules of the Senate. It is their right. They can filibuster. They can delay. They can obstruct. They can say no. But just as surely as that is their right, it is our responsibility, as Democrats, to move this bill forward.

I remind my colleagues on the other side of the aisle that last year voters overwhelmingly voted for Barack Obama to make changes, and one of the changes he campaigned so hard on was changes in the health care system and, just as surely, voters elected Democrats to majorities—big majorities—in the House and the Senate to do the same thing. So it is our responsibility to lead, and that is what we are doing now by bringing this bill to the floor. We are taking another giant step toward fulfilling the mandate—the mandate—the people of this country gave to President Obama and the Democratic Party last November to undertake a comprehensive reform of America's health care system.

As not only the long debate has made clear to the American people, but innately the American people know and they understand the current system is hugely dysfunctional, it is wasteful, and it is abusive. People are aware of the abuses that have become standard practice in the health insurance industry: denied coverage because of preexisting conditions; health insurance being dropped because they get sick; their insurance premiums jacked up 100 percent, 200 percent in a year simply because they had an illness.

People know they can be charged higher rates simply because they are a woman. We know, we have the data. Woman, man, same age, same occupation, same status—a woman is charged more than a man for the same policy or they are charged more if they are older. We know about annual caps and lifetime caps I just mentioned that cause people to go into bankruptcy.

The bottom line is this: Every American family knows that in many cases, they are one illness away from financial catastrophe. If you want to talk about fear, that is what people are afraid of, not so much of getting sick—that is part of life—but the fact that illness will drive them to financial ruin, that they will not have enough money to take care of their kids, to send them to college, or to take care of themselves in their old age to supplement their Social Security because the money will be used for an illness.

As I said earlier, 62 percent of U.S. bankruptcies are linked to medical bills. What is the kicker in this is that 80 percent of those were people who actually had health insurance, but they ran up against their lifetime cap. Abuses, abuses by the health insurance industry because they can do it and they can get by with it.

Think about it this way: Health insurance companies employ armies of claims adjustors who routinely deny requests for medical tests and procedures. Why do they do that? Because they get bonuses by saying no to the policyholder. Think about that. An insurance company says to their claims adjustors: We will pay you more the more people you deny. What a system. It is outrageous. It is intolerable, and we cannot afford to let it go on any longer.

One of the many things we do in this bill is to crack down on these health insurance companies' abuses in a very strong and robust way. Again, I deeply regret that our Republican colleagues refuse to join us in this reform effort. They have chosen to defend the status quo, protect the insurance companies and their profits over the health of the American people.

Indeed, my friends on the Republican side and the health insurance companies are now joined at the hip—same talking points, same distortions, same untruths about this bill, same bogus, cooked-up studies, the same determination to obstruct and kill any health care reform effort.

As I said earlier, this time they will not succeed. The more the American people learn about this bill and what is in this bill, the more they like it and the more they are demanding that we get the job done.

President Obama pledged that we would do health reform and not add to the deficit. We have done that with this bill. The Congressional Budget Office says this bill will actually reduce the deficit by $130 billion next year and by $650 billion in the next decade—$650 billion—and it will reduce the deficit continually every decade thereafter. All the budget concerns have been put to rest. Now we can focus on what is in the bill.

The Congressional Budget Office says our bill will cover 94 percent of the American people; 94 percent will now be able to have the peace of mind to know they have health insurance coverage.

Our bill says if you have a health care plan that you like and that you want to keep, nothing will disturb that—nothing. You can keep whatever plan you want if you like it.

A lot of people say this plan doesn't go into effect until 2014. It does take some time to get these exchanges and things set up, but there are some immediate things that will happen next year, and the American people ought to know what that means. For example, our bill right now would ban lifetime and excessive annual limits on coverage next year—not 2014 or 2015, next year. Think about that in your own policy. Your policy, I guarantee, has some kind of lifetime cap or annual caps. Next year, they will not be able to do that any longer.

Our bill bans rescissions. What that means is that right now so many people don't know that their health insurance policy can drop them. There is a clause in it that says that when you are up for renewal, they can drop you for any reason. The reason they use is, if you get sick. Think about that.

I can't tell you how many people I have talked to in my State of Iowa who have come up to me, especially during the town meetings we have had this summer, and have said: I like my health insurance policy. I have a good policy, and I would like to keep it.

My rejoinder is: That is fine, but I want to ask you a couple of questions. What is your lifetime or annual cap?

Most often, people say: I don't know.

I say: Do you have a lifetime or annual cap in your policy?

They aren't certain.

I say: Do you have a rescission clause in your policy?

I can tell you 100 percent of the people I have talked to said: What does that mean?

I said: What it means is, if you get sick, if you have to have a kidney transplant or if you have cancer or heart disease, can your insurance company drop you when your policy comes due, with no explanation whatsoever?

They don't know.

I said: You have to look at your policy and find out, because most policies have those rescission clauses.

I daresay, when a lot of people say they have a good health insurance policy, they answer yes, they do have a good health insurance policy, as long as they are healthy. As long as you are healthy. Once you get sick, out the window it goes because you have a cap, either a lifetime or an annual, or you have a rescission clause.

The other thing I hear from a lot of families: You know, my kids were covered when they were in school. They are now out of school, they have not quite gotten a job yet, and I can't keep them on my policy and it costs a lot of money to put them on a different policy.

Our bill says that now these young people can stay on their family policy until they are age 26. This is a huge benefit to working families.

I have said many times that the two biggest winners under our health care reform bill are small businesses and the self-employed. Small businesses—we are in a deep recession. If we want to get out of that recession, we better start focusing on small businesses because it is small businesses that create over 65 percent of the jobs in this country. Yet small businesses are thwarted in their effort to expand and grow. One

of the biggest reasons is because of the cost of health care for their employees. So many small businesses now have dropped health care coverage for their employees because they simply cannot afford it or the premiums have gone up, the deductibles are huge, and basically what it has gotten to be is basically catastrophic coverage for their employees. Small businesses need help in order to grow and expand and get us out of this recession. This bill will provide immediately, next year, up to a 35-percent tax credit for health insurance policies for their workers. That is a big deal. It is not just for small businesses, it is for my farmers and for those who are self-employed—for so many self-employed in this country, next year, a tax credit of up to 35 percent.

Next year, we are going to have a new policy option for people who have preexisting conditions. So if you had an illness in the past, if you have been living with cancer and you have it under control, you have a chronic illness, next year we are going to provide a new policy option to put people like that into a high-risk pool and provide that they can get insurance coverage at prices they can afford. When the exchanges come on in 3 years, all of that will go by the wayside. They will not be able to discriminate because of preexisting conditions. But next year, right away, people who have preexisting conditions can get policies at prices they can afford.

How many times do I hear people tell me: Here I am, I have been working hard, I have been a construction worker, or something like that, that is hard work. I am 55. I have had some accidents. I have a bum leg and my back is bad. I can't work until I am 65. But what am I going to do about my health insurance?

We have in here, starting next year, if you are an early retiree, we have a program to protect your coverage and at the same time reduce your premiums, both for you and your employer, until the time you get to be age 65. This is a big deal for so many people in this country.

Last, in whatever time I have left—parliamentary inquiry: How much time does the Senator from Iowa have left?

The PRESIDING OFFICER (Ms. KLOBUCHAR). The Senator has 37 minutes 13 seconds.

Mr. HARKIN. Madam President, I understand my friend from North Dakota wishes to speak. I will wrap this up by saying there is one other part of this bill that is so important that doesn't get much play but I consider to be one of the most significant parts of this bill, and that is an emphasis on prevention and wellness, keeping people healthy in the first place.

There is a lot of talk about bending the cost curve and how we are going to bend that curve and get costs down. I submit that not only the best way but perhaps the only way we are going to do this is by keeping people healthy in the first place, putting more emphasis on prevention.

I have often said that we don't have a health care system in America, we have a sick care system. If you get sick, you get care. Almost all of our expenditures go for interventions and patching and fixing and mending once somebody gets sick. Very little goes for prevention. About 96, 97 cents of every dollar goes for taking care of you after you get sick. Only about 3 or 4 cents goes to prevention. It is time to do more for that, time to do more for prevention and wellness, keeping people healthy in the first place.

In this bill, we have a provision that says that if you want to go in for your annual checkup and your annual screening, no copay, no deductions, and for certain other screenings, such as colonoscopies, breast cancer screenings, and things like that, no copays, no deductibles.

In the ensuing days and weeks when we debate that, I will be talking a lot more about the prevention and wellness part of this bill. It is big. It is the first time we have ever done anything like this, to begin to move the paradigm in this country away from sick care to health care. Our goal in this bill with this provision is to change America into a wellness society, where it is easier to be healthy and harder to be unhealthy—just the opposite of what it is today. It is easy to be unhealthy in America today. It is hard to be healthy. We are going to change that around, and we are going to start with this bill.

One of the most important parts of this bill is the massive change we are going to make in prevention and wellness.

I note the presence on the floor of my distinguished colleague from North Dakota. I yield the floor.

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

Mr. CONRAD. Mr. President, I thank the Senator from Iowa, Mr. HARKIN, and I commend him for the outstanding work he did on the HELP Committee, especially on the prevention provision. I don't think there is anyone in the Senate who has been more dedicated to moving us from a sickness system to a wellness system than the Senator from Iowa. He did outstanding work on the prevention provisions in the Health Committee bill, many of which now are in the bill before us. I applaud him for his leadership because in many ways those are the most important provisions. If we can encourage people to lead healthy lifestyles and have an emphasis on wellness, we can change the quality of millions of people's lives.

I personally think the provisions Senator HARKIN authored that are part of this legislation are in many ways the most important pieces of this bill. What is interesting is they have received very little attention in the public debate. In fact, many of the most important provisions in this bill have very little attention in the public debate. Hopefully, over the next weeks that will change and people will learn what is really in this bill versus the rumors of what is in this bill. They are very different things.

I again thank the Senator from Iowa for his leadership. It made a real difference to the quality of this bill.

Why are we here? We are here because we face a completely unsustainable situation in health care in this country. Medicare is going broke, premiums are rising 3 times as fast as wages, 46 million people have no health insurance, spending is twice as much per person in our country as in almost any other country in the world, and the outcomes of our system for our people are not as good as they should be. So it is very clear: The status quo is unacceptable. Doing nothing is not an option. Failure is not an option. It is critically important that we reform the health care system in this country. If we do not, our families' budgets will be threatened, our businesses will be threatened, and the Government itself is threatened. That is the reality.

I want to praise Leader REID for putting together a responsible package and a really very good first step. I also want to praise Senator BAUCUS for his leadership in the Finance Committee. He did an outstanding job. I have never seen, in my 23 years, any committee chairman have as diligent and focused an effort as Senator BAUCUS gave this in the Senate Finance Committee over a 2-year period. Our group of 6 alone met 61 times, and there were dozens and dozens of other hearings, meetings, forums, roundtables. Senator BAUCUS organized a health care summit last year, and that was a model of how Congress ought to approach an issue. So I give high praise to Senator BAUCUS.

Senator DODD, who was called in at the eleventh hour to replace Senator Kennedy because of Senator Kennedy's illness, deserves enormous credit, enormous praise for picking up the ball at a critical juncture and carrying it across the line in the HELP Committee as well.

Senator REID had the very difficult task of bringing together the Finance Committee bill and the HELP Committee bill, combining them into a vehicle for consideration here.

This bill is not perfect. No work of humans ever is. Certainly more needs to be done to control cost. That is what I believe. But this is a very good beginning. This bill makes an important contribution to improving health care. Those who labored for months and months to produce it deserve our thanks and praise.

I am somewhat taken aback by speeches I have heard from colleagues over the last several days acting as though this vote tomorrow is the end of the story. Anybody who understands Senate procedure even a little bit knows this is the beginning of the story. This is the beginning of the debate. This is the beginning of a process to amend and improve the bill. This is

the beginning of the discussion on the floor of the Senate about legislation to reform the health care system. I don't know of a single credible reason to vote against going to consideration of legislation to reform the health care system in this country. This isn't about the final result. This is about beginning the discussion and the debate. Who would want to prevent a discussion and debate? Who would want to prevent Senators from being able to offer amendments to improve the legislation?

If people are dissatisfied with the product at the end of the process, that is when they can vote no. They can vote no against cloture. They can vote no against the package. There are lots of opportunities to oppose it if you are unhappy with the final result. But being unwilling to even discuss the subject strikes me as a preposterous position.

This plan meets key health care reform benchmarks. It is fully paid for. In fact, according to the Congressional Budget Office—not controlled by Republicans or Democrats; it is strictly nonpartisan—this measure reduces the deficit by $130 billion over the first 10 years. That is their judgment. In the second 10 years, they say this legislation will reduce the deficit by $650 billion. When people come out here and say this increases the deficit, this increases the debt, I don't know what legislation they are talking about. It is not the legislation before us. They are, of course, free to make up whatever numbers they want, but the official evaluation of this legislation by the nonpartisan CBO, the Congressional Budget Office, is that this bill reduces the deficit in both the short and long terms.

It also expands coverage, according to the CBO, to 94 percent of Americans. It contains critical insurance market reforms and, perhaps even more important, delivery reforms. We will get into those in a minute.

Let's talk about the need for action. This chart shows what is happening to premiums for health insurance coverage. Premiums are projected to continue to rise on American families. In 1999, premiums averaged $6,050. In 2009, they increased by 117 percent. What the experts are telling us is, from 2009 to 2019, they will go up another 71 percent to average premiums in 2019 of $22,440 to an American family for health care premiums. How many families will be able to afford premiums of $22,440?

At the same time we see employer-based health care coverage—and the vast majority of our people receive coverage at their place of employment—is in decline, from 68 percent to 62 percent in 2008. In 2000, 68 percent of companies were offering health care coverage. That is down to 62 percent in 2008.

At the same time we know 46 million fellow citizens do not have health insurance. That is projected to increase, by 2019, to 54 million who will not have health insurance. It is interesting because every other industrialized country in the world has universal coverage. They have figured out a way to provide health insurance to every family in their countries. France, Germany, Great Britain, Japan, every other major industrialized country has figured out a way to provide health insurance for every one of their citizens. It is time for America to do the same. That is a moral issue. That is not just a financial issue; it is a moral issue. What kind of country are we going to be?

This is a letter I received from a constituent in September. I wanted to share it with my colleagues.

> Dear Senator Conrad, I am 51 years old and have never given much thought to writing a Senator until now. Three days ago, we received some of the worst news a person can get. My husband has been diagnosed with bladder cancer. He does not have health insurance. We are self-employed. Our income is low but we do own some property which makes us ineligible for most assistance programs. A few years ago we both dropped our Blue Cross Blue Shield because the premiums were too high. I re-applied and got my insurance back but my husband was denied due to his weight. (He quit smoking 4 years ago and put on weight gradually since then.)
>
> We are stunned by the diagnosis and are terrified by the uncertainties of his prognosis. We already owe $2,000 just for emergency room costs and he has surgery scheduled for September 22 with at least an overnight stay in the hospital. The medical bills will be astronomical. If the cancer is not localized, he will be referred to oncology and will begin chemotherapy/radiation treatment and possibly even more surgery. We will have to sell almost everything we own to pay [the] bills.
>
> Please, sir, consider our story when thinking about health care reform. Any change will happen too slowly to help us but others will benefit. Don't give up. We are counting on you to make a difference.

To that woman, I make this pledge: I am not going to give up. I think enough of my colleagues will not be giving up so that we can at least begin the debate on whether there should be health care reform in this country. I repeat, I can't think of a single credible reason why somebody would vote against beginning the debate, to have a chance to amend. If you don't like the product as it has come to the floor, that is what legislating is about, the opportunity to amend, the opportunity to improve, the opportunity to convince colleagues that we need to move in a different direction. I don't know what could be more clear than that we have to move in a different direction on health care.

We are now spending 17 percent of our gross domestic product on health care. That is $1 in every $6 in this economy. The experts tell us by 2050, we will be spending 38 percent of our gross domestic product on health care, if we stay on the current trend line. That would be more than $1 in every $3 in this economy on health care. That would be a disaster for the American economy, a disaster for the budgets of families and businesses. That simply cannot be the result for our Nation.

On Medicare and Medicaid spending, in 1980, if you put the two together, Medicare and Medicaid consumed 2 percent of our gross domestic product; $1 in every $50 in this economy was going to Medicare and Medicaid. In 2010, we are up to almost 6 percent of GDP for Medicare and Medicaid, three times as much as a share of our economy. But look where we are headed. By 2050, again on the current trend line, we would be spending 12.7 percent of gross domestic product just on Medicare and Medicaid, six times as much as back in 1980. If we look at the indebtedness of the country, there is no bigger contributor than Medicare. It is the 800-pound gorilla: $37.8 trillion of unfunded liability in Medicare. The comparable number for Social Security is $5.3 trillion. We can see the unfunded liability in Medicare is seven times the unfunded liability in Social Security.

For those who say, let's not even go to a debate, let's not even go to a discussion on reforming health care, what is their proposal? Are they afraid to offer one? Do they not have one? Is their answer do nothing? Is their answer really to do nothing in the face of a crisis of this magnitude? Their answer is: Let's not even debate it; let's not have even have a chance to amend it?

That is not a credible position. It is not a responsible position. It is not a serious position. That is a position of obstruction, pure and simple.

If we look at our system, we have had a review by Dartmouth Medical School. They concluded:

> Although many Americans believe more medical care is better care, evidence indicates otherwise. Evidence suggests that states with higher Medicare spending levels actually provide lower quality care.

They went on to say:

> We may be wasting perhaps 30% of U.S. health care spending on medical care that does not appear to improve our health.

As a country, we are spending almost $2.5 trillion a year on health care. If 30 percent of that money is being wasted, is not contributing to better health, 30 percent of $2.5 trillion is $750 billion a year. The answer by some of our colleagues is, let's not even debate it. Let's not even discuss it. Let's not even attempt to address it.

That is a remarkable position to take.

If we look at our country versus others around the world, we see we are spending far more as a share of our income than they are. If we look country by country: Japan is spending 8 percent of GDP; the United Kingdom, 8.4; Belgium, 10 percent; Germany, about 10; Switzerland, almost 11; France, 11; and we are at 16 percent. That is as of 2007. We have gone up to 17 percent of GDP in 2009 on health care. We are spending as a share of the economy almost twice as much as any other major industrialized country in the world. Yet we still have 46 million people without any health insurance.

Under the British model, they have universal coverage. Under the so-called Bismarck model, countries of Germany, France, Japan, Switzerland, and Belgium have universal coverage. Yet if we remember their costs, we see even though they are providing universal coverage in these other countries, their costs are much lower than ours.

If we look further at the quality of health care outcomes, quite an interesting story emerges. Those countries have universal care, lower costs. And if we look at quality outcomes, they do better than we do. On preventable deaths, the Commonwealth Fund, which is very distinguished and nonpartisan, looked at preventable deaths around the world. They found the United States came in nineteenth. But other countries that have much lower costs and have universal coverage, for example France and Japan, are ranked 1 and 2. With much lower costs and universal coverage, they are getting better results. And some do not even want to debate going to health care? They are going to have a tall order to explain why they do not even want to discuss it.

On infant mortality, the United States is ranked 22nd, again, according to the Commonwealth Fund. Again, these are countries that have universal coverage, with much lower costs than we do. Ranked No. 1 was Japan. France was No. 5. Germany was No. 9. From my earlier chart, you will remember each of those countries has universal coverage and much lower costs than we do, and yet they are getting, on these metrics, better outcomes than we are.

It does not stop there. Here is life expectancy, as shown on this chart. The United States is ranked 24th. This is according to the OECD, the international scorekeeper. Again, Japan, Switzerland, France—universal coverage, much lower costs—still ranked much higher than we do on that metric.

Japan, with universal coverage, much lower cost than we have—in fact, half as much as ours—yet they were No. 1. Switzerland, No. 2—they have universal coverage, with much lower cost than we have, and yet they rank No. 2. France, with universal coverage, much lower cost, is ranked sixth in the world.

It would seem to me we ought to look to evidence, and evidence shows us there is a better way, and that is what this legislation seeks to find. It seeks to find a better way to expand coverage, to improve quality, and to contain exploding costs.

The key elements of this Senate health care reform plan are these: One, it reduces both short- and long-term deficits. I noticed in one of the newspapers circulated on the Hill today a full-page ad asking: How can Senator CONRAD, who is a deficit hawk, be for this bill? Well, because I have read the CBO analysis, the Congressional Budget Office analysis, that says clearly and unequivocally this bill lowers the deficit. It lowers it by $130 billion over the first 10 years. It lowers it by $650 billion over the second 10 years, according to the Congressional Budget Office.

So when somebody asks, How can a deficit hawk like Senator CONRAD be for this bill? It is because this bill lowers the deficit. That is not my analysis. That is the official analysis of the Congressional Budget Office which is nonpartisan.

This bill also expands coverage to 94 percent of the American people. It promotes choice and competition. It reforms the insurance market. It improves the quality of care. All of these issues are at the heart of what reform must be.

The Senate health plan reduces short- and long-term deficits. It extends Medicare solvency. Medicare is going to go broke in 8 years. This bill extends the life of Medicare by 4 to 5 years. It extends the solvency of Medicare by 4 to 5 years. It includes reforms to improve delivery of care and reduces costs.

It curbs overpayments to Medicare Advantage plans. Some Medicare Advantage plans are now costing 150 percent of traditional fee-for-service Medicare. Medicare Advantage was started on the basis it would save money. In fact, it was initially capped at 97 percent of traditional fee-for-service Medicare. It was supposed to save money. Now there are Medicare Advantage plans that cost 150 percent of traditional fee-for-service Medicare. It is not saving money, it is costing much more money. And it will break Medicare if we do not reform it. That is clear.

This bill also creates an Independent Medicare Advisory Board to make recommendations on how we can have further savings to extend further the solvency of Medicare. It also includes an excise tax on insurers offering Cadillac plans. Virtually every analyst who came before the Finance Committee said one of the most important things we could do was to start with a levy on Cadillac health insurance plans to reduce overutilization and to begin to control the exploding costs.

When I say this bill reduces the deficit, that is not my assertion or the work of the Senate Budget Committee. That is the judgment of the official scorekeeper here, the nonpartisan Congressional Budget Office. Here is a page from their report, and it shows very clearly, from 2010 to 2019, this legislation reduces the deficit by $130 billion.

I have heard colleagues come to the floor and give all kinds of speeches about how this increases the deficit. They have every right to come here and make up any numbers they want to make up. They can make any claim they want. But let's be clear, the official analysis of this bill by the agency we have all empowered to give us objective analysis has concluded that this bill reduces the deficit by $130 billion over the first 10 years, and $650 billion over the second 10 years.

The Congressional Budget Office on the Senate health plan and reducing long-term deficits:

> . . . CBO expects that the bill, if enacted, would reduce federal budget deficits over the ensuing decade [beyond 2019] relative to those projected under current law—with a total effect during that decade that is in a broad range around one-quarter percent of gross domestic product.

Gross domestic product over that second 10-year period is forecast to be $260 trillion. One-quarter of 1 percent of $260 trillion is $650 billion.

> . . . CBO anticipates that the legislation would probably continue to reduce budget deficits relative to those under current law in subsequent decades. . . .

In other words, it would continue to reduce deficits beyond the first 20 years.

The excise tax, which virtually every analyst has said needs to be part of a package if you are going to be serious about controlling the explosion of costs, will target plans that have a value of more than $23,000 a year. The average premium in 2013 is projected to be $15,740. So these Cadillac plans are plans that would have a value of more than $23,000 a year. There are very few people in the country who have plans of that value today, and there will be very few who will have plans of that value in 2013.

The Senate health care plan also expands coverage. According to the Congressional Budget Office, it covers 94 percent of the American people by building on our existing employer-based system. It creates State-based exchanges for individuals and small businesses.

It provides tax credits to help individuals and small businesses buy insurance. In fact, there is more than $400 billion of tax credits here. Somebody said: Well, this is a big tax increase. It is a big tax increase. Well, they must have left out the $400 billion of tax credits. They must not have gotten to that page in the bill.

It expands Medicaid eligibility with assistance to States so they are able to afford it.

The Senate health plan also promotes choice and competition. It creates a public option to compete with private plans, but not one based on Medicare levels of reimbursement. I think many of my colleagues know I strongly resisted a public option tied to Medicare levels of reimbursement because that would work a real hardship in my State. But in this plan, there is no tie of a public option to Medicare levels of reimbursement. And States can opt out. It also provides seed money for nonprofit cooperatives—member-run, member-controlled cooperatives—to compete with private plans.

This chart shows the Medicare reimbursement per enrollee for 2006. You can see, New York was getting nearly $10,000; North Dakota, though, $6,000. That is the kind of disparity that exists in Medicare reimbursement. It is

even more dramatic if you look at institution to institution. In fact, for many years, I was shown a hospital in Devils Lake, ND—Mercy Hospital—that would get one-half as much as Lady of Mercy Hospital in New York City to treat the exact same illnesses—one-half as much. That is all based on formulas based on historic costs. That is why many of us believe it would be unfair to tie a public option to Medicare levels of reimbursements. That disparity across the country would work an extreme hardship on low reimbursement States such as mine.

The cooperative plan allows for not-for-profit co-ops to provide an affordable, accountable, transparent alternative to private insurance. The mission is to provide the best value for consumer members. It could operate at a State, regional, or national level. They are self-governed by members with an elected board—not controlled by the Federal Government—subject to the same State and Federal rules and regulations as private plans. There would be $6 billion in startup funding for capitalization by the Federal Government. And that would be the end of the Federal Government role.

The Senate plan also reforms the insurance market. It prohibits insurers from denying coverage for preexisting conditions. It prohibits insurers from rescinding coverage when people become sick after they have paid premiums for years. It bans insurers from lifetime caps and unreasonable annual limits on health care benefits. And it prevents insurers from charging more based on health status.

This plan also improves the quality of care. It covers preventive services. It provides incentives for healthy lifestyles. It promotes adoption of best practices in comparative effectiveness research, and includes delivery system reforms to encourage quality over quantity of care.

When we look at the major reforms that are in this bill on the delivery system and compare them to the House bill, we see that the Senate has accountable care organizations; the House a pilot. Both have primary care payment bonuses. Both have readmissions reforms. Only the Senate has hospital value-based purchasing. Both have comparative effectiveness research. Both have CMS innovation centers. Only the Senate has an Independent Medicare Advisory Board. And only the Senate has a full platform for bundling. The House just has a pilot.

Debunking the myths: There is no government takeover of health care here. The public option, according to CBO, would get 2 percent of the American people—2 percent. That is hardly a government takeover. And there is no tying of the public option to Medicare levels of reimbursements. There is no cut in the guaranteed benefits for seniors. There is no coverage for illegal immigrants. There are no ''death panels.'' And there is no expansion of Federal funding for abortion services.

To conclude, if we look at the Senate Democratic plan and the only Republican plan, and compare them, the Senate Democratic plan contains delivery system reforms. There are none in the Republican proposal. The Senate Democratic proposal reduces the number of uninsured by 31 million people. The Republican plan makes no progress on that front. The Senate Democratic plan reforms the insurance industry, banning preexisting conditions and rescissions of coverage and health status ratings and lifetime benefit limits. The Republican plan has no similar provisions.

The Senate Democratic plan improves rural Medicare reimbursement. The Republican plan does not.

The PRESIDING OFFICER. The Democrats' hour has expired.

Mr. CONRAD. Mr. President, I ask unanimous consent for 30 seconds.

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

Mr. CONRAD. The Senate Democratic plan extends Medicare solvency by 4 to 5 years. The House Republican plan has no extension of Medicare solvency. And, finally, the Senate Democratic plan reduces the deficit, according to CBO, by $130 billion—twice as much as the Republican plan from the House.

I thank the Chair. I thank my colleagues.

The PRESIDING OFFICER. The Republican deputy leader.

Mr. KYL. Thank you. Mr. President, we are going to focus for the next hour on perhaps one of the most pernicious aspects of Leader REID's bill: the fact that it cuts Medicare by almost $½ trillion—almost $500 billion in Medicare cuts.

There are a lot of seniors in my State of Arizona and in the States represented by my other Republican colleagues. Those seniors are scared of these cuts. It is not because of anything Republicans have said to try to scare them; they have simply become aware of what is in these bills. By ''these bills,'' I am talking about both the Senate bill offered by the majority leader and the House bill, which are the two bills that would presumably try to be reconciled in conference. Our seniors have been told that under both bills, their benefits are going to be cut by about $500 billion, and that is enough to scare them.

In fact, all of America is concerned about this. A recent USA TODAY Gallup Poll shows that an overwhelming number of Americans—61 percent—oppose cutting Medicare to pay for health care reform. Yet, despite that overwhelming opposition, Democratic leaders in Congress have moved ahead with this bill to slash, as I said, nearly $½ trillion from Medicare to pay for the new health insurance programs. They are simply not listening to what Americans have to say about this.

If Democratic leaders have their way, hundreds of billions of dollars will be slashed from hospitals that treat seniors, from the Medicare Advantage Program, which we will talk about in a minute, from nursing home care, home health care, and hospice care. Medicare already faces a severe challenge, including a whopping $38 trillion in unfunded liabilities and insolvency by the year 2017. That is almost incomprehensible—in just a few short years, $38 trillion in unfunded liabilities and insolvency. Obviously, seniors want us to fix that problem rather than raiding Medicare to pay for a new health care program, and they want to preserve Medicare Advantage.

I receive letters from worried seniors every day about this Democratic plan to cut Medicare Advantage, which is a very popular program in Arizona. Medicare Advantage is the opportunity we have given seniors to enroll in a private insurance company to help them receive Medicare benefits. What these private insurance companies do is make a more attractive program by adding some additional benefits to the basic set of benefits that are promised under Medicare. What our seniors are telling us is, these are very important benefits to them, things such as vision care and hearing. Now that I am getting a little bit older, I can tell you that both my vision and hearing is starting to go, and I would like to have that kind of benefit. Dental benefits, preventive screenings, free flu shots, home care for chronic illnesses, prescription drug management tools, wellness programs, personal care, and durable medical equipment, all very important for seniors. By the way, physical fitness programs, one of which has a great name—it is called the SilverSneakers Program, and the seniors are very supportive of this because it keeps them physically fit which is, of course, what we should be doing.

I get letters and phone calls from my constituents, and they are sharing their anxieties about losing these benefits, losing prescription drug coverage; about the overall decline in the quality of care that they understand will occur when their doctors' payments are cut, when all these other cuts under Medicare that my colleagues are going to discuss in a moment finally hit. They know it is going to impact their care. They don't like this interference from government bureaucrats, in effect, getting between them and their physicians when it comes to their health care.

Let me read portions of three letters from constituents and then I will yield to my colleagues.

A constituent from Surprise, AZ, writes:

> Dear Senator Kyl:
>
> Please fight the cuts to Medicare Advantage. I am on Social Security disability and on a fixed income. The Medicare Advantage insurance I have has literally been a lifesaver for me. I cannot afford to lose the coverage that includes prescription drugs. I need your help on this.

Two Medicare beneficiaries, a husband and wife from Mesa, AZ, write:

> We believe that our health is our responsibility and that we have a right to make all

the decisions regarding our health. We do not need permission from our government to take actions that will protect and preserve our health. We do not need a third party who has never met us and who is not acting in our best interests in making decisions about our medical care and we do not want to lose our Medicare HMOs.

That is the Medicare Advantage about which I spoke.

Then, a constituent from Sun City West, AZ, who incidentally is a World War II veteran, wrote a very powerful letter about how Medicare Advantage improved his life and his wife's life. He said:

As a B–17 pilot I flew 50 combat missions out of England and I earned five air medals after flying B–24s on coastal submarine patrol. When we moved to Arizona to be near our children I visited a local VA hospital to find out that I had a $50 copay for each visit and I never saw a physician, just an assistant. In desperation, I purchased a Medicare supplement for my wife and myself. The cost was almost $600 per year and I only receive $833 a month on Social Security. Fortunately, here in Arizona, my wife and I were both able to sign up for MediSun, an Advantage plan, with no monthly payment and simple $10 or $20 copays. That made it possible for us to purchase a home. With the health care reform being considered, we understand that Advantage plans will be reduced or eliminated. What happened to ''if I like my insurance, I can keep it''?

Well, it is a good question from my constituent. Of course, he is exactly right. When the promise was made: If you like your insurance you get to keep it, unfortunately, that is not the way this legislation works. As a result, a lot of the benefits they are currently receiving, for example, from Medicare Advantage, would be cut or eliminated.

My constituents are right to be wary of cuts to their Medicare Advantage. They depend on it. They realize you can't cut $½ trillion from Medicare without adversely affecting your health care.

Mr. WICKER. Mr. President, I wonder, before the Senator closes, if he would yield.

Mr. KYL. I am happy to yield to my friend.

Mr. WICKER. Mr. President, I think it is important for us to understand that there are some differences between the bills—the HELP bill, the Finance Committee bill, and the bill that has come out of the House of Representatives—but in each and every case the proposals put forward by the Democrats do have this $½ trillion cut in Medicare. Indeed, as the Senator pointed out, these involve cuts to hospitals, to Medicare Advantage, Medicare cuts to nursing homes, to home health, and to hospice. There is no question about that. I appreciate the Senator bringing some information to the public and to the Senate about the concerns of his constituents.

In the previous hour, I heard a Senator from the other side of the aisle talk about scare tactics Republicans will be putting forward during the coming weeks of this debate. Of course, you have read letters from your constituents outlining why the people of Arizona are legitimately fearful for the coverage they have enjoyed. I would tell my colleagues that the opposition to these Medicare cuts has come in a bipartisan way. We heard a great deal about that from our friends at the other end of the building when the House of Representatives was talking about this.

The president of the Blue Dog Democrats, MIKE ROSS, a senior Democrat from Arkansas who has worked to try to make this palatable to people in his constituency, had this to say about these Medicare cuts:

With more than $400 billion in cuts to Medicare, it would force many of our rural hospitals to close, providing less access to care for our seniors.

Less than 12 days ago, Representative ROSS from Arkansas said this. His constituency in Mississippi is very much like mine, and I can assure my colleagues that a great number of our hospitals in Mississippi and throughout the country are rural and no doubt they are in Arizona too. So there is a very real concern. The gentleman from Arkansas flatly says it can force many of these hospitals to close.

Representative LARRY KISSELL from North Carolina said this:

From the day I announced my candidacy for this office, I promised to protect Medicare. I gave my word I wouldn't cut it and I intend to keep that promise.

Representative KISSELL from North Carolina concluded that in his judgment, the only way he could keep that promise was to vote no on this legislation.

Representative MICHAEL MCMAHON of New York said:

Medicare Advantage, which serves approximately 40 percent of my seniors on Medicare, would be cut dramatically.

This is not a Republican scare tactic; this is a flat statement by an elected Democrat from the State of New York in the Northeastern part of our country, one of the larger States. But he said flatly that Medicare Advantage would be cut for 40 percent of his seniors and he voted no on that basis.

Representative IKE SKELTON, the chairman of the Armed Services Committee, said:

The proposed reductions to Medicare reimbursement could further squeeze the budgets of rural health care providers.

Chairman SKELTON goes on to say:

I also oppose the creation of a new government-run public option and continue to have serious concerns about its potential unintended consequences for Missourians who have private insurance plans they like and, of course, we know that this Reid bill also has the government-run option.

Finally, to quote Representative RICK BOUCHER, another senior Democrat from Virginia, he said:

I also intend to oppose the bill because of my concern that a government-operated health insurance plan could place at risk the survival of our region's hospitals.

I am concerned, and I am determined to protect the rural health care we have in the State of Mississippi and that we have in these districts that are represented by these comments.

So I wanted to jump in now, before the Senator from Arizona concludes his portion of the initial remarks, and say that the concerns are not only coming from Republicans, they are coming from actuaries, they are coming from people who have analyzed this bill, and they are coming from Democrats who have read the bill, who understand its meaning and who understand that these cuts to Medicare are real and they are hurtful.

I yield back to the Senator.

Mr. KYL. Mr. President, the Senator from Mississippi is exactly right. It is not just Members of the House and Members of the Senate, Republicans and Democrats and senior citizens in the State of Arizona. Here are some other third-party sources. I will just cite three: The Centers for Medicare and Medicaid Services; that is, CMS. That is the outfit that runs Medicare. They confirm that cuts will indeed compromise the services seniors now receive.

The Washington Post—how about that for a third-party source—summarizes a report in a November 13 article entitled ''Bill Would Reduce Senior Care.'' That is a fairly specific headline. It says:

A plan to slash more than $500 billion from future Medicare spending, one of the biggest sources of funding for President Obama's proposed overhaul for the Nation's health care system, would sharply reduce benefits for some senior citizens and could jeopardize access to care for millions of others.

Then Politico, which is a Capitol Hill newspaper, reported that, by 2014, enrollment in Medicare Advantage would drop from 13.2 million to 4.7 million because of less generous benefit packages. That is a 64-percent decrease.

Looking at my colleague's chart there, Medicare Advantage, which I spoke about and which my constituents wrote to me about, the concern there is that people now enrolled—13.2 million—are going to be reduced down to 4.7 million because the reductions in the benefits are simply no longer sufficient incentive for them to enroll in that program.

Of course, that is what the pro-government-run health care folks want to happen. They are all for a public company competing with private insurance companies in the market for folks, but when it comes to Medicare, they don't want the private companies that provide Medicare Advantage care competing with the government program. Under this bill, they will get their way. It is going to go from 13.2 million down to 4.7 million. That is a lot of senior citizens who will lose their Medicare Advantage coverage.

I will conclude by confirming what the Senator from Mississippi said. It is not just Representatives in the House or Senators who have sworn to help protect our constituents, but it is third-party sources as well in the government and in the media that have

confirmed that this bill will cut benefits. They will certainly do it for senior citizens.

We will talk later about the Republican ideas. Republicans have suggested a step-by-step approach to target specific solutions to specific problems, including things such as medical liability reform; allowing Americans to purchase insurance across State lines, which would expand competition for patient business; association health plans to help reduce costs. Most of our ideas are cost-free; they won't cost a dime. They wouldn't cut Medicare or diminish the quality of care for anybody. They have been rejected by our Democratic colleagues.

I hope my colleagues will agree that a place to start in this legislation is not to cut Medicare. Why would you want to cut Medicare if the whole idea here is to provide greater opportunity for affordable and quality health care for American citizens? It makes no sense to me.

I yield the floor to my colleague from Idaho.

Mr. CRAPO. Mr. President, I appreciate the opportunity to be here with my colleagues from Arizona, Mississippi, and Florida.

When the people of the United States talk about health care reform, they are seeking some way to control the punishing and skyrocketing increases, year after year, in health care insurance costs and medical costs and better access and quality of health care. Yet when this 2,074-page bill, which was crafted in secret for the last 2 or 3 weeks, was finally revealed, that is hardly what we got. In fact, the reality is that this bill will drive up the cost of health care insurance and medical care in this country. It will increase taxes by hundreds of billions of dollars. It will cut Medicare by hundreds of billions of dollars. It will grow the Federal Government by $2.4 trillion of new spending over a 10-year period. It will push the needy uninsured not into subsidized health care insurance but into a failing entitlement program, Medicaid. It will impose a damaging unfunded mandate on States that are already strapped financially. It will leave millions of Americans uninsured, while probably creating the most enormous and massive government extension of Federal control over our economy that we have seen in our country, starting with creation of a new federally owned and managed insurance company.

As the Senator from Arizona indicated, today we are here to focus on the Medicare cut aspect of this legislation. The Senate bill contains something in the neighborhood of $500 billion of cuts in Medicare. The first one I want to focus on is the one the Senator from Arizona already identified; that is, the Medicare Advantage cuts.

The Senate bill contains $118 billion in cuts to the Medicare Advantage Program. Let me talk about that program for a minute. Currently, there are nearly 11 million seniors, as has been indicated, enrolled in Medicare Advantage. That represents about one out of four of all Medicare beneficiaries in the United States. In my State of Idaho, there are more than 60,000 Medicare Advantage beneficiaries, which is about 27 percent of the population in Idaho.

In addition, this is an extremely popular program. A 2007 study reported very high overall satisfaction with the Medicare Advantage Program. Eighty-four percent of the Medicare respondents said they were happy with their coverage and 75 percent would recommend Medicare Advantage to their friends or family members. Yet, despite this, there are massive cuts coming forward in the bill. Why would that be the case?

I don't think most Americans who are not on Medicare recognize the difference between Medicare generally and Medicare Advantage. Medicare Advantage was a modification of the traditional Medicare Program that, frankly, was put into place—I ask my colleague from Arizona to comment. Wasn't it put into place when the Republicans were in control of the Congress to try to help get market forces more engaged and involved in the administration of Medicare benefits?

Mr. KYL. Mr. President, the answer to that is yes. The idea was that seniors were complaining about the existing program. One thing was that a lot of folks in rural areas were not receiving good, efficient, and quick care because they had to drive long distances and couldn't find a doctor to serve them and hospitals couldn't take care of them.

Republicans tried to figure out, how could we incent the insurance companies to put together pools of physicians and hospitals to go into rural areas and take care of citizens who live there. The Medicare Advantage Program was one of the ways in which that was done. It has proved to be very successful.

Mr. CRAPO. If you look at the Federal entitlement program Medicare, the portion of Medicare that truly does have some private sector involvement, where private sector companies can come in and contract to provide the government's responsibilities under Medicare, it is the most popular of all Medicare programs, the one that was growing and letting the private sector deliver the benefits.

One of the aspects of the Medicare Advantage Program is that senior citizens on Medicare Advantage actually get additional benefits beyond those traditional Medicare benefits that those in the normal or standard Medicare Program get because the private sector options have been able to identify ways to enhance and create opportunities for greater and stronger benefits.

Yet those who don't want to have anything but a single-payer system, those who want to make sure the government-provided health care is provided only by the government, do not like the Medicare Advantage Program. So it is not surprising that we see this level of cuts in this program.

During the Finance Committee markup, CBO estimated that the value of extra benefits that Medicare Advantage plans provide will drop from $135 a month to $42 a month of extra benefits. The CBO Director, Mr. Elmendorf, confirmed this during the markup. I asked him:

> So approximately half of the additional benefit would be lost to those current Medicare Advantage policyholders.

His answer was:

> For those who would be enrolled otherwise under current law, yes.

In other words, compared to current law, if these cuts are put into place, about half of the benefits would be lost to these Medicare Advantage beneficiaries.

We now have more detail on that. I am sorry we don't have a bigger chart. We will have one in the future. If you can see the United States here, the States in the deep red are those that have cuts in excess of 50 percent to their Medicare Advantage beneficiaries; those in the lighter red are between 25 and 50 percent. In the white, there are only five States; they are the ones that don't have a negative impact. So 45 of the 50 States will see significant reductions in the Medicare Advantage benefits that are provided to their constituencies. You just have to look at the map to see it is a large percentage of those 45 States that are getting cuts in excess of 50 percent of their benefits.

Mr. LEMIEUX. Will the Senator yield for a question?

Mr. CRAPO. Yes.

Mr. LEMIEUX. The Senator is saying that seniors who have Medicare Advantage now will have big reductions in the benefits they receive. My understanding is that includes flu shots, eyeglasses, and hearing aids—as the Senator from Arizona said, programs to keep seniors healthy. My folks in Florida very much appreciate the Medicare Advantage Program. We have more than 900,000 Floridians who are on Medicare Advantage.

I want to make sure I understand this correctly—that under the proposal put forward by Senator REID, we are going to make substantial cuts to Medicare Advantage and the benefits Medicare Advantage provides.

Mr. CRAPO. The Senator is right. The way I look at it is that it is the extras. Some say Medicare benefits aren't being cut by these proposals, but that is a real stretch. When you look at Medicare Advantage, it is an outright misrepresentation. The benefits are vision benefits, dental benefits, and the kinds of preventive medicine, such as the mammograms, the PSA tests, and other types of things we have found that help you to dramatically increase your health, if you pursue these kinds of preventive medicine options. They are the ones that will be deprived through these benefits.

Mr. WICKER. Will the Senator yield?

Mr. CRAPO. Yes.

Mr. WICKER. I notice that in Florida that reduction, according to the CBO map, would be 81 percent. That is an unthinkable, drastic change in Medicare Advantage. In my area of the country, over in Arkansas, for example, it has a 40-percent reduction. My State, Mississippi, has a 41-percent reduction. Our neighboring State of Louisiana—these are some examples—has an 81-percent reduction, the same as the proposed reduction this legislation would cause for the State of Florida. I think it is important for our constituents to understand the magnitude of these Medicare Advantage reductions.

Mr. CRAPO. That is absolutely true. Taking a couple of other States, California is 68 percent; Arkansas, 40 percent; New York, 69 percent; New Mexico, 65 percent. The list goes on. The point here is this: The CBO Director made it clear that these will be benefits Medicare Advantage holders will be losing.

I want to move on to some of the other reductions in Medicare. The argument being made by the proponents of this bill is that we can cut $500 billion out of Medicaid and not impact anybody's benefits or the quality of the medical care they are receiving. That is not true. Where are the other cuts, non-Medicare Advantage cuts, coming from? They come from home health agencies, hospice, skilled nursing facilities, hospitals that provide care to seniors, and other Medicare providers in what is called the market basket.

You might say we can just continue to cut the compensation or the allocation of return for procedures and health care provided in these medical providers' services and not have any impact. The reality is far from that. What will happen is this. I will give a couple of specific examples. In general, what happens is, when a home health agency or a skilled nursing facility or a hospital receives these massive reductions of over $100 billion worth of cuts in these areas, they have to adjust somehow. Let me give you some examples. The adjustment is this: In some cases, providers simply stop taking Medicare patients because they can no longer make a profit. In that case, the Medicare population loses access because they have fewer providers from which to choose. In other cases, they reduce services or reduce employees. Again, both the quality and the quantity of health care services to seniors is reduced.

Let me give some examples. A few weeks ago, I spoke to Gary Thietten of Idaho Home Health and Hospice about the impact of Medicare cuts to home health and hospice providers, which is his business. He described to me just how bad the fiscal situation has already become for home health, hospice, and other Medicare providers in Idaho.

Idaho has already lost nearly 30 percent of its home care providers. Let me repeat that. Already, it has lost nearly 30 percent of its home health care providers. They are going out of business because we are squeezing them down so tight. And that included Idaho's largest provider. The providers that are still in business are working under the same Medicare reimbursement levels they received in 2001—8 years ago. If the kinds of cuts contemplated by this legislation go into effect, on top of the current reimbursement issues, the situation will get worse.

Gary said that he compared this situation for home health and hospice providers to the farmers in Idaho. He said that most farmers don't grow just one crop. Similarly, home health agencies do more than just provide home health; they provide hospice and private-duty care along with medical supplies and equipment. All of this will get reduced.

Let me give another example. Robert Vande Merwe of the Idaho Health Care Association talked to me about the impact of these cuts on skilled nursing facilities.

Skilled nursing facilities, such as the hospice facilities, already face a budget challenge under recent CMS rules restricting their compensation for the services they provide. The cuts they have already received, not counting what will come at them in this bill a hundredfold more, have already caused a reduction in reimbursement in Idaho by over $4 million per year to skilled nursing facilities.

He pointed out to me that in the nursing home world, more than 70 percent of the expenses they have are labor, primarily nurses and nursing assistants. He said when payment cuts like these occur, they cannot go to their buildings and take bricks out of it. What they have to do is reduce their employment. That cuts employees. That cuts benefits and services to those who are there.

Let me make this clear. First of all, these cuts are going to reduce jobs and, secondly, they are going to directly tie to the quality and number of staff there to provide care for those in the Medicare system.

Mr. KYL. Mr. President, I ask if my colleague will yield for a quick question.

Mr. CRAPO. Yes.

Mr. KYL. We talked a lot about the rationing of health care that is the inevitable result of these cuts in this bill; that when you reduce the amount of money you compensate hospitals, doctors, nurses, and others, they cannot provide as many services. Some leave the business altogether. As the Senator from Idaho pointed out, some businesses go out of business. So there are fewer entities providing the care. That means it takes longer for patients to obtain the care where it is available, and frequently they do not get as good of care because folks cannot take that much time to take care of them in that sense.

Will my colleague please talk about his concerns about the overall problem of rationing that comes from the reductions in the benefits to providers? By the way, the Senator's chart says ''other Medicare cuts to providers.'' We use that term ''providers'' as a shortcut term. Will my colleague explain what it means to a 70-year-old woman in Idaho who is a provider and how important is that, what happens when you don't pay that provider so that provider is no longer available to take care of her?

Mr. CRAPO. Mr. President, I appreciate that question, who are the providers. If this Medicare beneficiary is in a skilled nursing facility, the provider is the facility itself, which I said we already lost 30 percent of our facilities. It is the nurses and the nurse assistants who are there to assist them and care for them.

The bottom line is, you simply cannot cut hundreds of billions of dollars out of these services and expect to provide the same level of access and quality and available health care.

The same would be true if the care were being provided in a home setting, which a lot of the home care services are compensated by Medicare or in a hospital which is there to provide care in some of the most serious types of circumstances. Whatever it is, whether it is home hospice care, skilled nursing facility, a hospital or what have you, what we see is a reduction in the number of facilities and personnel available, and that is nothing other than rationing.

It is a different kind of rationing than will occur under some other parts of this bill where the government will actually get in the business of saying what kind of health care you can get and at what time in your life you can get it. But it is a kind of rationing that simply forces the availability of health care down so far that the system itself rations it out.

Mr. LEMIEUX. Will the Senator yield?

Mr. CRAPO. Yes.

Mr. LEMIEUX. I wanted to follow up on my colleague's point. With all these cuts to Medicare, $464 billion in this proposal, $192 billion in reductions to most services, $118 billion in cuts to Medicare Advantage, $21 billion cuts to hospitals serving low-income patients, $23 billion from other sources, it seems inevitable that seniors are going to have a lower quality of health care. We were told by the President that if you liked your health care, you were going to be able to keep it. But it seems to me that we need to change that a little bit because under this proposal, you might be able to keep it unless you are a senior and that seniors are going to have a diminished quality of health care under this proposal; is that correct?

Mr. CRAPO. The Senator is absolutely correct. I will comment on that and then conclude and turn the floor over to my colleagues from Mississippi and Florida for their comments. That is exactly right. In fact, one of the most clear and obvious places in which

this legislation violates the President's pledge—that if you like what you have you can keep it—is in Medicare Advantage because one out of four Medicare beneficiaries in America will not be able to keep what they have and will see their benefits cut.

There are also other parts of this bill that impact people outside of Medicare in terms of the kind and quality and extent of health care insurance coverage they have and expect that will be impacted. It would impact beyond this. This is about as clear a case there is of violating that promise.

Mr. WICKER. Mr. President, before the Senator leaves that subject matter, I wonder if I could interject. My friend from Idaho also has listed specific cuts under this legislation: hospitals, Medicare Advantage, cuts to nursing homes, cuts to home health, and hospice. But also I think Senators and Americans need to understand that the Reid bill also establishes a permanent board of unelected members appointed by the administration which, in this case, initially at least would be the Obama administration, and they would dictate further savings under Medicare.

This gets to the question of my friend from Arizona about rationing. It would dictate annual Medicare cuts geared toward reducing Medicare spending. These people are not going to be like us—accountable. They will not have to go back to their district every 2 years or their States every 6 years. But they will have the unbelievable power under this legislation to dictate additional cuts that we know not. The Wall Street Journal called this a rationing commission. This ties right in with the concerns that Americans have had over the last 2 or 3 days about these recommendations with regard to mammograms.

I realize I am intruding on the Senator's time, but I have a letter from a physician in Mississippi who is fearful that this sort of rationing board is going to impose the requirement that mammograms not be given until after age 50. He says:

> My wife and I have two daughters who had breast cancer in their 40s. One daughter was age 42 and it was picked up on a routine yearly mammogram. The other daughter was age 49 and she found an abnormality by self breast exam and it was confirmed by a mammogram. . . .

Now we have a group of unelected people coming forth and saying you are not supposed to get a mammogram, you are not entitled to a mammogram, and we learned that some insurance companies have already decided to follow that dictate. This gentleman, a physician, says my two daughters would be dead from breast cancer if that were imposed.

I am afraid that in addition to these very definite cuts, this permanent board of unelected members would impose the very type of requirement that we are fearful might come forward on mammograms.

Mr. CRAPO. The Senator is correct. I will conclude with this. I think we have all seen folks are almost falling over themselves backing away from the news on the mammograms that came out. But it is a very clear example in a way a study can come out from a government source or otherwise to say we don't need to have this kind of health care in the United States, it is a cost saving. What do you think is the potential for this commission to say: We are charged with saving costs in these programs, and we are going to do that.

I suspect that the mammogram issue is one they would not do it on today because of the reaction to it. Somewhere this commission is going to save tens of billions of dollars, in addition to these kinds of cuts, by reducing services. Color it as you want, you cannot make this kind of reduction of health care services, personnel, and infrastructure without reducing the access to and the quality of care that Americans receive.

I will conclude by saying these issues face every State in America. We are going to see in this arena a dramatic reduction of the quality and content and quantity of health care that our Medicare beneficiaries today see because of these proposals, and they are being done not in order to make the Medicare system more solvent but to finance yet another major Federal entitlement program that will cost hundreds of billions of dollars. As a matter of fact, if you look at the true numbers, the cost will be over $2 trillion in a full 10-year period of time.

There is a lot more we could say, but I know my colleagues from Mississippi and Florida have some remarks they wish to make. I yield to them at this time.

Mr. LEMIEUX. Mr. President, I thank the Senator from Idaho for his great remarks today. I want to follow up on what he started to discuss and continue also with the comments from my colleague from Arizona about Medicare Advantage because it seems to me, being a Senator from Florida where we have the second highest senior population in the country, the highest per capita senior population, we have 3 million people on Medicare, more than 900,000 on Medicare Advantage, that Florida is going to receive the worst impact perhaps of any State in the country because of this proposal.

I am here today to talk about this not just as an American but as a Floridian because I want my fellow Floridians to know, especially seniors, what is in this bill and what it means to them. That is our job. It is our responsibility to read through this document, this 2,074-page bill that we received a day and a half ago and to talk about what it means for the average American and, in my case, the average Floridian.

We find out today this Medicare Advantage Program that 900,000-plus Floridians enjoy is going to have a substantial cut to the benefits. This is not just extras or fringe benefits. These are things people need to stay healthy—eye doctors, hearing aids, programs to make sure folks stay in shape, all sorts of things that contribute to the health and wellness of seniors. Our seniors enjoy this program. The popularity of this program is sky high.

But we are finding out today—and I am looking at this map—that Florida is getting the worst impact of any State in America. Only Louisiana is going to get it as badly as Florida. We get the hurricanes, and now we are going to get the Medicare Advantage cuts—an 81-percent reduction in the benefits to our seniors.

What is that going to mean? It means they are not going to have the health care they enjoy now, which is what the President promised.

Right now this bill says the benefits offered will drop from $135 a month to $42 a month. Florida seniors will lose 81 percent of this additional coverage. I have some constituents who have written to me because they have been hearing about these problems. I want to read one or two of these letters from Floridians who are concerned about losing Medicare Advantage. This one is from Dennis Shelton in Plant City, FL, which is in central Florida. He writes to me:

> Senator LeMieux, I am writing this letter to express my deep concern about the proposed cuts in Medicare Advantage funding. I am currently enrolled in an advantage program that is crucial for me to get medical attention. The plan provides doctors, medicines, urgent care and my diabetic supplies. The plan does this significantly better than traditional Medicare at a reduced cost.
>
> By regular visits . . . I have been able to maintain reasonable health. If the cuts reduce services then my health will suffer along with other seniors that are in the Advantage program.
>
> This is distressing and I sincerely hope that you will strongly advise fellow congressmen how important Medicare Advantage programs are to seniors all across the United States.

I am new to this body. I have only had the honor of serving here for a couple of months, so I am still learning the ways of Washington. But my understanding of this health care process and this health care bill is we were going to maintain quality, we were going to try to cut costs for people who have experienced the high cost of insurance, and we were going to try to provide more access.

But what I am finding out from this proposal is that we are going to cut quality for seniors, and we are not going to reduce the costs of health care for the 170 million people who actually have insurance.

It occurs to me that the goals that were set are not being achieved by this plan. Worse still, we are taking a program that seniors rely on and that seniors paid into their whole life through their wages and we are going to cut $½ trillion out of it, a program that in 7 or 8 years is going to run a deficit and be in tremendous trouble.

The question I have—and maybe my colleague from Mississippi can help me with this since I am new to the Chamber—is why are we going down this

path? This doesn't seem good for seniors. It doesn't seem good for people in any walk of life in America, especially in light of what my colleague from Mississippi pointed out with the mammogram issue that came out and the self breast exam issue that came out this week. Why are we going down this path?

Mr. WICKER. I appreciate the Senator asking that question. The answer is there is no reason for us to go down that path.

Early in our hour, the Republican whip pointed out that there are many proposals the Republicans have that do not require the huge expenditure, the huge expansion of Federal power and actually are relatively simple and relatively inexpensive. For example, we have a proposal:

To reduce junk lawsuits against doctors, by Senator ENSIGN, the Medical Care Access Protection Act. It is only 28 pages, compared to these huge pieces of legislation in front of us. That would not cost anything. It certainly would not require any reduction in Medicare.

To combat waste, fraud, and abuse, by my friend from Florida, and I congratulate him for that. It is only 21 pages, something Republicans have been begging for and arguing for for years and have been stymied on.

To allow small businesses to pool resources to purchase health insurance for employees. Small business people in restaurants and realty companies, small motels, ought to be able to pool together and have the same purchasing power the huge corporations have. But that would only take 8 pages, it would not involve a cost to the Federal Government, and certainly not involve these draconian cuts of $½ trillion to Medicare and Medicare Advantage.

Further, we could purchase health insurance across State lines. We certainly agree there is not enough competition in health care purchasing. I would love to see a commercial someday with someone coming in saying, ''I have great news, I just saved a ton of money on my health insurance by switching to XYZ Company.'' We see that in car insurance and life insurance. There is vibrant competition. But if we opened competition across State lines to the 50 States and if I could buy insurance from Idaho, I might find a company that gives me better service, that provides better care or reduced premiums. Or if I could look at a Florida insurance company, the Senator from Florida might look at a Mississippi company. We would use good old American competition that has worked in our market society for years but has not been allowed to work in the area of health insurance.

Then, of course, health savings accounts—a one-page bill by my friend from Arizona and our colleague Senator DEMINT. And then wellness and prevention, again only a simple 14 pages.

None of these would require cuts to Medicare. None of these would involve the $2.5 trillion that this spends per decade, once it is fully implemented. So the answer to the question of why we are doing it is, it is not necessary. I guess the reason people might be doing it is that they believe that big government works well. I have a different view on that.

I see, as the Senator pointed out, all of these Federal programs that are not exactly working as efficiently as they were projected to be. My dad is on Medicare. We are going to protect Medicare. Republican and Democrat, we are going to do that. But as the Senator pointed out, it goes broke in the year 2017. We certainly do not need to be taking from Medicare to pay for a new entitlement.

Medicaid, as has been pointed out—many doctors will not take Medicaid payments anymore because it is broke and it doesn't reimburse at a market rate. So we see in my home State of Mississippi, 60 percent of the doctors will not take Medicaid. Yet there are some people in this building, there are some people in this country within the sound of my voice, who believe that somehow a huge $2.5 trillion takeover of one-sixth of our economy can work and will not be like the Census and Fannie and Freddy, like the post office and the highway trust fund, and will not be broke.

It comes down to a difference in philosophy. But certainly we ought to all agree that savings we find in Medicare ought to be used to shore up Medicare, to make sure it is there for people such as my dad and people who are going to rely on that program for years to come.

Mr. LEMIEUX. I thank the Senator for that explanation. That is very helpful to me. What is disconcerting about the path it seems we are on is we are going to have this government-run health care system and if already now people cannot go see their doctor if they are on Medicaid because doctors won't take Medicaid, and if it is growing more and more the case that you cannot see a doctor if you are on Medicare—I have some information here about 29 percent of beneficiaries surveyed saying they are having a problem finding a doctor who will take Medicare.

There is a senior from Sanford, FL, Earl Bean, who was interviewed this week and he said:

> I called about 15 doctors and was told repeatedly that they were not accepting Medicare patients. . . .

They wouldn't even take his name when he called. So what I am worried about is we are going to enter into a system where 5 years from now, 10 years from now when everybody in the country is basically on a government-run health care program—Medicare, Medicaid, or this new program which unfortunately we all think will push the private insurers out of the business eventually and we all have government health care—is we will be going places, there will be 100 people waiting in the room if we can get a doctor at all, they will be rationing the care, they won't be providing mammograms such as this recommendation that came out this week by the Government task force, for women in their forties to be discouraged from self-breast exams, and we will all have very poor health care unless you are wealthy.

What is already happening now is that those folks who are wealthy—there are doctors now who are not taking Medicaid, they are not taking Medicare, and they are not even taking insurance. So what concerns me—maybe the Senator from Mississippi can comment on that—if we enter on this path, we are going to a world where the majority, the vast majority of Americans are going to have poor quality government-run health care and only the very rich will have access to good doctors and all the best quality of health care. That does not seem to me like an America we want to live in.

Mr. WICKER. I think this constituent of mine, from Brandon, MS, said it very well in a recent e-mail I received. Obviously she is dependent upon home health care.

> I support the goal of health care for all. However, that goal should not come at the expense of frail, elderly and disabled homebound Medicare beneficiaries receiving care in their homes and communities. . .

She points out what this legislation would do to home health care.

Truly, this bill before us and the one from the House and the one from the two committees takes money from America's seniors to the tune of $½ trillion, and instead of shoring up the system that needs to be enhanced and protected, it puts that money in the new government entitlement program we have exhibited here. I certainly believe we can do better.

Mr. KYL. Mr. President, I want to interrupt my colleague from Mississippi for a moment and ask him—or I think the Senator from Idaho has some experience with this as well—we have been talking about $½ trillion in cuts to Medicare. But we have not even talked about the biggest one yet. We have talked about cuts to Medicare Advantage, we have talked about the cuts that will be ordered by this new Medicare Commission. But I guess I would ask my colleague from Idaho, isn't it true that the biggest dollar cuts to Medicare are going to come because we are going to pay the doctors and the hospitals and the nurses a lot less money?

Of course, every one of my constituents who has talked to me about it said wait a minute, if you are going to pay them a lot less money—I am having a hard time finding a doctor who will take Medicare patients. Isn't that going to result in delay of care for me and denial of care, in effect rationing of care? There will not be enough doctors and nurses to take care of me because they are not being paid enough to even keep their doors open.

Mr. CRAPO. The Senator is right. As a matter of fact, if I understand the

legislation correctly, it assumes the current projected cuts for physicians are going to happen. That is how it says it is not going to increase the deficit. You and I both know this Congress will not let that happen.

But even today, 29 percent of Medicare beneficiaries looking for a primary care doctor had a problem finding one because, both with regard to Medicaid and Medicare, because of the problems we have been discussing here, there are fewer and fewer providers who will take patients in those programs.

Mr. LEMIEUX. Mr. President, I was wondering if I could ask my colleague, the leader from Arizona, a question because we are about at the end of our time. My understanding is we are going to have a vote tomorrow at 8 o'clock. Again I am new here. I was hoping the Senator could explain this for me. My understanding is we are going to vote whether to proceed on this bill. It is not going to be this bill, it is going to be some kind of shell bill or something, which hopefully can be cleared up for me. But I am told by folks who work with me that the Congressional Research Service has said when there is a vote to proceed on a bill, that 97 percent of the time that bill passes. So it seems to me if we are voting tomorrow to proceed, that is really a vote on this bill.

Do I understand that correctly?

Mr. KYL. Mr. President, I would say to my colleague from Florida that is exactly right. I was interested in that Congressional Research Service report, a totally nonpartisan report, which essentially makes the point if you vote to proceed to the bill, 97 percent of the time you are voting to approve the bill because they end up passing. Those of our colleagues who say they have problems with this bill, serious problems with the bill, are enablers if they vote to proceed to the debate of this bill. They are enabling those who want to pass a bad bill to do so because that is exactly what will happen.

In order for them to try to fix the bill it would take 60 votes to get an amendment agreed to and that is a very tall order around here.

The second part of the question, yes, this may be a little confusing, but what the majority leader has asked is that we vote on a cloture motion to proceed to a House bill that has to do with bonuses for AIG people. You say, What does that have to do with this? The answer is it has nothing to do with this. The leader ordinarily would have taken the House bill, which is the bottom half of this stack here, would have taken the House-passed health care bill and asked to proceed to that bill. If we then agree to proceed to that health care bill, he would then substitute his own version, which is the second half of the stack here, and then you would have a Senate version that we would begin to amend or act on or at least debate.

I don't think the majority leader wants those on his side of the aisle to have to vote on the House-passed health care bill. It doesn't appear to be very popular out in America. In fact, by about 2 to 1 the American people say they don't want to have anything to do with that bill. So, instead, we are going to a shell bill that has nothing to do with health care and then the leader will simply shift to his substitute health care bill. As my colleague from Florida knows, once you vote to begin the debate on this bill, you have put in motion the process by which it could, and in 97 percent of the cases does, end up getting passed into law.

For those colleagues who say I am not sure I like this bill but you know I will move the process along by at least going to it, the time to stop it and to say let's fix it before is the time right now, not after you get on the bill. It is too late.

Mr. WICKER. Will my colleague yield? This Reid substitute that will be substituted for the shell bill contains taxpayer funding of abortions and it contains a government-run company to compete with the private sector. So Senators who vote to proceed on that bill, in my opinion, are playing with fire and very much risking that type of legislation might come out of the closed room that will be the House-Senate conference.

Mr. KYL. The point is this: Unless they have a way to get 60 votes to get those provisions out they are in effect endorsing them by voting to proceed to the bill because they can't get them out. My colleague is exactly right.

The PRESIDING OFFICER (Ms. KLOBUCHAR). The time of the Republicans has expired.

The Senator from Florida.

Mr. NELSON of Florida. Mr. President, I rise to support the majority leader and his motion for cloture to cut off debate to allow us to vote on the motion to proceed which will allow us, then, to get the bill to the floor so that we can debate and start amending this bill. I wish to use the next several minutes to lay out a comprehensive reason of why this Senator supports moving to take up this legislation.

I look forward to the amending process, and there will be vigorous attempts to amend it. I had offered a number of amendments in the Finance Committee. Most of those amendments were, in fact, adopted, but there was one in particular that was not adopted on a vote of 13 to 3. It would save the American taxpayers $109 billion by having the price of drugs that are sold to Medicare recipients under the Medicare Part D who also are eligible for Medicaid but get their drugs under Medicare, it would cause those drugs to be sold at the same discounts that they get the drugs under Medicaid. There have been discounts for a couple decades because of the bulk purchases of millions and millions. It is close to 50 million people who get drugs under Medicaid. There are about 43 million people who get their drugs under Medicare.

Let me correct that. There are 43 million people on Medicare. There is some number less than that who are now getting their drugs under Medicare Part D. But, in fact, they don't get the same discounts that those very same people in Medicaid would get, even though they are eligible for those discounts. Those people are called dual eligibles because they are eligible because they are poor to get it under Medicaid, but they are also over 65. Therefore, dual eligibles should be able to get cheaper drugs. No, we can't do that. Because in the Medicare prescription drug benefit passed 6 years ago, those kinds of discounts were not allowed.

That is a huge additional cost to the taxpayers. The overall amount of Medicare drugs being sold, if you got those discounts, would be something in excess of saving the American taxpayer $200 to $250 billion. For those who are dual eligible—they qualify for Medicaid but get their drugs under Medicare—the savings would be $109 billion.

This Senator is going to offer that amendment. It is a high threshold of 60 votes that we have to get but, indeed, we will see and on down the line.

Why am I insisting on continuing to offer this? Well, it is interesting that just recently an AARP study has come out, along with another study called IMS. They have noted that the cost of drugs, brand name drugs, their wholesale prices have increased, in the year 2008, 9.3 percent. Contrast that to the rate of inflation, which was about zero percent. So you see that the cost of drugs is continuing to go up. It is time to give our people some relief.

We could do a lot with that extra $109 billion. First, we could lower the deficit by $109 billion. So whereas this bill brought forth by the majority leader saves the Treasury money over the 10-year period and reduces the deficit by $130 billion, we could add another $100 billion to that. We could be lowering the deficit $230 billion. But we could take part of that money that we would save the taxpayers and use that to fill the doughnut hole.

That is the strange creature in statute that gives senior citizens under Medicare some reasonable compensation for their drugs, up to a certain level. That level is, generally, between about $2,500 and $4,500 of total drug purchases within a year. But once they get into that zone, that doughnut hole, in fact, they get no assistance from Medicare. That is called the doughnut hole. We could help senior citizens fill that doughnut hole so they are not bearing the full cost of those drugs when they get hit with huge drug expenses in a particular year.

We will see what the will of the Senate is as we come out here and start to vote.

The reason it is important, tomorrow night at 8, for us to get 60 votes to shut off debate is so we can go to the motion to proceed to get this bill to the floor. The reason is we need a debate. We

can't afford not to have a debate. In what is known as the world's most deliberative body, that is what we do—debate and amend and try to perfect. Is anyone denying that health care, the cost of health care, the availability of health care, the availability of health insurance, the availability of health insurance at a reasonable price, is anybody disagreeing that is not a problem? Our people are hurting.

One of the main purposes of bringing this legislation out here and trying to find a reasonable solution is to make health insurance and health care available and affordable.

For example, what about if you have a preexisting condition. You can't get health insurance. We are going to change that in this legislation.

What about if you are sick and your insurance company suddenly comes and says: We are going to take away your insurance, we are going to cancel your health insurance. Is that a good outcome? There is nobody in America who thinks that is a good outcome. That is what we are trying to change. By the way, that is what the bill proposed by the majority leader will, in fact, do.

What about all those 46 million people who don't have health insurance? First of all, a lot of those folks do get health care, but where do they get it? They get it at the most expensive place at the most expensive time. They go to the emergency room, after what could have been very possibly prevented becomes an emergency. So it is at the most expensive place at the most expensive time. By the way, guess who pays. Do you think all those costs suddenly evaporate in the ether? No. They are costs in a hospital that are ultimately borne by all the people who support the health insurance system; that is, those who have health insurance policies and pay premiums. It is no small amount that we pay. As a matter of fact, nationwide, the additional cost to a family health insurance policy to take care of uninsured people is between $900 and $1,000 per year extra. It is a hidden tax on all the rest of the people who are paying their health insurance premiums.

In my State of Florida, it is even higher. It is estimated to be $1,400 per family policy per year, a hidden tax. That is a hidden tax that will disappear, if we can bring in those 46 million people nationally who are uninsured, 4 million of whom are in Florida, if we can bring them into the system. Will we bring them into the system? The bill the majority leader has put on the table will cover 98 percent of all Americans with health insurance. That is the entire spectrum of Americans who receive health care. Is that worthwhile doing? I certainly think it is.

I said at the outset this bill also tries to approach this in a responsible financial way. The actual cost of the bill is about $848 billion over 10 years. But that $848 billion is more than paid for because, at the end of that 10 years, there is an additional $130 billion that is left over. That is surplus that will go directly to lower the deficit. The projection by the Congressional Budget Office for the second 10-year period is at least a $650 billion reduction of the budget deficit in that 10-year period and possibly as high as $1 trillion in lowering the deficit.

What does that tell us? What it tells us is that one of the reasons we need a bill coming out on the floor is that not only do our individual Americans have difficulty paying for the cost of health care, the U.S. Government is having difficulty paying for the cost explosion of Medicare.

Unless we start getting those costs under control, then, in fact, we are going to be in an unsustainable proposition with Medicare. A system of revising health delivery capabilities so people are not being canceled, no preexisting conditions, people can get health insurance at affordable rates but at the same time starts lowering the overall cost to not only individuals but to the U.S. Government, it seems to me that is desirable.

So you will hear and we have just heard comments about how Medicare is going to be cut. Well, there are clearly inefficiencies in Medicare that need to be wrung out. Let me give you an example. Right now, we have what is known as Medicare fee for service. It basically pays the doctor's bill that is submitted for the person who is eligible for Medicare. But what happens is, the Medicare patient goes to this specialist, that specialist, that specialist, and all of them are not talking to each other. This one orders this particular set of tests, and that one, because he does not know what the other one is doing, is ordering the same test, but Medicare is getting all of the same bills. This bill, in reforming health care delivery, is going to try to get at that. It is going to set up accountable care organizations. It is going to set up electronic records so there is no more of this shifting around and, oh, I didn't get the report. It is going to be there available immediately. These are obvious technology increases we have to do. That is Medicare fee for service.

How about a program called Medicare Advantage? Let me tell you what Medicare Advantage is. Medicare Advantage is a fancy word for a Medicare HMO. Do you know what an HMO is? An HMO is an insurance company. It was originally designed in the late 1990s that you could deliver health care cheaper to senior citizens in Medicare through an HMO. So when it was first set up, Medicare HMOs were given 95 percent of fee for service because they were going to save costs. They were going to save costs to the individual, they were going to save costs to the government—95 percent.

But, lo and behold, in 2003, in the Medicare prescription drug benefit, it not only set up what I described a while ago as this unusual doughnut hole and drugs that cannot be discounted to the Federal Government when it is buying drugs in bulk for millions of Medicare recipients, it also set up that we are going to give a cushy arrangement to insurance companies where insurance companies that want to sign up Medicare recipients are going to get 14 percent more per patient—114 percent instead of 100 percent of Medicare fee for service. Is it any wonder costs are exploding in Medicare if suddenly a program gets 14 percent more per patient than what the standard baseline ought to be, which is Medicare fee for service? It does not take a rocket scientist to figure that out.

Because insurance companies—Medicare HMOs; the fancy name is ''Medicare Advantage''—because they get more, 14 percent more, then they can offer additional things to the senior citizens, and this has proved to be quite popular. Basically, 30 percent of all Medicare recipients in my State of Florida have signed up for Medicare Advantage. Indeed, the biggest thing they have that is desirable—you hear about eyeglasses and hearing assistance and so forth, but the biggest thing that is the most popular is that because the insurance company is getting paid so much more per person, it can then use part of that money to pay the copays on Medicare, such as Medicare hospital insurance, Part A and part B, as well as Part D, the drugs. So it is very popular.

So what I said in the Finance Committee is—obviously, we ought to reform the system. And I can tell you, this Senator did not vote for it 6 years ago, which set up this system, which was a cushy system for insurance companies as well as the drug companies. But the fact is, we have not.

So this Senator said, in the Finance Committee: All right, what I want to do is I want to grandfather the people who have it in Florida so that, on a going-forward basis, when this takes effect—in this bill, it takes effect in 2013—when it takes effect, it is only those new people signing up who will operate under the new system that will make it more streamlined but that those who have the existing benefits from Medicare Advantage will not be cut. I offered that amendment along with other Senators in the Senate Finance Committee, and that amendment was adopted.

So the statements that have been made on this floor about Florida Medicare Advantage recipients being cut in Florida is not accurate on this bill. I fought for that. Everybody knew I fought for that. And of the 949,000 Medicare Advantage recipients in Florida, at least 800,000 are operative under the formula we put in and the remaining 149,000 virtually would not be affected anyway. I cannot speak for the other States, but I can sure speak for Florida. That is in this bill. Those other Senators who offered the amendment with me in the Finance Committee had things that tended to their

States, as well, that were part of that amendment. But that is what the situation is with regard to this legislation.

Let me say that if we can get this legislation out of the Senate and get it to a conference committee with the House, the House has a whole different approach. The House works on streamlining Medicare Advantage from the basis of not something known as competitive bid, which is in the Senate bill, but what is known as fee for service, as the target benchmark. That does not have the Draconian cuts, in my opinion, to many of our Medicare Advantage recipients.

But I want the record clear here that with regard to Florida, Florida Medicare Advantage people have been grandfathered in of those who are in existence and those who still will be in existence having signed up for Medicare Advantage until the date at which the new system would start.

I see we have changed Presiding Officers, and it is such a pleasure to have the esteemed Senator from Minnesota in the chair. Madam President, there is room for improvement. We spent 2 full weeks in the Senate Finance Committee on amending this legislation. We had spent 3 months prior to that discussing it. You can imagine, in a nation as diverse and complicated as ours and a health care industry where everybody and his brother and sister have their fingers in the pie, how complicated this is. But that is the reason for the amendatory process: to improve, to perfect.

I want to wind up my remarks by giving a picture of the totality. We have had so much of the debate, ever since summer, dominate on the concept of a public plan. Many organizations have now come out and said that a public plan, at max, is going to affect 4 million or 6 million people. If it affects 6 million people who sign up for a public plan—if there is one in existence. And, of course, the majority leader has in here not one that is mandatory. He has it as an option where a State can withdraw from having a public plan. But if the max of 6 million people signed up on a public plan, that is 2 percent of the entire country. Yet you would think that was the only thing when you listen to the arguments—and sometimes we watched fights in these townhall meetings back in the summer—you would think that was the only thing this whole health care reform was about. In the max, it is going to affect 2 percent.

Why is that? Why is it that it only affects 2 percent? Well, look at the whole population to whom we want to give health care delivery.

Take my State of Florida. Approximately—and I am rounding these numbers—approximately 50 percent of our people in Florida get their health insurance from their employer and they are in a group policy. Another 16 percent in my State get their health care from Medicare because they are eligible at their age. Another 10 percent in my State get their health care from Medicaid because they are either qualified under the income level or they are disabled. Now add that up. That is 76 percent right there of all the people of Florida. That includes children. OK. What about the remaining 24 percent? About 4 or 5 percent of our people also have health insurance but they pay through the nose because they are buying it as individuals as opposed to a group policy. If you are buying it individually, where all the health risk is on one life, the cost of those premiums is very high. The remaining 19 percent are the uninsured. That is as to the population of my State of Florida. That will vary with different States. Obviously, in Florida we have more people aged 65 and older and therefore eligible for Medicare than most States.

But you can see now that what we are going to do is, over here for this remaining 24 percent, we are going to set up a health insurance exchange. In the case of Florida, it is going to have potentially 4 million people in it. It is going to be the uninsured who are now going to have access to health insurance with no preconditions, and they cannot cancel their policies, and it is affordable. It is also going to be available to those people who, in fact, have policies they cannot afford, usually the individual policies. There will be some small business employers—for example, those with 50 employees or fewer—who will not be offering health insurance, and their employees will, for the first time, be able to go to the health insurance exchange and be able to get health insurance.

All right. The competition in that health insurance exchange is going to have a public plan, if a State approves. That is why it comes down to such a small percentage. That is why an issue has dominated the debate but is not the main issue. The main issue of this legislation is to provide health insurance and health care to our people that is available and affordable.

I will close with this: We have all heard these stories because people have been coming to us in our townhall meetings, on the phone, in the airport, back during the parades, at the meetings, and they have been telling us these very tragic stories: the woman who is in the middle of chemotherapy and suddenly gets a cancellation notice from her health insurance company; the person who desperately needs health insurance and can't get it and who has had it for some period of time; the person who is hanging on for dear life to that job because that job they have is not only their means of financial remuneration but is also their ticket to having health insurance.

These are the tragic stories we want to change. We want to make people's lives better. We have to start somewhere. That point of starting is going to be at 8 o'clock tomorrow night, Saturday night, because the Senators are going to parade on this floor and indicate yea or nay on whether we are going to shut off the filibuster in order to get to the motion to proceed which will then allow us to get to the bill after Thanksgiving.

It is absolutely essential for the sake of our people that we bring this legislation to the floor and that ultimately we get a product we can pass and get it on to a conference with the House and have an agreement that the President can then sign into law.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware is recognized.

Mr. KAUFMAN. Madam President, I rise this afternoon to talk about the topic that is on the mind of each and every Senator today: health care reform. First off, I wish to congratulate our majority leader, Senator REID. He has accomplished something that has not been done in years. He has the Senate on the precipice of debating a major health reform bill on the Senate floor.

I agree with the Senator from Florida. Tomorrow night at 8 o'clock we should come to the floor and we should move this bill. It is essential that we pass health care reform this year. The present system lets down all Americans and we need a new, reformed health care system. We should move this bill and then we can debate, we can amend, as the Senator from Florida said, and we can deal with this bill then. But it is essential that we move this bill.

Senator REID has melded the good work of the Finance Committee and the Health, Education, Labor, and Pensions Committee into one bill that we stand ready to bring to the Senate floor. If people don't acknowledge that accomplishment, they are forgetting history. For all the efforts to reform our health care system back in 1994, the Senate never came close to bringing a bill to the floor to debate. Because of the searing experience the Congress went through back then, it took another 15 years to pass before Congress attempted another major reform of our present dysfunctional health care system.

I believe if we don't get it done this year, it might take another 15 years or more before we will bring it up again, and Lord only knows what will happen to the health care system in this country in the interim. But thanks to Senator REID and Chairmen BAUCUS, DODD, and HARKIN, as well as the tremendous efforts of their members, the committee staffs, all the long hours, weekends in the office and time spent away from their families, we stand here this afternoon literally a day away from the first procedural vote on the Patient Protection and Affordable Care Act. Make no mistake. We cannot afford to wait another day to fix our health care system.

We need to pass health care reform because the trajectory of our national health care expenditures is out of control. In 1979 we spent approximately $220 billion as a nation on health care—

$220 billion. By 1992 we spent close to $850 billion. And in 2009 we will spend $2.5 trillion on health care—from $220 billion in 1979 to $2.5 trillion in 2009. The trajectory clearly is absolutely unsustainable.

We need to pass health care reform because premium costs for middle-class Americans are rising at an astronomical rate. Take my home State of Delaware, for example. In 2000, the average premium for family health coverage was just over $7,500. In 2008, that number had jumped to $14,900, almost doubling in just 8 years. If we do nothing and allow the current health care system to continue, the same premium for family coverage is expected to reach $29,000 in 2016, another doubling of the price. Think about it. Every 8 years, our premiums doubling in size. That is simply unaffordable.

We need to pass health care reform because failure to do so will drive more and more Americans into bankruptcy. Today, bankruptcies involving medical bills account for more than 60 percent of U.S. personal bankruptcies, a rate 1½ times that of just 6 years ago. Keep in mind, keep in mind, 75 percent of families entering bankruptcy because of health care costs actually have health insurance. To repeat: More than two-thirds of all bankruptcies due to medical expenses are of Americans who have health care insurance. That number is simply appalling.

We need to pass health care reform because small business owners and their employees are desperate for relief from the cost of health insurance. Right now small business owners and their employees pay much higher premiums than their counterparts in large corporations. In fact, during the past 5 years, one in five small businesses reported premium increases of 20 percent annually. Add that up and that is 100 percent over 5 years. Imagine paying a 100-percent increase.

Largely because of the increase in premium rates, fewer and fewer small businesses offer coverage to their employees. For example, in 2000, 68 percent of small businesses were able to offer health insurance coverage to their employees. By 2007, just 59 percent of small businesses offered health benefits. That is a reduction from 68 percent to 59 percent in just 7 years.

Small businesses are the engine of our economy and will be the catalyst to get us out of this recession. It is time to make it easier for small business owners to provide health insurance for their employees so they can retain the workers they have and hire more to help lift us out of this economic distress.

We need to pass health care reform because failure to do so could bankrupt the country. Just look at Medicare and Medicaid. One of the biggest driving forces—in fact, the biggest driving force—behind our Federal deficit is the skyrocketing cost of Medicare as well as Medicaid. In 1966, Medicare and Medicaid accounted for only 1 percent of all government expenditures. They now account for 20 percent. If we do nothing to start bending the cost curve down for health care costs for Medicare and Medicaid, we will eventually spend more on these two programs than all other Federal programs combined.

I am pleased the Patient Protection and Affordable Care Act begins to tackle these problems and begins to reform our health care system. It is passed time.

This bill is fiscally responsible. Anyone who is concerned about our budget deficits should embrace this bill. According to the Congressional Budget Office, the bill will reduce deficits by an estimated $130 billion over the first 10 years from 2010 to 2019, and by more than one-quarter percent of GDP in the decade after. This amounts to about $55 billion in 2020 and several hundred billion dollars over the next 9 years. This is not chump change. This is real, effective deficit reduction that will help our economy over the next 10 to 20 years.

In addition to reducing the deficit, the bill strengthens the Medicare Program. Contrary to claims of the bill's critics that we hear on the Senate floor, the Patient Protection and Affordable Care Act adds coverage for Medicare beneficiaries. It doesn't cut a single service. Let me repeat: It doesn't cut a single service.

For instance, the bill provides seniors with three annual wellness visits under Medicare where they can develop personalized prevention plans with their doctors to address their health conditions and other risk factors for disease, making the conditions easier and less costly to treat. The bill also eliminates out-of-pocket costs for recommended preventive care and screenings such as mammograms. In terms of restrictions on drug coverage, the bill helps seniors manage the cost of the doughnut hole in Medicare Part D coverage by giving a 50-percent discount on brand-name drugs and biologics to low- and middle-income seniors.

Most importantly, the act helps ensure the sustainability of the Medicare Program for years to come. In the past year, Medicare spending has increased by roughly 8 percent a year. According to the CBO, under this bill, the annual growth rate for Medicare dropped substantially to 6 percent for the next several decades. Adjusted for inflation, CBO estimates that Medicare spending per beneficiary under this bill will increase the annual average rate of growth of roughly 2 percent during the next two decades, much less than the roughly 4 percent annual growth rate of the past 20 years.

Right now, the Medicare Hospital Insurance Trust Fund is projected to become insolvent in 2017. But with the measures to strengthen the Medicare Program contained in this bill, the date of insolvency of the trust fund is put back by at least 4 to 5 years. Simply put, this bill is good for seniors and Medicare and good for the Federal budget.

As I mentioned earlier, small business owners struggle to provide their employees with affordable health insurance. This bill will help small business in this quest. The bill will provide a sliding scale tax credit based on the number of employees and annual average wages of these employees to help these small employers pay for health insurance for their employees. This tax credit is estimated to reach more than 3.6 million small businesses nationwide. In addition, small businesses will be able to purchase insurance through the new State-based exchanges. These exchanges would allow small businesses to expand their risk pool and thereby lower premiums. The bill is a win for small business.

The bill helps protect middle-class Americans against the worst abuses of the insurance industry. No longer will Americans be denied coverage because of preexisting conditions. Let me repeat that: No longer, if we pass this bill, will Americans be denied coverage because of preexisting conditions. No longer will insurers be able to rescind people's coverage once they get sick and they actually need the insurance they have been paying premiums on. No longer will insurers be able to charge people more based on their health status or gender.

The bill helps protect the finances of middle-class Americans and helps reduce the number of medical-related bankruptcies by placing a cap on what insurance companies can require families to pay out of pocket. It also restricts the use of annual limits and prohibits the lifetime limits on insurance benefits, which is especially important for Americans with high-cost conditions to treat. It creates a health insurance exchange that provides a public insurance option to compete with private insurers to provide consumers with more choice.

This will make a great difference in States where one or two insurance providers dominate the marketplace and where there is no true competition.

These are good, strong provisions that will help provide health security and stability to all Americans.

The bill is strong in two other areas as well: promoting prevention and wellness and cracking down on waste, fraud, and abuse. On the prevention front, the bill recognizes that we have to move away from a system that encourages people to wait until they are sick to seek treatment. Instead, it encourages prevention and early treatment of diseases which can help lower the cost of treating patients.

The bill recognizes the need to shift this emphasis by eliminating any copayments or deductibles for recommended preventive care and screenings, such as cancer screenings, colonoscopies, and mammograms. The bill would allow employers to offer premium discounts and other awards for up to 30 percent of the total premium

for individuals who quit smoking, lose weight, lower their cholesterol or blood pressure, or take other steps to improve their health status.

We have already seen how successful this type of program can work at companies such as Safeway. All of these measures will help increase the use of preventive measures and reduce the need of costly new treatments as a result of waiting too long to treat a condition or disease.

Finally, I wish to highlight the measures contained to reduce the waste, fraud, and abuse that exist in our current system. Each year, health care fraud drains between $72 billion and $220 billion from doctors, patients, private insurers, and State and Federal Government. Left unchecked, fraud drives up the cost of care while reducing public trust in our health care system. I am pleased this bill will increase the funding for the Health Care Fraud and Abuse Control Fund to fight fraud in public programs. In fact, CBO estimates that every $1 invested to fight fraud results in approximately $1.75 in savings.

In fact, CBO estimates that every $1 invested to fight fraud results in approximately $1.75 savings.

The bill will also establish new penalties for submitting false data on applications, false claims for payment, or for obstructing audit investigations related to Medicare, Medicaid and the State Children's Health Insurance Program.

By reducing the amount of waste, fraud and abuse tolerated in the health care system, we will be able to bring health care costs down for everyone.

Mr. President, this is a good bill.

I have only touched on parts of the bill, as time does not allow me to discuss every provision—including the fact that the bill will extend insurance coverage for an additional 31 million Americans.

But it is a good bill. It is fully paid for. It reduces short and long term deficits. It strengthens the Medicare program. It provides security and stability for the middle class. It provides Americans with greater insurance choices. It promotes prevention and wellness. It cracks down on waste, fraud and abuse. I applaud the hard work that went into the drafting of this bill.

As I have said many times, it is time to gather our collective will and do the right thing during this historic opportunity by passing health care reform.

We can't afford to wait another 15 years. We need to act now. We can do no less.

The American people deserve no less.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. KOHL). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Ms. KLOBUCHAR. 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. KLOBUCHAR. Mr. President, I am going to focus for the next 10 minutes on the issue of costs. I know many people are focused on important issues like the fact that this bill will finally eliminate the limitations on preexisting conditions, so if your kid gets sick, you don't have to lose your health care; and the fact that people will be able to keep their kids on their health care until they are 26. These are very important parts of the bill. It is very important to people of my State.

The other facet that is very important to people in my State is something I heard about all over the last few months: the issue of more affordable health care. This is why: At $2.4 trillion per year, health care spending represents close to 17 percent of the American economy. It will exceed 20 percent by 2018 if the current trend continues.

Hospitals and clinics are providing an estimated $56 billion in uncompensated care. In fact, today, Peter Orszag, the Budget Director for the President, wrote an opinion piece for the Washington Post that highlights the fiscal importance of passing health care reform. One of the things he said is, looking forward, if we do nothing to slow the skyrocketing costs of health care, the Federal Government will eventually be spending more on Medicare and Medicaid than all other government programs combined. He notes that it is time to move toward the high-quality, lower cost health care system of the future.

As you know, Mr. President, coming from Wisconsin, we know how to deliver high-quality, highly efficient care. They do it in Wisconsin and in Minnesota. They also do it in Washington State. A number of States have figured out how to do this. Those are the models we need to see all across the country. We need to make health care affordable for everybody, and we need to reduce the waste and fraud that plagues the current system in this country.

In 2008, employer health insurance premiums increased by 5 percent, two times the rate of inflation, and the annual premium for an employer health plan covering a family of four averaged nearly $12,000.

In fact, I tell people around me that they have to know 3 numbers: 6, 12, and 24. Ten years ago, the average family was paying $6,000 for their health care premiums. Now it is $12,000. That is average. A lot of small companies in Minnesota—the owners of companies are paying more than that. But right now the average nationally is $12,000. If we do nothing to bend the cost curve, the average family will be paying, on an annual basis, $24,000 for their health care 10 years from now.

Meanwhile, a new study found that small businesses pay up to 18 percent more to provide health insurance for their employees. We are talking about a backpack company up in Two Harbors, MN. A guy started that small company, and it is now up to 15 employees. He has a family of four and is paying $24,000—in Two Harbors, MN—for his family to make sure they have health insurance. He said if he knew it would have cost that much, he might not have started that company. Now they are providing beautiful, great backpacks for our troops who are serving us—high-quality backpacks. Those backpacks wouldn't have existed if he knew what was happening. Those jobs would not have existed. He could be working at a big company and paying less. But he was an entrepreneur, and we should reward that.

The American people know inaction is not an option. If we don't act, costs will continue to skyrocket, and 14,000 Americans will continue to lose their health insurance every single day. We must keep what works and fix what is broken.

Let me tell you about some good news. It is encouraging news that the Senate will start considering the bill that will reduce the Federal deficit by $127 billion in 10 years. If we go out 20 years, it is a $650 billion reduction in the deficit. That is good news. We achieve these long-term savings by making our health care system more efficient, rewarding quality, and improving patient outcomes, and reducing administrative spending and waste.

Most health care is purchased on a fee-for-service basis. So more tests and more surgery mean more money—quantity not quality pays.

According to researchers at Dartmouth Medical School, nearly $700 billion per year is wasted on unnecessary or ineffective health care. That is 30 percent of total health care spending. One study showed if the hospitals in some of these inefficient areas would follow the high-quality protocol the Mayo Clinic uses—and a lot of people would like to have that kind of health care—we would save $50 billion in taxpayer money every 5 years for chronically ill patients—$50 billion. That is just one example for one set of patients.

That is what we do in Minnesota. We want that same kind of health care, the same kind of high-quality care, the incentives on the Federal level that aren't there now, and that is what we are seeing in this reform package.

I am pleased the ''value index'' I proposed, which was cosponsored by Senator CANTWELL of Washington and Senator GREGG of New Hampshire, was included in the Senate bill. This indexing will help reduce unnecessary procedures because those who produce more volume will need to also improve care or the increased volume will negatively impact their fees. Doctors will have a financial incentive to maximize the value and quality of their service instead of the quantity. This is supported by doctors in my State.

Linking rewards to the outcomes for the entire payment area creates an incentive for doctors and hospitals to work together to improve quality and

efficiency. In too many places patients struggle against a fragmented delivery system, running all over with x rays in the back of the car, seeing specialists, and not having someone in charge, or a quarterback running the team, having 20 wide receivers running this way and that way. That is why we need the integrated care that is rewarded in the bill—bundling of services. What you pay for is the result, the combination of services that gives you good results. That is what bundling is about.

There is another good thing about the bill. In 1 year, hospital readmissions cost Medicare $17.4 billion. A study found that Medicare paid an average of $7,200 per readmission that was likely preventable. Who wants to go back in the hospital if you don't need to? One of the problems, if we don't have quality indexes in place—my State has one of the lowest hospital readmission rates in the country. If we don't have that index in place, we are rewarding bad practice. We want to reward high quality and put the patient in the driver's seat. That is what we do with the provisions in the bill.

I am encouraged the Senate bill includes a provision that calls for reduced payments to hospitals if they have preventable readmissions.

In this bill, we also work to better reward integrated health care systems. At places such as Mayo Clinic or Health Partners in Duluth, a patient's overall care is managed by a primary care doctor in coordination with specialists, nurses, and other care providers, as needed—one-stop shopping.

In our rural communities, critical access hospitals utilize this model and provide quality health care for residents in their communities with a team of providers.

To better reward and encourage collaboration, we encourage the creation of accountable care organizations. This is what I hear from the people in my State and across the country: We want more accountability in this health care system.

Do you know what else accountability means? It means better enforcement of Medicare fraud. When the dollars are so tight and people are having so much trouble affording health care, why do we want to waste $60 billion a year on fraud? Think what that money could be spent for to make it easier to go to the hospital or doctor instead of $60 billion wasted on fraud.

This bill and some of the amendments we are going to propose in the next month will bring us much closer to reducing that fraud, bringing that fraud down, and will hold the perpetrators accountable, including criminal penalties—that is important—making sure we have direct deposit, a bill that Senator SNOWE and I have, so nobody can make out false checks and try to get the money that way; giving our law enforcement officers more tools to go after Medicare fraud. We can save $60 billion a year.

In today's Washington Post, Peter Orszag writes:

> As we enter the homestretch, the greatest risk we run is not completing health reform and letting this chance to lay a new foundation for our economy and our country pass us by.

I argue one of the most important things we can do—and I know everybody is focusing on who pays and what the provision means—is to change the delivery system in this country, reward that kind of high-quality, highly efficient care, so that our big companies are able to compete with companies in other countries that have more highly efficient delivery systems so our small companies are able to exist and multiply and keep their employees on health care, so that individuals in this country aren't cut off just because their child gets sick. That is what this reform is about. Thank you. I look forward to the vote tomorrow.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Mr. President, the whole point of health care reform is to bring down costs and to make health care more affordable for American families. So why have Democratic leaders produced a health care bill loaded with provisions that will increase premiums?

Independent studies from the nonpartisan Congressional Budget Office and the Joint Committee on Taxation and even a study by the chief actuary at the Department of Health and Human Services confirmed this: that the Democrats' plan will drive up premiums and overall health care spending faster than in the absence of these so-called reforms.

How is this so? Let me mention five specific ways.

First, new insurance mandates and new taxes on the insurance industry. New insurance requirements and new taxes on the insurance industry will force premiums to rise for many Americans, particularly the young and healthy. According to an independent analysis that studied the effect of the new insurance reforms and new taxes on the insurance industry, insurance premiums in my home State of Arizona could skyrocket by as much as $2,619 for individuals and $7,426 for families.

Think of that, an increase of $7,426 for families in my State. That is outrageous.

What can $7,426 buy an Arizona family? A lot of things. It could pay for a year's tuition at the University of Arizona. It could pay for a year and a half of groceries or nearly 2 years of utility bills or it could pay for 2 years' worth of gasoline. Families have a lot of expenses and a lot of ways to spend $7,426. They don't need the Federal Government intruding on them and dictating that money has to go somewhere else.

Our friends on the other side of the aisle will say they could provide subsidies. In fact, the legislation will provide subsidies to help with this increased cost. But not every family will qualify, and the subsidies may not even cover the total cost of the increase.

Moreover, what is the point of raising the cost of health insurance and then subsidizing a portion of the increase? You are still raising premiums. It is nonsensical to have a health care reform that makes families worse off and then gives them a government subsidy to help make up for part of the cost.

Second, new mandated benefits will increase costs. Under the Reid bill, the government will require insurers to cover a broad range of new medical benefits determined by Washington, regardless of whether those benefits are actually needed by each individual patient.

These additional benefits might help some patients, of course, but the government cannot provide them to everyone for free. So the cost will be shared by everyone in the insurance pool, and that means increased premiums for many Americans.

In fact, the Council for Affordable Health Insurance estimates the new mandated benefits would increase the cost of basic health coverage between 20 and 50 percent. That is the second way insurance premiums are increased.

Here is the third way: limits on plan types. Under this Reid bill, insurers are limited to offering a total of only four specific kinds of insurance plans. So the low-cost, high-deductible plans that currently families and individuals enjoy will be virtually eliminated. They will have to buy more expensive plans, again paying more in premiums. Whatever happened to getting to keep what you have? Just as one size do not fit all, in this case, four sizes do not fit all either.

Here is the fourth way premiums increase: New taxes are imposed on groups such as medical device makers. According to the Congressional Budget Office and the Joint Committee on Taxation, a new tax on medical devices will increase premiums and increase the price of everything from wheelchairs to diabetes testing supplies, to pacemakers, and it will be paid entirely by the patients.

Its cost, according to the Joint Committee on Taxation? It is $19.3 billion over 10 years. This tax will hit cutting-edge technology such as CT scanners, replacement joints, and the arterial stents that doctors use during angioplasty. This tax will clearly stifle innovation.

As the Wall Street Journal editorialized:

> This new tax will eventually be passed through to patients, increasing healthcare costs. It will also harm innovation, taking a big bite out of the research and development that leads to medical advancements.

The fifth way in which this legislation will increase costs for the insured is it actually taxes the insurance plans themselves for the first time. You buy insurance, you get taxed. The Reid bill, for the first time, directly accomplishes this. As the independent Joint Committee on Taxation told us, this new tax will increase the cost of health

insurance for everyone, since insurers will pass the costs along to their patients.

This tax alone could raise some Americans' premiums by $487 per year. Because this tax is indexed to regular inflation rather than to health care inflation, just as with the alternative minimum tax, it could soon start hitting middle-income families.

According to former Congressional Budget Office Director Douglas Holtz-Eakin, half of all families making less than $100,000 per year could end up paying this tax.

Those are five specific ways in which this bill will increase your costs, increase the premiums you pay for health insurance once this bill is in effect. We believe there are better ideas. Republicans have proposed a variety of solutions to target specific problems and, in particular, the problem of cost.

I, specifically, want to conclude by mentioning the Republican health care alternative in the House of Representatives. The majority voted it down, but the truth is, it would, in fact, lower premiums for individuals, families, and small businesses. Contrast the House-passed bill which increases premiums, the Reid bill which increases premiums, but the Republican House bill which would actually decrease premiums and you will see Republicans in the Senate proposing similar ideas.

According to the Congressional Budget Office, under the Republican plan, premiums would be $5,000 lower than the cheapest plan under the Pelosi bill.

Small businesses, too, would see their premiums decrease by as much as 10 percent, again according to the Congressional Budget Office.

Those in the small group market would also see a 10-percent decrease under the House Republican bill, again according to the nonpartisan CBO.

The House Republican bill included such reforms as allowing States to sell policies across State lines. You have heard a lot of Senators on the Republican side talk about that point. That would have enabled 1,000 companies to compete nationally, and that helps to drive down the costs. Medical liability reform, a proven way to cut costs. My State of Arizona, Texas, and Missouri have all seen premiums go down because of medical malpractice reform. Health savings accounts, which put patients in charge of their own health care by allowing them to save their health care dollars to spend as they choose, this, too, would have been strengthened by the House bill, and you heard Republican Senators talk about that as a reform. There are many other ideas we have. We will be talking more about those ideas as we go forward.

I wish to conclude my remarks about the Reid bill, loaded with provisions that increase insurance premiums, and to make the point that since, as I said at the beginning, the whole point of the exercise is to reduce health care premiums, the last thing we should be doing is adopting the provisions in the Reid bill, which will actually increase health care premiums.

Let's keep in mind that health care reform is all about making things better for Americans, and this bill does not meet that test by a long shot.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, I rise to discuss the health care bill that the Senate will begin voting on tomorrow evening. Let me begin by making clear that I believe our health care system needs fundamental reform.

One of my top priorities as a Senator has been to work to expand access to affordable health care. The fact is, however, that the greatest barrier to health care coverage today is the exploding cost. Monthly health insurance premiums in Maine have risen at an alarming rate. They now often exceed a family's mortgage payment. Whether I am talking to a self-employed fisherman, a displaced mill worker, the owner of a struggling small business, or the human resource manager of a large company, the soaring cost of health insurance is a vital concern.

Much of the health care reform debate so far in this Congress has centered around the need to expand coverage to the uninsured, a goal I embrace. The fact is, however, it will be difficult to achieve our goal of universal coverage until we find a way to control health care costs that have driven up the cost of insurance coverage for families, employers, and governments alike.

While I agree that our health care system is broken and in need of major reform, the bill we are about to consider falls far short when it comes to reining in health care costs. This is a critical issue because the high cost of health care is the biggest barrier for those who lack insurance. The high cost of health care is what is driving up the cost of insurance premiums, causing many middle-income families and small businesses to struggle to meet these rising costs.

I am concerned that this bill takes us in the wrong direction and that it will actually drive up costs and reduce choices for many middle-income Americans and small businesses.

Health care reform should give Americans more, not fewer, choices of affordable health insurance options. Under this bill, many Americans will be required to purchase health insurance that is more expensive, not less expensive, than the coverage they currently have.

Under the majority leader's bill, all individual and small group policies sold in our country must fit into one of four categories: bronze, silver, gold, or platinum, and they must have an actuarial value of at least 60 percent. Post reform—if this bill becomes law—it will be illegal to issue new policies in the individual or small group markets that do not meet those standards.

Moreover, unless they are grandfathered, most Americans who are not enrolled in at least a bronze plan will face a new $750 fine.

Let's look at what this means. In my home State of Maine, 87.5 percent of those purchasing coverage in the individual market today have policies with an actuarial value of less than 60 percent. In other words, they have policies that do not qualify under the standards that would be established by this bill.

The most popular individual market policy sold in Maine costs a 40-year-old about $185 a month. Under Senator REID's bill, that 40-year-old would have to pay at least $420 a month, more than twice as much, for a policy that would meet the new minimum standard, or pay the $750 penalty.

I believe Americans should have the choice to purchase more affordable coverage if that is what works best for them. Health care reform should be about expanding affordable choices, not constricting them. It should not be about forcing millions of Americans to buy coverage that is richer than they want, need, or can afford. Yet under this bill, even an individual who does not qualify for any taxpayer assistance, for any subsidy, would have to buy a prescribed plan rather than, for example, a low-cost, high-deductible policy that, when combined with a health savings account, may best meet his needs.

Moreover, the very tight rating bands in this bill will increase costs for young people.

Why does that matter, when we are trying to expand coverage for those who are uninsured? For this reason: More than 40 percent of uninsured Americans are between the ages of 18 and 34. Extreme price increases for the young and healthy will simply force them out of the market because most young people, I fear, will just do the math. They will decide to pay the new $750-a-year fine, rather than paying $5,000 a year or more for health insurance. This is particularly true because under the bill, if they do get sick later, they can still buy insurance with no penalty, no increased cost. That is why the National Association of Insurance Commissioners—keep in mind, this is the association of State officials which regulates insurance; these are public officials—according to the NAIC, these provisions will lead to severe adverse selection that will drive up the cost of premiums for everyone else who is in the insurance pool.

Proponents of this legislation contend that the subsidies included in the bill for low- and moderate-income Americans will compensate for any premium increases. Let's take a look at that. First of all, it is important to know that the subsidies do not go into effect until the year 2014 yet a lot of the taxes which I am going to discuss later, which are also going to drive up the cost of premiums, go into effect next year. So that is a problem as well.

Moreover, these subsidies are going to be available, it is estimated, to fewer than 8 percent of Americans.

Moreover, if you receive your health insurance from your employer, as the vast majority of Americans now do, you are not eligible for a subsidy under this plan. But your premiums are still going to go up because of the increased taxes and fees imposed by the bill.

When Americans understandably are so upset about the high cost of health care, and when health insurance premiums are going up by double digits, making it so difficult for most Americans to afford health insurance, the last thing we should be doing is to make the situation worse. I can't help but think of the Hippocratic Oath, ''do no harm.'' Should not that be our first rule?

Americans who are already shouldering the burden of too high health care costs would hardly consider a bill to be ''reform'' if it drives those costs up further. Yet I fear that is exactly what will happen if this bill becomes law as written.

In light of this, I think it is a legitimate question to ask whether this bill may actually increase the number of uninsured Americans by driving up the cost of health insurance for years before the subsidies go into effect?

Let me take a further look at some of the increased taxes that are in this bill. Americans will face at least a dozen new or increased taxes and fees amounting to $73 billion before the subsidies go into effect in 2014. What kind of new taxes are we talking about? This chart shows just some of the taxes that will hit Americans when the bill goes into effect—and there are many more. Here are a few.

There is a tax on pharmaceutical manufacturers, a tax on health insurance providers, a tax on medical devices. Think of what we are talking about taxing here: We are talking about insulin pumps, artificial hips and knees, stents put into hearts—all sorts of medical devices. If a new fee is put on these devices, that is going to be passed on to consumers and reflected in insurance premiums.

All in all, as I mentioned, these taxes will cost $73 billion before 2014. These taxes will be paid right away by Americans in the form of higher health insurance premiums. That is not just my opinion, that is the view of the Congressional Budget Office, which evaluated the impact of several of these taxes. For example, here is what the CBO said about the $6.7 billion increased tax on insurers:

> We expect a very large portion of the proposed insurance industry fee to be borne by purchasers of insurance in the form of higher premiums.

The problem is, the way these taxes are structured, they are going to be passed on to consumers, and it is not only the taxes on insurers that will be passed on. Here is what the CBO Director said about new fees on the pharmaceutical industry and also on medical devices. The CBO said:

> Those fees would increase costs for the affected firms, which would be passed on to purchasers and would ultimately raise insurance premiums by a corresponding amount.

The Joint Committee on Taxation looked at the tax on the so-called Cadillac plans, the 40-percent excise tax. Here is what it said:

> As insurers pass along the cost to consumers by increasing the price, the cost of employer-provided insurance will increase.

I do not believe that the American people have sent us to Washington to raise their taxes and call it health reform—especially now, in the midst of a recession, with unemployment above 10 percent.

This leads me to another point. I am so concerned about the impact of this bill on our small businesses. They are the job creators in our economy, and the rising cost of health care has been particularly burdensome for them. A small business owner in Maine recently e-mailed me to say the following:

> I just received our renewal proposals for our small business. The plans are all up anywhere from 12 to 32 percent on the three plans that we offer. . . . You are right when you say we need to address the cost of health insurance, not create another vehicle to deliver the services. The current legislation, as I understand it, totally misses the mark.

How does this bill help small business? On balance, it doesn't. That, again, is not just my opinion; that is the opinion of our Nation's largest small business group, the NFIB. In a statement on the bill released yesterday, the NFIB said:

> This kind of reform is not what we need. New taxes . . . new mandates . . . new entitlement programs . . . paid for on the backs of small business.

In fact, NFIB described the bill as ''a disaster.''

I ask unanimous consent a copy of the NFIB statement be printed in the RECORD.

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

[From NFIB—Small Business News, Nov. 19, 2009]

SENATE BILL FAILS SMALL BUSINESS

(By Stephanie Cathcart)

WASHINGTON, DC.—Susan Eckerly, senior vice president of the National Federation of Independent Business, the nation's leading small business association, issued the following statement in reaction to the Patient Protection and Affordable Care Act:

''Small business can't support a proposal that does not address their No. 1 problem: the unsustainable cost of healthcare. With unemployment at a 26-year high and small business owners struggling to simply keep their doors open, this kind of reform is not what we need to encourage small businesses to thrive.

''We oppose the Patient Protection and Affordable Care Act due to the amount of new taxes, the creation of new mandates, and the establishment of new entitlement programs. There is no doubt all these burdens will be paid for on the backs of small business. It's clear to us that, at the end of the day, the costs to small business more than outweigh the benefits they may have realized.

''Small businesses have been clear about their needs in health reform; they have been working for solutions for more than two decades. They have a unique place in this debate because of the exceptional challenges they face. They experience the most volatile premium increases, are the most cost-shifted market, see the most tax increases and have the least competitive marketplace. For all these reasons, they especially need reform, but these reforms can't add to their cost of doing business. The impact from these new taxes, a rich benefit package that is more costly than what they can afford today, a new government entitlement program, and a hard employer mandate equals disaster for small business.

''We are disappointed that, after so many months of discussion, small business could be left with the status quo or something even worse. Unless extreme measures are taken to reverse the course Congress is on, small business will have no choice but to hope for another chance at real reform down the road.

''Congress is running out of opportunities to prove to small business that they are serious about helping our nation's job creators. We are hopeful that a robust bipartisan debate will produce a bill that small businesses see as a solution and not another government burden.''

Ms. COLLINS. Mr. President, there are some provisions in the bill that are intended to try to help small business but again they miss the mark. I support and have long proposed the idea of tax credits for small businesses to help them afford to provide health insurance for their employees. But the credits for small businesses in this bill are poorly structured. Only businesses with no more than 10 workers, paid an average of $20,000, can get the full tax credit. So if a small business hires additional employees or pays more, its credit begins to decline and it is eventually phased out. Businesses with more than 25 workers, or paying average wages of above $40,000 get no tax credit whatsoever.

Take a look at this. I realize this chart is a bit busy, but stay with me. Under the Finance Committee bill, if you have 10 employees and you pay them on average $20,000, you get a 50-percent tax credit applied to the cost of the insurance. But if you give them a raise, the tax credit begins to decline. For example, if you have 10 employees and you pay them $25,000 on average, you only get a tax credit of 38 percent.

Let's say you are trying to improve their quality of living. They have done a great job for you, so you give all your employees a raise, bringing their average wage to $30,000. Now the tax credit is only half as much as when you paid them $20,000.

If you pay them $40,000 on average—zero. You lose the tax credit altogether.

What we have here is a tax credit that is structured in such a way that it discourages small businesses from adding employees and paying them better. That doesn't make any sense at all. That makes no sense at all.

This legislation would have enormous consequences for our economy and for our society. We have to remember that this bill would affect every single American, every small and large employer, every health care provider. It affects 17 percent of our economy.

There are many reforms, such as allowing small businesses to pool together to have better bargaining clout, that I support and that have strong bipartisan support, that could have been the basis for further debate and amendments. So it disappoints me greatly that we are about to proceed to a divisive, partisan bill. I continue to believe that the American people would be better served by a bipartisan bill that brings together the best ideas on both sides of the aisle, and I pledge to continue to work with Members on both sides of the aisle to develop alternatives that will bring about true health care reform.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, I find it fascinating, listening to the comments from the Senator from Maine. Maine and Wyoming are similar in a number of ways. One is that the engine that drives our economy is small businesses. What we heard is that this bill right here, this large bill which is the bill the Senate is considering right now, over 2,000 pages—underneath it is the bill that passed the House—I hear these are actually going to penalize the small businesses of Maine and the small businesses of Wyoming when those businesses try to hire another employee.

We are looking at 10.2 percent unemployment right now. People in our States are well aware of those numbers. I don't know if that number is being neglected by others, but for small businesses trying to hire people, this health care bill makes it much tougher. It will certainly make it tougher for them to provide insurance, and it will make it tougher for those small businesses to give raises to people.

It is, indeed, unfortunate that we are here in the Senate Chamber looking at a bill that is going to raise premiums for the American people who have insurance and who like the insurance they have. Their big concern isn't cost. We are looking at a bill that is going to cut Medicare for seniors who depend on Medicare, and the numbers are huge, almost $500 billion. And we are looking at a bill that is going to raise taxes on the American people.

I heard the Senator from Maine, and she can jump in and correct me if I am wrong. What I heard her say is that it is not just a tax on the rich; it is a tax on people all across the board because the taxes are going to be passed on. I see the Senator nodding her head in the affirmative. When taxes are raised on medical devices or on medication, on one thing after another after another, those are costs that will get passed on to all the consumers of health care.

Right before this party took the floor, we had the senior Senator from Minnesota talking about the Mayo Clinic and the wonderful care that is given there. It is wonderful care. But the Mayo Clinic has also said they don't want any part of this bill, nothing to do with it, to the point that they have sent doctors in my home State and States surrounding the Mayo Clinic who refer patients—and I practiced medicine in Wyoming for 25 years, have taken care of families there as a physician, and we sent patients to the Mayo Clinic—they just said: Stop sending patients on Medicare or Medicaid. We want nothing to do with it because the government is the biggest deadbeat payer. The Mayo Clinic said: Every time we get one of those patients, we have to charge the people who pay their own way, the people who have insurance. We have to charge them more. We don't want to take any more patients on Medicare and Medicaid. Hospitals and the communities in Maine, South Dakota, and Nevada, hospitals in those States have to take all those patients.

So what happens to people who pay their own way because they buy insurance themselves or they get it through work is the hospitals have to charge them more to make up for the biggest deadbeat payer of all time—the Federal Government.

I see the Senator from Nevada rising to his feet. I imagine the exact same thing is happening to hospitals in Nevada. Premiums are going up on the 85 percent of the people who have insurance they like. Yet we in the Senate tomorrow night are going to vote on a bill which, to me, the people of America don't like. Do you know who doesn't like it the most? Seniors. They are concerned. They know Medicare is going broke. And by the year 2017, there will be $500 billion of cuts in Medicare. Yet the money that is being cut from Medicare isn't being used to save Medicare; it is to start a whole new program that will cause Americans who have insurance to pay more. It will cause people who don't have any insurance to make it harder to get or if they go to an emergency room and have to pay a bill, that bill will be higher, all because of what I believe is an irresponsible piece of legislation that is going to be a huge weight on the American economy at a time when we have 10.2 percent unemployment.

I see the Senator from Nevada. He has a similar copy of the bills next to him. He may want to chime in on what he sees in his home State and what he is hearing from people who live in Nevada, from small businesses as well as hospitals and providers.

Mr. ENSIGN. Mr. President, these pieces of legislation were put on our desks to show the American people what we are dealing with. We have only just started going through these bills. Already we have found major problems with the legislation.

What we are going to talk about over the next few minutes is the premium increases for the American people. If you have insurance now, your premiums are going to go up because of this legislation we have before us. Probably in other ways we don't even know about yet, we will discover in the future, but we at least know some ways that are going to cause the premiums to go up.

Let me first talk generally about the bill and what some of the problems are and just briefly on some alternative ideas Republicans have come up with in more of a step-by-step type approach.

We know this bill cuts Medicare by $465 billion, including $118 billion in Medicare Advantage cuts. That means millions of seniors who are on Medicare Advantage today will lose the plan they have. Medicare Advantage plans in my State are incredibly popular among senior citizens. I know they are across the country. We know taxes are going to go up by almost $500 billion. We know premiums are going to go up for millions of Americans.

This bill was supposed to bend the cost curve. Because it is actually deficit neutral, maybe it helps the deficit a little bit because of the smoke and mirrors they play with it. They say that bends the cost curve, but when we look at the American people and the actual cost they will be paying for health care, their cost curve continues to go up and up and up into the future.

This bill will also lead to rationing. We saw this week a Federal board that talked about mammograms, and it caused an outrage in women across America. That is the sort of thing that is going to happen because of this legislation. Federal bureaucrats are going to be in charge of your health care, not your doctor and you. We need to have legislation that focuses on that doctor-patient relationship that should be so sacred in our health care system today.

Republicans have come up with the idea of medical liability reform to start driving down the cost of all of this defensive medicine that is practiced. We all know doctors order all kinds of unnecessary tests to prevent themselves from being sued in all these frivolous lawsuits.

Both sides agree, let's eliminate the preexisting conditions. That is kind of a given. That is something on which we all agree. That is part of the step-by-step approach this side of the aisle would certainly be willing to do.

I also believe we need to encourage healthier behavior in America because 75 percent of all health care costs are because of people's behavioral choices—smoking, people who are overweight. We know obesity contributes to every kind of cancer, to heart disease, diabetes. It is epidemic in this country. Look at our young people. If we don't turn around people's behavior, get them to exercise more, eat right, quit smoking, I don't care what health care reform you pass, we are not going to do anything about driving down the cost. And the high cost of health care is the No. 1 problem with our system.

We believe we should have small business health plans where small businesses can join together to buy health insurance, take advantage of purchasing power that larger businesses

have. We believe individuals should be able to buy across State lines the way you do with car insurance. If your State is too high on insurance, buy it in another State where it is cheaper, where maybe they don't have as many mandates. Doesn't that make sense?

We also believe we should have transparency on cost and quality. When you walk into your doctor's office, you should be able to get a written estimate of what it is going to cost. You should be able to shop that estimate so that we have more consumers making more intelligent choices on health care. When was the last time you went into your doctor's office and got a written estimate or knew how much something was going to cost? I practiced veterinary medicine for many years. When you walk into my practice, you get a written estimate. We have you sign that written estimate because we have to give that. That is part of our general practice. We need to bring that into human medicine, whether it is hospitals or doctors' practices. We need to have transparency for cost and quality.

How does this bill drive up premiums for Americans?

First, there are nine new taxes put in by the Democratic majority: a 40-percent insurance plan tax for what are called Cadillac plans; another tax on insurance companies; an employer tax; a drug tax; a lab tax; a medical device tax; a failure to buy insurance tax; a cosmetic surgery tax, brand new in this bill; and also an increased employee Medicare tax, a brandnew tax structure on Medicare taxes. Who pays for these kinds of taxes? It isn't just insurance. On the failure to buy insurance, 71 percent of that tax is going to be paid for by people who make less than $120,000 a year.

Almost every one of the taxes I just put up of those nine new taxes—the vast majority of them are paid by people who President Obama, when he was campaigning, said would not pay one dime more in new taxes. He repeated that promise time after time. He said: No new fees, no new taxes, capital gains. He went through the whole litany of types of taxes that would not be raised. Yet in this plan approximately 80 percent of all of the new taxes are paid by people making less than $250,000 a year.

Another way this massive piece of legislation raises premiums is this thing known as cost-shifting. The doctor from Wyoming practiced medicine. He was talking about the Mayo Clinic and why the Mayo Clinic, the Cleveland Clinic, and other places and other doctors don't want to take Medicaid and Medicare patients anymore. Why? Because the government pays 20 to 30 percent less than private health insurance in reimbursement to doctors; isn't that correct?

Mr. BARRASSO. Plus, when you read this bill, one of their so-called solutions is they will put more people on the Medicaid rolls.

Mr. ENSIGN. How many more people are going to go on the Medicaid rolls?

Mr. BARRASSO. It is millions and millions of people, with the cost to the States. You say we will take it out of here. You won't see it in this bill because they are going to make the States pay over $20 billion in money because it is a matching program, so they get it off the Washington books. But it is still the taxpayers and the States, and we all come from States. That is going to drive up the cost for individuals as well as increase taxes around the country.

Mr. ENSIGN. Because you were in the practice of medicine, I ask the Senator from Wyoming, I have heard numbers as high as 15 million new people on Medicaid, plus we have a new public option, so there will be more people on another government plan. What will happen as far as cost shifting to those of us who have private insurance? For those tens of millions of Americans who have private health insurance, what will happen to their cost of insurance when more people are on government plans?

Mr. BARRASSO. Those costs will have to go up. Premiums will go up for all people who have insurance, private insurance. The Senator from Nevada is correct. Some people think the number is 15 million more who will go onto the Medicaid rolls because there is a difference between the Senate bill and the House bill as to how many more folks they move onto the Medicaid rolls. But either way, we are talking tens and tens of billions of dollars that will come out of the taxpayers' pockets around the States. But that is still for a government-run program that doesn't reimburse, doesn't pay the hospitals, doesn't pay the doctors even what the cost of delivering the care is.

Across the board, hospitals will tell you they cannot keep their doors open if everyone is paid at Medicaid or Medicare rates. The only way they can pay the nurses, keep the lights on, take the food in the trays around to the patients, do all the things a hospital has to do, or keep a doctor's office open, the only way they can do it is because they charge more to people who have private insurance than they get paid for people on Medicare or Medicaid. And Medicaid is worse than Medicare in terms of the payment.

So it is this cost shifting that occurs. Who pays that? The people who have regular insurance. It is the hard-working men and women of America through their jobs who pay for that. We just heard from the Senator from Maine. Anytime we try to help that individual—I see the Senator from South Dakota is in the Chamber as well, and he may want to jump in as well because South Dakota is a State like mine where we have lots of small businesses that are going to be hit specifically hard as they try to continue to provide insurance. This does not even allow small businesses to group together to get better deals.

The Senator from Nevada talked about buying insurance across State lines to help people get the costs down. This bill prevents that. It also prevents small business groups from getting together, which would be a great help.

I know the Senator from South Dakota is interested in getting into the discussion. I invite him to discuss this very aspect and the impact of all these increasing premiums on the folks in his State.

Mr. THUNE. Mr. President, Wyoming is not a lot unlike the States of South Dakota or Nevada, as the Senator knows, although they have a few larger businesses in Nevada. But the people who get hit hardest under this bill are small businesses.

We heard the Senator from Maine, Ms. COLLINS, point out the impacts on small businesses. The ironic thing about that is a lot of small businesses, where you would want to encourage them to offer health insurance to their employees, will be discouraged from doing so under this bill. In fact, what most of them are probably going to do is pay the $750 penalty and then push everybody off into the government plan.

The assumption that is being made in here is that the government plan—it will grow over time, obviously. I think 5 million people will lose their private insurance, according to CBO. My guess is that number is going to be much higher because I think what is going to happen is small businesses that are impacted the most by these tax increases are going to find themselves less and less able to provide health insurance coverage to their employees.

The other thing I want to point out, as to what my colleagues from Wyoming and Nevada have said, is that I would be somewhat, I guess, interested in what is being proposed by the other side if it did anything to impact cost. But it does not. The whole purpose of this exercise, at least in the minds of most Americans, is to drive the cost curve down. I heard my colleagues on the other side get up and talk about, well, their plan is going to decrease costs for people in this country.

Well, here is the cost curve, as shown on this chart. The blue represents the cost curve; that is, what would happen if we do nothing. That is the expected increase in health care costs in this country if we do nothing.

What is ironic is, the red represents what happens under this bill. So instead of bending the cost curve down, it actually increases the cost curve. So we are going to spend $160 billion more on health care in this country by enacting this bill, this monstrosity of a bill right here, which, as my colleagues have pointed out, is 2,074 pages. The Senators from Nevada and Wyoming both also have the House version, which is 2,200 pages. But look at this thing. You would think somewhere in here, in all this volume of paper, there would be a way to actually do something to actually bend the cost curve

down. But all that represents more spending.

In fact, if you look at the amount of spending in the bill when it is fully implemented, it is much more than what the CBO estimated it would cost. There was all the publicity when they unveiled this health care plan a couple days ago that it is going to be under $1 trillion. Well, in fact, we all know they have used a lot of accounting gimmicks, a lot of scoring tricks, a lot of ways to obscure the true cost. In fact, even in the first 10 years it understates the cost, which is over $1 trillion. But the 10-year fully implemented cost of this bill is $2.5 trillion—a $2.5 trillion expansion in the size of the Federal Government.

If you look at how that plays out and how it is paid for over the fully implemented phase—we all talked about $½ trillion in Medicare cuts. For 10 years, fully implemented, it is over $1 trillion they have to cut Medicare to pay for this thing, and then to raise taxes by another $1 trillion. So you are talking about not only cutting Medicare to senior citizens, as the Senators have talked about, but also raising taxes substantially on small businesses. But at the end of the day, after all is said and done, what do you end up with? You end up with an increase in cost above and beyond what we would see if we did nothing. Tell me how you can call that reform.

The other point I will make before I yield back to my colleagues is, if you are someone who already has insurance—and 182 million people in this country have insurance—you are not going to be able to participate in the exchange.

You get no more options out of this. There are 19 million Americans who would, perhaps, benefit from being part of an exchange. But if you are one of the 182 million people in this country who currently have insurance, you cannot get into an exchange and you cannot get any subsidy. What you get are big fat tax increases and increases in your insurance premiums, for all the reasons that have been mentioned. Because when you tax the health insurance companies—as this bill does—when you tax the medical device manufacturers—as this bill does—when you tax the pharmaceutical companies—as this bill does—and create all new kinds of mandates on insurance companies, including changing these age band ratings, going to a 3-to-1 age band rating, you are going to raise premiums for a lot of people in this country, and you are going to raise them the most for people who are age 18 to 34. The people who are age 18 to 34 do not realize what is coming at them today, but it is about a 69-percent increase in their insurance premiums. They are the ones who get stuck the hardest.

But if you are any of these 182 million people, your taxes are going to go up, your insurance premiums are going to go up, and you are not going to see any benefit from being able to participate in any sort of an exchange. These are the cold, hard facts.

I have heard countless Democratic colleagues come down here and talk about bending the cost curve down and reducing premiums for people in this country. As shown on this chart, this is the Congressional Budget Office number. This is not anything the Republicans put together. This is the CBO cost estimate of what it would do to the cost curve. As I said before, the red represents the increase: a $160 billion increase in health care spending over 10 years—all of which is going to be borne by those 182 million Americans in this country who already have insurance.

Mr. ENSIGN. If the Senator from South Dakota would yield, I wish to get your comments—maybe from both of my colleagues—on a couple of quotes from the Congressional Budget Office as well as the Joint Committee on Taxation dealing with these premium increases and who is actually going to bear the taxes. Because a lot of people think that: Well, let's tax the insurance companies. Let's tax the medical device companies. Let's tax somebody else. Well, this is what the Congressional Budget Office says. Let me read a couple quotes. One quote is:

> Although the surcharges would be imposed on the firms, workers in those firms would ultimately bear the burden of those fees, just as they would with pay-or-play requirements. . . . Many of those workers are more likely to have earnings at or near the minimum wage.

So it is the low-income people who are going to end up paying when you actually put some of these taxes that we have talked about in.

Here is another quote from the Congressional Budget Office. Let's remind folks, the Congressional Budget Office is nonpartisan. It is not Republican, not Democratic. They are kind of the objective scorekeeper around here. They say, these taxes ''would increase costs for the affected firms, which would be passed on to purchasers and would ultimately raise insurance premiums by a corresponding amount.''

The last economic quote is this. This is by the Joint Tax Committee:

> Generally, we expect the insurer to pass along the cost of the excise tax to consumers by increasing the price of health coverage.

I say to the Senator, this is what you are talking about on that other chart you have up. I wish to hear your comments on that.

Mr. THUNE. Well, the Senator is absolutely right. I think what the CBO has pointed out is—and I have the Joint Tax Committee there; the data they produced is very similar to what CBO said—84 percent of the tax burden is going to fall on people making less than $200,000 a year. And half of the families making under $100,000 a year are going to get hit with new taxes under this bill. So it is going to fall on those people in this country. And I think they like to think they are taxing medical device manufacturers and everybody else, but at the end of the day, a lot of this gets passed on. And the taxes in the bill, the premium increases in the bill, are all going to be borne by the people who are probably least able to absorb that and take that, and it is going to be the people in the lower income categories.

So the Senator from Nevada is absolutely right. I again come back to the basic premise of this whole purpose of health care reform, which should be to get health care costs down, not raise them. The Senator from Wyoming has alluded to a number of things we believe would do that, that actually do put downward pressure on health care costs in this country. It is done in a step-by-step way. It is done in a way that does not call for throwing out everything that is good about the health care system in this country, creating this massive new expansion of the Federal Government here in Washington, DC, with $2.5 trillion in costs over a 10-year period when it is fully implemented.

And probably—who knows—if a lot of these things do not happen, if the tax increases, for some reason, do not happen, if the Medicare cuts do not occur, it means borrowing from future generations. They talk about reducing the deficit by $130 billion only because they did not include the physician fee fix in this, only because they added $72 billion in revenue from something called the CLASS Act, which we know is never going to become law—and even if it does, it is a huge money loser in the outyears.

So you have all these things that they did, including delaying the implementation date by 5 years so it understates the true cost of this thing—all these things that have been done to try to make this turkey look like something other than what it is, which is a massive increase in spending, massive tax increases on the American people, and increased premiums for Americans, particularly those 182 million Americans who already have health insurance who are going to get hit the hardest by this.

Mr. ENSIGN. Maybe we could have the Senator from Wyoming comment. One of the big things Republicans have been talking about—instead of driving premiums up, which this bill does—is driving premiums down. Maybe the Senator can discuss medical liability reform, which the Congressional Budget Office, which is a very conservative estimate, has said would save about $100 billion in medical costs in this country.

As a practicing physician, maybe the Senator could talk about the unnecessary tests that are ordered, the huge increases in medical liability insurance costs that physicians face today.

Mr. BARRASSO. Mr. President, if you do a poll of doctors, with the question: Have you ever ordered a test that was not going to help that person get better, that patient get better, but you were doing it because you did not want to miss something for fear of a malpractice suit, every hand will go up of

every physician. The Massachusetts Medical Society did a poll and 87 percent of doctors said that. Massachusetts has their new health care plan.

As an aside, the dean of the Harvard Medical School had an editorial in one of the major national publications this week, and he gave this whole thing—he said: I give this whole thing a failing grade. He said people who support this—the legislation that is being proposed—are engaged in collective denial. We need to do some things that will help with cost, with access, with quality. All this bill is going to do is drive up the cost, with no improvement at all in quality.

So there are step-by-step things we can do: letting people buy insurance across State lines, getting the same tax breaks as others. The Senator talked about helping people stay healthy—exercising, getting down the cost of their care by getting their cholesterol down.

But also you have to deal with lawsuit abuse. It is out there. You could do a thing as easy as loser pays. Obviously, there are great objections to trying to do that. There are people who would oppose that all the way. But it would help eliminate—eliminate—a lot of the unnecessary tests and certainly a lot of the costs of the system. Because two-thirds of the cost of that whole liability system goes to the system, it does not even go to the injured person. If somebody is injured, you want to take care of them. But this does not do it at all.

One of the things the Senator from South Dakota mentioned, fairly quickly in passing, was age band ratings, which flies in the face of the things we have been talking about: individual responsibility, opportunities for people to stay healthy. The big problem is that we know 50 percent of all the money we spend on health care on this country is on 5 percent of the people—the people who eat too much, exercise too little, and smoke. But yet under this government-forced insurance, where people are going to be forced to buy insurance—and if young people do not buy it, they are going to be listed as either tax cheats or criminals because they are going to get fined or they are going to get taxed an amount for not buying the insurance—they are going to have to buy insurance.

As the Senator from South Dakota talked about a 3-to-1 ratio—and the Senator from Maine mentioned the same thing—what that means is for the youngest, healthiest person buying insurance—that kid out of college who is staying healthy or might be working construction, who is in good shape, going to the gym—what they are doing on a 3-to-1 ratio is that person has to pay a lot of insurance compared to the person who does eat too much, exercises too little, and smokes. The ratio of their insurance premiums—this person can pay no less than one-third of what this person pays, when you might have 100 young people where their total health care bills for a year would be equal to that one person who exercises too little, eats too much, and smokes.

So these young people are going to end up paying the cost. And it is their premiums—and I think we heard that from the Senator from South Dakota—their premiums are going to go up—did I hear 69 percent?

Mr. THUNE. Mr. President, 69 percent. If you are 18 to 34, that is what you are looking at in the form of premium increases, not to mention the fact that future generations are going to deal with all of the debt we continue to pile on them, which I think bears heavily on this debate right now, when you are looking at trillion-dollar deficits as far as the eye can see. This is not a good deal if you are a young person in America.

Mr. BARRASSO. It is the wrong prescription for America.

I am going to continue to speak on the floor about the things that I think are problems with this bill. I think it is the wrong approach. I think it costs way too much. I think it raises taxes on all Americans. It cuts Medicare. What we have heard now, and what we know for sure, is it is going to raise premiums for people who have insurance, who like the insurance they have, who want to keep the insurance they have; and their costs are going to continue to go up if this becomes law, at a rate faster than, as we saw from the graph, if nothing was passed at all.

The PRESIDING OFFICER (Mr. BENNET). The time has expired.

The Senator from California.

Mrs. BOXER. Mr. President, what is the order?

The PRESIDING OFFICER. The Democrats control the next hour.

Mrs. BOXER. Thank you very much, Mr. President.

I have listened to several of my Republican colleagues and I wish to note that they have the bill in front of them and they are attacking this health care bill, but nowhere on their desks do we see their bill. They have no answers, no solutions.

Mr. THUNE. Will the Senator from California yield?

Mrs. BOXER. I can't yield.

They have no solutions at all on an issue that affects every single American.

What we have before us is the Reid bill which I think is an excellent piece of legislation that will make life better for every single American. I will spell that out in the course of my remarks.

We all know change isn't easy. It is easy to come down here and demagog and pound your fists and complain. It is human nature to resist change. But every once in a while a situation cries out for change, and that is the case today with our health care system.

The status quo is not benign. It is hurting our people. I wish to share the story of Nikki White as brought to us in the book ''The Healing of America'' by T.R. Reid. He talks about Nikki in the prologue where he poses it as a moral question: What we do about health care? This is what he writes:

> If Nikki White had been a resident of any other rich country, she would be alive today. Around the time she graduated from college, Nikki White contracted Lupus. That is a serious disease, but one that modern medicine knows how to manage. If this bright, feisty, dazzling young woman had lived in say, Japan, the world's second richest Nation, or Germany, the third richest, or Britain, France, Italy, Spain, Canada, et cetera, the health care systems there would have given her the standard treatment for Lupus and she could have lived a normal life span. But Nikki White was a citizen of the world's richest country—the United States of America. Once she was sick, she couldn't get health insurance. Like tens of millions of her fellow Americans, she had too much money to qualify for health care under welfare, but too little money to pay for the drugs and the doctors she needed to stay alive. She spent the last months of her life frantically writing letters and filling out forms pleading for help. When she died, Nikki White was 32 years old.

That is a story that should move every one of us, move every one of us to action.

Look, we have spent years studying and analyzing what is working in our health care system and what is not working. What it comes down to is this: Too many of our fellow citizens are suffering because of the broken promises of a health insurance system that abandoned them when they needed it the most. Too many cannot afford health insurance. Too many are getting sick after praying to God that they wouldn't because they knew that sickness could leave them in economic ruin. Praying is not a health care insurance plan.

Americans will spend over $2.5 trillion on health care next year; $2.5 trillion. In all, we spend twice as much per person on health care as other advanced nations. Yet, the United States of America, out great Nation, ranks near the bottom of the 30 leading industrialized nations in basic measures of health, such as infant mortality rate and life expectancy—the bottom of the list. That is where we are. So we spend twice as much and the results are not anywhere near where they should be. It is clear why. Too many people don't have affordable health insurance, and they wait too long before they get the help they need. Or, they are like Nikki and they never get the help they need.

Health care premiums have more than doubled in the last 9 years—more than doubled in the last 9 years—and one respected nonpartisan study says if we fail to act, the average American family will have to spend 45 percent of their income on health insurance premiums alone, and that is by 2016. By 2016, 45 percent of their income, the average family, by 2016, if we do nothing. My friends on the other side stand there with the bill and downgrade what we are doing and never address that issue.

It is time for change. When we know that two-thirds of all bankruptcies are due to a health care crisis, it is time

for change. When we know that every day—every day—another 14,000 Americans lose their health care coverage, that tells me it is time for change.

I know there are many people listening who think the uninsured are not their problem, that it doesn't affect their health care. They are flat wrong. Right now, every one of us with insurance is paying $1,100 a year—each of our families—for those who are uninsured. Why? Because we have to pay for the emergency room services they get when they are rushed into the hospital because they have neglected a health care problem and it is very expensive, and we are paying for it. That tells me it is time for change.

When family after family tells us they paid for insurance for years, but when they had a crisis their insurance company walked away from them—in T.R. Reid's book, we learn about a man who paid all his life for insurance and he got struck by an automobile and he was in the hospital with a terrible situation, and the insurance company knew it was going to cost them a lot. You know what they did? They rescinded his insurance. They told him that he weighed more than he should have, and they walked away from him. Story after story. Good, hard-working people unable to get health insurance, knowing that their future is dark. It is time for a change.

Today, I want to say to America's families: Change is definitely on the way. It won't be easy. It is going to be tough. But all these things I have said are truths. Everybody here has to be moved by that. I believe we will finally bring change. I am hopeful. I am hopeful because of the work of so many of our colleagues and the work of Senator HARRY REID. He has put a bill before us that, as I said, will make life better for every single American. It is called the Patient Protection and Affordable Care Act. First and foremost, if you have health insurance you like, this bill gives you the security of knowing it will be there for you when you need it. And if you don't have health insurance, you will be able to get affordable coverage through a new exchange which includes the public option.

Ultimately, under this bill, we are expanding health care to cover more than 94 percent of the American people, and all the while we are cutting the Federal deficit by an estimated $130 billion over 10 years, because there are real savings and real revenues in this bill to offset the new important programs.

When this bill is signed into law, America's families will see immediate improvements to their health care. They won't have to wait.

For example, right away, when President Obama signs this bill, your insurance company won't be able to kick you off your plan for some made-up reason because they no longer want to cover you. They will no longer be able to cap your coverage. I can't tell my colleagues how many people think they are safe because they had a $500,000 cap on their insurance. They never dreamed they would use it up. But one difficult and terrible illness can use it up, and then they are out of luck. No more rescissions, no more caps.

Parents will be able to keep their children on their health care policy up to the age of 26. Small businesses will have immediate access to tax credits to make covering their employees more affordable. And seniors will have a more generous benefit through their prescription drug coverage. We all hear about that doughnut hole that affects seniors as soon as they need to buy more pharmaceuticals. This will give them another $500 before they reach that point. Those are just a few of the immediate benefits of the Patient Protection and Affordable Care Act.

Here is a sample of other major provisions. This is a very important one. In this bill, no family of four making less than $88,200 a year will have to pay more than 9.8 percent of their income for health insurance premiums. Let me say that again. No family of four making less than $88,200 a year will have to pay more than 9.8 percent of their income for health care premiums. So if you make anything between say the poverty rate all the way up to $88,200, you never have to pay more than 9.8 percent of your income for health care premiums, and if you are on the lower end, it is even less. It goes down to about 2 percent. So it ranges from 2 percent to 9.8 percent at $88,200. That means that more than 62 percent of all of our families will be able to be assured that they will not have to go broke to buy health insurance.

Remember what I said. A respected study has already stated that if we do nothing, by 2016 people will be paying 45 percent of their income on premiums. In this bill, we ensure that our middle class down to our working poor do not have to worry about those kinds of premium increases.

For the rest of our Nation's families who are more affluent, there is the security of knowing that the insurance company reforms in this bill are going to help you. The insurance company can't walk away from you. If you have a preexisting condition, they can't turn you down. If you have a child you want to keep on until age 26, you can. If you are a small business, you will get tax credits to help you pay for your employees. There are many other benefits, including some free prevention coverage that kicks in right away. So no more discrimination against those with a preexisting condition.

By the way, no longer will insurance companies be able to discriminate based on gender. Right now, women in my home State of California are paying almost 40 percent more for the same insurance as men. There is gender discrimination. That will end when this bill becomes law.

In this bill we increase competition, which is perhaps one of the most important things we can do to bring down costs to our families. We have the health care exchange which includes a public option that will compete on a level playing field with insurance companies to keep them honest. In other words, there will be a government option, but there won't be anything different about the government plan in terms of the way it negotiates with the insurance companies.

There has been a lot of shouting from my colleagues about the public option. Why shouldn't the American people have access to a public option?

I ask that question. I don't hear my Republican friends coming down to the floor and saying they are going to give up their public option. More than 90 percent of us have a public option right now—the Federal Employee Health Benefits Program. I don't see one of my colleagues who have been trashing the public option coming to the floor and saying I wish to get rid of mine. Oh, no. They like it. But they don't want it for the rest of the people. I don't understand it.

There are lots of public options we have here. Medicare is a public option, run by the government. I don't hear my Republican friends coming here and saying we should end Medicare. They used to say that. They don't say it anymore. Now they say they depend on it. It is a public option; 45 million Americans are covered by it. Not one of them said get rid of Medicare.

I don't hear any of my Republican friends coming to the floor saying we should get rid of another public option called Medicaid. That is for the poor. It works well. It is tough, and there are problems with it, but it works and it covers 60 million Americans. So you have 45 million Americans in a public option called Medicare, 60 million Americans in a public option called Medicaid.

How about the veterans health care program? I don't hear them pounding the table and saying get rid of the public option for our veterans. I will tell you, maybe they want to, but they would not say it because the veterans would be at their door because that public option covers 7.9 million veterans. Not one of my Republican colleagues say they want to end it.

I don't hear my Republican friends coming to the floor to say we should end our TRICARE program for our military. That is a public option for 9.5 million people. I don't hear them saying stop that public option.

Again, their own health care, brought to them by FEHBP, Federal Employees Health Benefits Program, that is a public option that covers 8 million people, including them, and they don't seem to want to end that. But when it comes to everybody else, they come down here and basically say: a government takeover of health care. False.

The public option is just one option in the exchange. It has to run by the rules of all the other insurance companies. I say if it is good enough for a Republican Member of the Senate and a

Democratic Member of the Senate, a public option ought to be an option for the people whom we represent.

Small business needs help here. I don't know if everybody is aware of this, but small businesses pay as much as 18 percent more for the same health insurance as large businesses. In California, we have seen increased premiums to small businesses that have meant a choice between laying off employees or not providing health insurance at all. More and more of these businesses are dropping health care coverage. If you are in the position where you work for a small business, you don't have health care coverage, and you want to stay there, when this bill goes into effect, you can go into the exchange and then you will have some buying power or your small business can go into the exchange.

This bill will protect our seniors, and it will strengthen Medicare. Medicare is a success story. Before Medicare became law, half our senior citizens went without health insurance. Now, 98 percent of our seniors are covered by Medicare. They believe in the program and they want it to continue. Those of us supporting this bill want to make Medicare stronger, and we do. This bill will ensure a stronger, more sustainable Medicare Program. It lowers prescription drug costs, as I mentioned before. It increases access to preventive services for our seniors, and it extends the solvency of the Medicare Program by 4 to 5 years.

My Republican colleagues are standing here saying that Democrats want to hurt Medicare—by the way, Medicare is a public option. They are saying the Democrats want to hurt Medicare, a public option. Honestly, who could believe that?

In 1964, George H. W. Bush called Medicare ''socialized medicine.''

Newt Gingrich, when he was Speaker of the House, said he wanted to see Medicare ''wither on the vine.''

In 1995, while seeking the Republican nomination for President, Senator Bob Dole bragged that he voted against creating Medicare in 1965. He bragged about it and said: ''I was there fighting the fight, voting against Medicare . . . because we knew it wouldn't work in 1965.''

The Republicans are saying the Democrats want to destroy Medicare in this bill. That is beyond ridiculous. The American people know who is on their side when it comes to protecting Medicare. We didn't just wake up this morning. We know who brought us Medicare.

This bill expands Medicaid. That is for the poor to ensure that the poorest and sickest among us can get into the program. We are going to get those with incomes below 133 percent of the poverty level into the program. That means that more than 1.5 million Californians who are uninsured or are struggling with the cost of health care, that will allow them to be covered.

I thank the majority leader for working with us to ensure that California receives increased Federal support as we expand Medicaid. For the first 3 years of this expansion, the Federal Government will fully cover the cost of expanding Medicaid.

I talked a little bit about prevention. Today, only 4 cents of every $1 we spend on health care is on prevention. Yet more than half our people live with one or more chronic conditions.

Five chronic diseases—heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes—are responsible for more than two-thirds of the deaths in America.

This bill will eliminate copays and deductibles for preventive care so people don't get to that serious illness. Those preventive services go into effect immediately.

That is an overview of the Patient Protection and Affordable Care Act. My friends on the other side have already come out against this bill. They say it is too long, too complex. One of them said it is ''holy war.'' This bill will cause them to fight a ''holy war,'' for some reason. Where is their bill? They don't have one. After all the things we know are wrong with the system—and you don't have to agree with us on everything, but where is your bill?

It seems like my Republican friends care more about playing politics than about protecting our families. That is what it feels like. They seem to care more about bringing down our President than bringing down the cost of health care.

They seem to care more about all that than Tim and Josie Jentes, of Los Angeles, CA. Tim is retired from Raytheon. He gets his health care through his retirement plan. During 2007, the first year of his retirement, their monthly health care premium was $460. During 2008, it rose to $630. In 2009, it rose to $850. That is an 85-percent increase in 2 years for this retiree.

Tim wrote to me and said:

> I understand that compared to many we are fortunate to have good health care and insurance. But we look forward to you, Senator Boxer, the Senate, and the House . . . addressing the seemingly unbounded increase in health care cost.

We do it in this bill. People such as Tim will be protected. But my friends across the aisle say: No, we are not going to help Tim.

What about Madeleine Foote of Costa Mesa, California? She turned 25 and lost the health care coverage she had under her parents. She tried to get coverage, but because she is taking medicine, she was denied. They said it was a preexisting condition. They said you can have health care, but you have to have a $3,000 deductible and premiums of $300 a month. She wrote:

> As a young person working in a restaurant, repaying student loans and trying to make it on my own, this is a huge financial burden. I cannot afford insurance that charges me so much. . . . For now, I am forced to hope that nothing extremely bad befalls me.

She is another one who prays not to get sick. That is not a health care plan. My friends on the other side say: No, sorry, we are not going to help you, Madeleine.

I have so many other stories. There is Douglas Ingoldsby, a small business owner in Santa Barbara, CA. He has 11 employees, and soon he will not be able to afford to get them insurance anymore. He asked that I support a public option, and I do. My Republican colleagues are saying: Douglas, no, we are not going to help you. It goes on. The stories go on.

One of the stories is from a doctor, a retired pediatrician in Sacramento, Robert Meagher, who wrote and said that some parents begged him not to write on the form—after he saw a child with asthma, they asked: Please don't write down asthma. Say it was bronchitis. If you write down that my child has asthma, they will have a preexisting condition and when they go out on their own, they cannot get insurance.

Can you imagine a doctor having to face a parent like that? My Republican friends don't want to think about that. They seem to be thinking about politics and the next election.

We all know the bill before us isn't perfect. They should vote to start debate. They can try to make it better. There are many issues I am working on for California. There is the Disproportionate Share Hospital Program. I am working to get better prevention for women.

At the end of the day, this is where we are. Health care coverage for all of America's families has been an elusive goal since Teddy Roosevelt first proposed it nearly a century ago. Our dear friend, Senator Ted Kennedy, whom we miss so much, fought for health care right here on this Senate floor from the moment he arrived in the Senate in 1962 to the moment he died. Today, I am proud to say we are moving closer to fulfilling this promise of health care for all.

Robert Kennedy once said:

> Few will have the greatness to bend history itself; but each of us can work to change a small portion of events, and in the total of all those acts will be written the history of this generation.

This is our time. This is our moment. This is the moment for us to come together as a nation and make sure our people never again have to face what Nikki White faced in her last days—filling out forms, praying to God she could get health care, not being able to get it, and dying at age 32. That is immoral. It is not necessary. We can fix it, and we should.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota is recognized.

Mr. DORGAN. Mr. President, I note that this has been a lengthy discussion already. My guess is that because this is merely a motion to proceed to a subject on the floor of the Senate—my guess is that were this motion to be approved, we will have weeks on the floor of the Senate talking specifically

about amendments, about approaches that will strengthen and improve some portions of the legislation that will be before us. The subject is health care.

Frankly, health care is personal to everybody—from senior citizens on Medicare to people who get their health care policy from their employment, to families who are struggling to pay for increasing costs of health care year after year. So the question before the Senate tomorrow evening is: Should we debate and vote on these matters? It is not should we approve a health care bill but should we proceed to the bill to have a discussion and have some amendments.

Health care has changed dramatically in a very short period of time. My background is from a town of 300 people. In my little town, as was the case many decades ago, we had a town doctor in a town of 300 people. It doesn't happen much anymore. We had a doctor, Doc Hill. He came when he was a young man, and he stayed until he died. He delivered probably 1,500 babies. They had a Doc Hill Day once, and all the babies he birthed came to march in the parade in my little hometown.

As times changed, medicine changed, things changed. Doc Hill used to go on house calls to the farms, yes, to deliver babies and to deal with illness, house calls all around the region. Times changed and those practices changed as well.

The big debates in the last half century or perhaps century about health care have, in most cases, advanced health care. I was not here, of course, nor were most of my colleagues—I guess a couple of them were perhaps here—during the debate on Medicare. I remember vividly as a very young boy the old folks in my hometown, some of whom had nothing, lived in little shacks, certainly had no health care, no health care coverage, because when you got old, back in those days, no insurance company wanted to cover you, even if you could pay for insurance. Nobody was chasing old folks to say: Now that you are 70, 80 years old, can't we sell you a health insurance policy? They couldn't find health insurance.

Half the senior citizens in this country couldn't get health insurance. So the Congress came together and said: What do we do about the people in their sunset years, those who helped build this country, went to war, built the roads, built communities? What do we do about that? So they passed Medicare.

Medicare has been an unbelievable success. Yes, there are financial strains on Medicare, but that is born of success. People are living longer and over a period of a longer life, they often need more health care. But that is a success, not a failure. We have changed medicine in our country in many ways. Medicare is one example.

Miracle medicines, medicines that did not exist some decades ago now can be used to keep people out of acute care hospital beds. Vaccines can now prevent people from getting sick. Polio was cured. Smallpox was cured. Think of the changes over all of these years. And, yes, it is the case that if you have a very serious illness, in most cases you want to be in this country.

It is the case, however, that many in this country cannot afford to access the health care that exists. But people come here, not elsewhere, for good health care. We have terrific clinics and opportunities for people to get good health care in this country. The problem is, the cost is relentlessly increasing every single year and pricing health care out of the reach of too many Americans. Too many families cannot figure out how to pay for health care. They cannot pay for the increased insurance premium that is going up double digits every year. They have to go to the grocery store and stop in the pharmacy to figure out what a prescription drug is going to cost. They buy their medication first and see what they have left for groceries.

The fact is, prices of health care are marching relentlessly upward, so too many people do not have coverage. Families often cannot afford it. Small businesses cannot afford the price increases for health care. So what do we do about that?

If there is a sick child, should a sick child who is crying because of pain be told: Your visit to a doctor depends on how much money your parents have? I don't think so. So we passed legislation dealing with that, providing health care opportunities for children who come from families of meager means.

The question for us now is, Is there a way for us to extend health care coverage and also to put the brakes on these relentlessly increasing costs? If at the end of the day legislation that is considered here does not put the brakes on price or cost increases, I don't want to be a part of that. I am not going to be supporting things that really do not put the brakes on these relentless increases in health care costs. That is the purpose of all of this, is to try to get a handle on costs somehow.

There was an author named Barbara Ehrenreich who described visiting with a friend of hers from a European country. She told her friend that she had breast cancer and had difficulty getting insurance because she had breast cancer. She said: But isn't that when you would most need insurance? Not understanding, of course, in our country you are least likely able to get what you need when you need it the most.

That is another question in this set of issues, preexisting conditions. Is there a way for us to make it easier for people to access health insurance when they really need health insurance because they have a debilitating illness? I would hope so.

What should happen when you pay an insurance company premiums for 10 or 15 years? You pay every month and all of a sudden the insurance company says: We are going to terminate you. What should happen? Is that fair? I don't think so.

Shouldn't there be some opportunities to address those kinds of things—the denial of coverage, the termination of coverage? I think so.

Let me also say as we discuss these policies, there is another element that is not very often discussed that I want to amplify, and that is the issue of personal responsibility—personal responsibility that goes well outside legislative activities.

Two-thirds of the people in this country are overweight. One-third are obese, according to statistics. I invited someone from Safeway Corporation to meet with our caucus. The CEO of Safeway, Steve Burd, has met with folks in both caucuses in the Senate. He told of a very interesting program at Safeway.

I think there were about 45,000 employees in this group, and he did the following. He said: Here is your health insurance plan. Here is the amount the Safeway company will pay, and here is the amount that you pay. So that amount the employee pays is X. But the company said to the employees, you can reduce the amount you pay if you do four things. You can reduce it in four steps: Do you have high blood pressure? You have to be on medicine to control it, and we will pay for the medicine.

Do you have high cholesterol? You have to be on medicine to control it, and we will pay for it.

Are you overweight? Then you have to be on some sort of weight reduction program, and we will pay for that.

Are you smoking? Then you have to stop or be in a smoking cessation program, and we will pay for that.

If you don't do any of those things, you don't want to do those things, you have high cholesterol, high blood pressure, smoke, and are well overweight, that is all right, here is your copay. It will be higher. But if you do all four of those things, and the company will pay in each instance for the cost of it, you will pay four steps below, less money every single month.

He says with that program, they have had flat health costs for 5 straight years. Think of that: 5 years flat cost. While the rest of the country is seeing these relentlessly increasing costs, that program provided flat costs, no cost increases. Why? Because they incentivized personal behavior in the right way: Do this, improve your health, we will pay the cost of it and save yourself some money. That is exactly the right thing to do.

I hope as we have this discussion, a fair amount of that impulse can be a part of what we are trying to do—incentivize the right behavior, personal responsibility. That makes a great deal of sense to me.

One of the things I have always supported is the issue of health care coverage at the workplace. That is where most Americans get their health care coverage. I don't want to do anything

to disincentivize that. I want, whether it is small, medium, or large businesses, for us to say: You know what, good for you. You are providing health care to your employees. We support that. I don't want to disincentivize that; I want to incentivize that.

I know it is hard for small businesses during tough economic times to pay 10 percent more this year than last year and 10 percent more next year than this year. That is what they are seeing in health care costs. That is why it is important for us to put the brakes on these cost increases, for small businesses, medium-size businesses and large businesses as well, to help them be competitive.

We have to find a way to do that. I am not talking about diminishing the quality of health care. I am saying let's put the brakes on the price increases year after year. Let's find out what is causing it—and I have some ideas about that—and let's put the brakes on it. That is what this debate needs to be about.

I want to talk about an amendment I intend to offer as soon as we are able to offer amendments. It is an amendment, by the way, that is bipartisan, unlike a lot of things in this Chamber. My amendment was cosponsored by the late Ted Kennedy. It is also cosponsored by Senator OLYMPIA SNOWE, Senator JOHN MCCAIN, Senator CHUCK GRASSLEY, Senator DEBBIE STABENOW, and the list goes on including Republicans and Democrats. The amendment is about prescription drug prices, and I want to describe it.

It says let's give the American people the freedom to access the identical FDA-approved drugs when they are sold for a fraction of the price everywhere else in the world. The American consumer is charged the highest prices in the world for brand-name drugs.

By the way, here is what is happening to price increases for prescription drugs. We see the rate of inflation in this country. That is the yellow line. Take a look at drug prices, the red line. By the way, this past year, there was a 9 percent increase in prescription drug pricing.

This issue is not some irrelevant issue. There are a whole lot of folks who use prescription drugs to manage their disease and keep them out of a hospital. I understand many of these drugs are miracle drugs. I don't want to slow the ability of companies to create drugs, do research and so on.

A substantial amount of the research goes on at the National Institutes of Health, which is publicly funded. The knowledge from that research is made available to the drug companies, and that knowledge leads to a product. Good for them.

But what I don't like is the fact that those same pharmaceutical companies charge the American consumers the highest prices in the world. They will say: If you offer an amendment, you Senators, Republicans and Democrats, that tries to give the American people the freedom to access the same identical FDA-approved drug when it is sold in Spain or Italy or Canada—name the country—when it is sold in a number of countries for a fraction of the price, then somehow it will harm research and development on new drugs.

That is not true at all. Those name-brand drugs are sold for a much lower price in Europe, and they do more research in Europe—at least that was a couple years ago. I haven't seen recent data. The fact is, they have lower prices and they have done more research.

In any event, there is more money spent on advertising, promotion, and marketing than there is on research. Watch television tonight and see when you see the next commercial that says: Shouldn't you be taking some Flomax—whatever that is. Shouldn't you ask the doctor whether the purple pill is right for you? Go find a doctor and say: I don't have any aches and pains, there is nothing wrong with me, but isn't the purple pill right for me? That is what the commercial tells you to do.

I haven't the foggiest idea what the purple pill is used for, but they relentlessly push this advertising. Knock it off. Maybe they should use some of that money for a little more research and development, I say.

To put a finer point on it, if I might, this is the price of Lipitor. This is the new price, by the way—$4.78 in the United States for a 20-milligram tablet and $2.05 in Canada.

By the way, here is what the two bottles look like. The same pill is put in these bottles, made by the same company—Lipitor. It is the same manufacturing plant in Ireland. They put the same pill in these two bottles. This one goes to the United States; this one goes to Canada. The American consumer has the privilege of paying $4.78 per tablet, and the Canadian buys it for $2.05. That was June 4, 2009, when I priced it.

It is not just Lipitor, although Lipitor is the most popular cholesterol-lowering drug. But Zocor, a 20-milligram tablet, the same thing, $5.16, $2.45, U.S. price versus Canadian price. I used Canada because it is a close neighbor. I could have used Spain, Italy, France, Germany.

By the way, some folks on the floor of the Senate will support the pharmaceutical industry's pricing policies of pricing their brand-name drugs the highest in the United States—I don't support that. Some will. They will say you can't really import drugs safely. The fact is, in Europe they have been importing drugs for 20 years. They have something called parallel trading. If you are in Germany and want to buy a prescription drug from Spain, no problem. If you are in Italy and want to buy it from France, no problem. You have parallel trading of prescription drugs. The consumers have the freedom to buy it where it is least expensive.

In our country, consumers don't have that freedom, and our amendment gives the American consumer the freedom to shop for those prescription drugs where they are sold for the most reasonable prices. I am not interested in having consumers buy their drugs from other countries. I am interested in the opportunity to buy drugs at a fraction of the price, forcing the pharmaceutical to reprice their drugs in this country.

I sat on a straw bale once at a farm where we had a town meeting. We all sat around on these bales and talked. An old codger there, about 80 years old, said to me: My missus—he meant his wife—my wife has been fighting breast cancer for 3 years. Every 3 months, we have driven to Canada to buy Tamoxifen. That is the medicine my wife has taken to fight breast cancer. Every 3 months, we drive to Canada to buy Tamoxifen.

I said: Why do you drive to Canada?

He said: Because it costs me 20 cents for what I would pay a dollar in the United States. I can't afford it in the United States, so we drive to Canada.

The fact is, they will allow someone like that to drive across with 90 days of use. But most Americans do not have that opportunity and most Americans could not access that drug from Canada because it would be against the law at this point.

I want to give the American people the freedom to be able to access FDA-approved drugs, and the legislation I will introduce with my colleagues has the most substantial safety provisions, including batch lots and pedigrees on these drugs that will make the entire drug supply much safer than it is now.

Price increases in 2009. The paper this week described what is happening with the pharmaceutical industry in pricing drugs. Enbrel, an arthritis drug, increased 12 percent this year. Nexium, for ulcers, increased 7 percent this year. Lipitor is up 5 percent this year. Singulair is up 12 present this year. Plavix's price increased 8 percent this year; that is an anticoagulant. Osteoporosis—if you are taking Boniva, there was an 18-percent increase this year. What is the deal? Does anybody understand what the reason for this is, these kinds of unbelievable price increases?

I am going to offer this amendment with my colleagues. My expectation is if you want to say at the end of the day that you have really done something to address the issue of skyrocketing prices in health care—you can't say that if you decide you are not going to do something to put the brakes on prescription drug pricing, because the American people should no longer pay the highest prices for brand-name drugs in the world. That is not something that should be allowed. It is certainly not something that is fair to the American people and not something that we ought to turn a blind eye to when we are talking about legislation here.

My legislation will be about giving the American people freedom—the freedom to access those drugs from a number of other countries named in our bill that have an identical chain of custody to our country, where it will be safe and secure for the American consumer to access those drugs at a fraction of the cost.

I want to say that some are pointing out that the issue of health care is also a jobs issue because the fact is, this is a significant burden on employers; that is, those who hire workers and who are covering them with benefits, as part of their compensation including health care. So it is a jobs issue, and when the burden becomes too great, it destroys jobs. That is just a fact. So I want to talk about jobs for a moment because even as we describe these issues, which I think are very important, they relate to jobs. But I want to go further to talk about jobs just because I have a bit of time today.

I have seen some things in the press recently that have bothered me, some stories. I want to describe them.

First of all, Senator DURBIN and I are leading a task force to talk about how we put together a new effort to try to create jobs. What kinds of incentives will allow small- and medium-size businesses to create new jobs? What are the things that will get the economic engine restarted, not just in GDP but putting people back on payrolls, putting people back to work?

I noticed that small- and medium-size businesses are having great difficulty in this country, even those that want to expand, because they can't find the financing to do it. I saw a report this week about the large financial institutions that got TARP funds, the bailout funds. The 22 banks that got the most help from the Treasury's bailout programs cut their small business loan balances by a collective $10.5 billion over the past six months. And the fact is that Wells Fargo got $73.8 billion in TARP funds, and in the last 4 months they have cut the amount of financing of small business loans by 3.9 percent. Think of that—a company gets $73.8 billion in TARP funds and cuts lending needed by small businesses by 3.9 percent. Bank of America, $41.9 billion in TARP funds, and they cut small business lending by 5 percent. I am quoting from a Treasury Department report, by the way, comparing 4/30/90 to 9/30/09. JPMorgan Chase, $25.4 billion in TARP funds, and they cut lending to small business 2.9 percent. American Express—the list goes on. I don't understand this at all.

So the question is, How do we try to give some help to small- and medium-size businesses and see if we can restart this economic engine so that they can put people back to work? They are the job generators in this country. And we are looking for a mix of ideas. What are the best ideas we can use to try to put people back on payrolls?

But what I want to talk about just for a moment is something I saw in the Washington Post this week when the President was in Asia. It talks about:

> [Folks from the] 21 Pacific Rim Nations at an annual event that this year has put some of America's policies in the line of fire.
>
> A chorus of complaints about U.S. trade policies . . . in the hour before the President's arrival [in Singapore]. Leaders of Mexico, China and Russia broadly condemned protectionism . . . endorsing free trade as the best engine of growth—

And so on.

> The bluntest criticism . . . [said] America is moving in the opposite sense of free trade.

China and others have said the same.

Let me just say, it takes an unbelievable amount of gall to suggest that we are moving in the opposite direction of free trade. We have an unbelievable trade deficit, and this is a trade deficit with China. It is a sea of red ink that has gotten worse and worse—a $266 billion deficit last year, a $266 billion trade deficit with China, and China is telling us we have a problem with free trade? They are the ones that have closed markets. We are the sponge for all the goods China wants to send us, only to find out we can't get into their markets. This is about jobs. This is about jobs that leave our country and go there. When we start talking about how to create jobs, maybe we ought to straighten out this trade mess.

Let me say, there is a discussion in the same story about Korea and the trade agreement with Korea. I think it is pretty interesting. This is what happened with Korea last year. They sent us about 600,000 cars. They put them on ships and sent them to America to be sold. We were able to sell them 100,000 cars. Why? They don't want American cars on the streets of Korea. Ninety-eight percent of the cars on their roads are made in Korea because that is what they insist and that is what they want. They are criticizing us about the lack of free trade? That is unbelievable.

Let me describe the Cash for Clunkers Program in this country. We did a Cash for Clunkers Program. Yes, it put people in some showrooms and sold some cars. The Chinese and the Koreans had cash for clunkers programs. A lot of us would have liked to have said: You know what, if you are going to spend some money on cars, maybe at least spend it on cars that are made in manufacturing plants in this country. But that was not a requirement because it was so-called illegal under the WTO rules.

For example, when Japan and Korea decided, for their own economy, on a cash for clunkers program, they figured out a way to favor their domestically produced cars.

In Japan, only 5 percent of the cars were imports and 95 percent were made in Japan because that is the way they wanted it in 2007. After the cash for clunkers program, even fewer cars came from imports. Why? Because Japan had what was called a certification requirement that was open to only a small number of foreign vehicles. For example, they would allow the sale of a Toyota Land Cruiser, but you couldn't buy a Ford Explorer in Japan under the cash for clunkers program.

Yet we have these folks saying to us that we are not for free trade? Excuse me? How much gall do you have to suggest that a country with a $600-plus billion annual trade deficit, $260 billion of which is from China—to have our President go overseas and have others suggest that somehow we are not owning up to our responsibilities in trade?

The reason I make this point is this is about jobs. I think restarting the economic engine is an unbelievable priority in this country. A good job that pays well makes almost everything else possible. There is no social program in America as important as a good job that pays well. That is what makes everything possible for you and your family.

When we see the millions of people who have been laid off as a result of the deepest recession since the Great Depression, we need to get about our business. Senator REID and Senator DURBIN and I are working on that need, to address it. One of the ways to address it is with this trade issue as well.

Let me conclude as I started, talking about the bill that is before us. The legislation we are dealing with is health care, and the vote that will occur is on the motion to proceed. There is a lot of hyperbole about these issues. This is a motion to proceed to a piece of legislation that we will then debate for weeks and we will amend, I expect.

I just described one of my amendments that I feel very strongly about. It will be bipartisan. I fully expect it to pass. I have a couple of other amendments as well that I will offer.

I don't want health care to be concluded by the Congress in some way or another without the Indian Health Care Improvement Act, which has been languishing for many years here in the Congress, being a part of it. These are the first Americans, and too often these days the first Americans have second-class health care despite the fact that we signed the treaties on the dotted line and we owned up to the trust obligations that we have, that we have never quite delivered in health care, housing, and education. I have spent a lot of time, as have some of my colleagues, on the subject of the Indian Health Care Improvement Act. I hope very much that in this discussion—and I certainly will raise it as an amendment—we will have the opportunity to do what we need to do with respect to Indian health care.

I know there will be a lot of opportunity in the coming weeks to describe virtually all the things people want to describe about every single issue. I want to come back to something I mentioned in the middle of my presentation; that is, personal responsibility.

We can do all we want to do. We can have all kinds of legislation. But there also has to be some personal responsibility with respect to health care. I

hope, whatever we do legislatively, if, in fact, at the end of the day the legislation moves forward, I hope we remember the lessons we have learned from some companies around the country that are deciding that personal responsibility and the incentives for that kind of personal behavior is the right way to address some of these rising costs of health care. Certainly the Safeway example I described is in that genre.

Our time is about up. I want to say again that we will vote tomorrow night, come back after Thanksgiving, and my guess is that for 3 or 4 weeks we will have a substantial, generous amount of discussion about how best to put the brakes on health care costs. This has to be done in a way that is fiscally responsible. It has to be done in a way that is effective. If not, there ought not be legislation passed, in my judgment. If so, if we can do this in a way that is fiscally responsible, in a way that helps the American people and begins to put the brakes on the skyrocketing health care costs, then I would want to be part of that.

I yield the floor.

Mr. WYDEN. Mr. President, transforming American health care so that more Americans get good health care at home, instead of only in a doctor's office, is an idea whose time has come.

Quality, affordable home-based care makes sense for patients. It generates good-paying jobs for our people and sparks development of exciting technologies through research that will pay even bigger dividends in the years ahead. Care at home is an idea that Democrats and Republicans, conservatives and progressives, can all come together on and get behind.

Right now, getting to see a doctor in their office can be an onerous process. You start by calling the doctor's office and testing your patience while you sit through menu after menu of options just to get past the doctor's voicemail system. You are in trouble if you don't listen carefully and miss the option you wanted. You might get sent to records or accounting and have to start all over again. After you have run that gauntlet, you have to match your schedule up to whatever days the doctor's in. With doctors having other obligations like surgeries or teaching, you could be up against a schedule where the doctor only has office hours a few days a week. That will lead to your getting an appointment two months from now. That won't do much good if you are sick today.

Once you have won that prized appointment, you have to navigate to the doctor's office on the day in question. In rural areas, you might end up driving yourself and your family long distances to get there. In urban areas, workers lose a big part of their day getting themselves, or maybe their elderly parent, to and from the doctor's office or hospital. That can be a difficult task if your parents have a hard time getting around at home—never mind getting them from the car to the doctor's office safely. By the time you get to the doctor's waiting room, you feel like you have run a marathon. It's the opposite of the well-oiled machine you would expect from a country that leads the world in health care innovation.

Our current health care system seems modern, but it is actually based on a 19th century model of institutionalized health care. It is like riding a horse-drawn wagon all the way from here to Oregon. Just because the Pioneers did it and found the beauty of Oregon at the end, it doesn't mean that is the best way to get there in 2009. Likewise, just because the majority of American health care is delivered in a doctor's office or hospital doesn't mean that is the best way either.

There is a lot of wasted time and effort spent on services that could be done more easily—and in some cases, more effectively—done from home thanks to something called ''telehealth technologies.'' Telehealth technologies are simple-to-use, home-based systems that use tools, such as home security sensors and the internet to connect patients to their medical providers. Home telehealth has already been used by the Veterans' Administration and has lowered costs for treating patients with multiple chronic diseases like diabetes and high blood pressure.

Here's how it works. Some systems help patients with chronic conditions like diabetes or high blood pressure send their daily blood sugar or blood pressure readings straight to their medical professional. There, the readings can be checked and monitored for signs that the patient's care needs to be adjusted. Sudden weight gains, which can be a sign that someone's about to go into congestive heart failure, can also be noted and addressed right away, so that the patient can be treated and avoid that outcome.

These are just a few of the ways that telehealth technologies can help patients better manage their health issues from home, instead of waiting for their occasional checkup in a doctor's office, when it might be too late to correct their health problems. Telehealth technologies give medical professionals a new tool by increasing the amount of data they can collect on their patients over a long period of time. That aggregated information improves the quality of care that the patient then receives when they do visit the doctor's office.

Some of these telehealth technologies are so advanced they sound like science fiction, but they are real, they are here today and they need to be part of building our new health care system. They offer more than just unique, time-saving solutions. Telehealth technologies also open a new world of jobs and services that will shore up our economy with good-paying work right here at home.

Researchers from around the country are working to tap the potential of these technologies, and I am proud to report that much of the cutting edge work is being done in the Pacific Northwest. Their discoveries address everything from depression to neurological disorders. For example, new technologies can help isolated seniors stay connected to the world through a variety of social networking sites. This would be a simple, high-tech fix that can help cure the loneliness that so many seniors suffer from, and that often leads to depression. Some seniors with cognitive issues are being taught how to use personal computers to play games that exercise the brain, like Sudoku puzzles. Neurologists can then analyze the changes in patients' success at the games over time and to understand how and when their cognitive abilities start to deteriorate.

Technologies like this give us the chance to learn about devastating diseases like Alzheimer's so that, hopefully, we can one day find new drugs and treatments for those who suffer from it.

Other technologies are moving forward to help those with memory loss and help to improve the quality of life for our seniors. ''Caller ID on Steroids'' is what one technology has been called that would be life-changing, and give them more confidence as they age, despite possible memory loss. It is a system that brings up a whole host of information on a senior's telephone every time someone calls. The system would show a photo of the person and their name. It would tell them the last time they spoke on the phone—and even a brief description of what they talked about. Another new invention would help seniors remember to take their medications on schedule.

There is a day-a-week pill caddy with sensors built it to tell whether or not a patient had come close to it or opened the particular day's drawer. A screen on the caddy displays reminders or hints about how to take the medication. This kind of technology improves patients' adherence to taking their medications as prescribed, which increases their effectiveness and improves their overall health. Imagine the differences these kinds of technology would make in the life of a senior who is suffering frightening and debilitating memory loss.

In the case of neurological illnesses like Parkinson's disease, telehealth has been shown to be a better way to manage medications and personalize treatment. Parkinson's patients can perform neurological tests on a laptop at home and have their success at these tasks reported to the doctor in real time. No longer will an annual visit to the doctor be the only opportunity to demonstrate how their illness is progressing and be the basis for the prescription the doctor writes. This kind of innovation could improve the quality of life for such patients and reduce the physical and economic toll that unnecessary medications cause.

But telehealth technologies do more than just help patients. There are some

that also help the people who care for them. Many caregivers for people with Alzheimer's find themselves, caring for their patients in the middle of the night. Telehealth technologies have been developed to let someone else from their caregiver support group know that they're up and available to talk, even at 3:30 in the morning. A ''presence lamp'' system uses simple home security sensors and the internet to turn on a lamp in one person's home when their friend also happens to be awake in the middle of the night, and vice versa. It becomes a lifeline between family caregivers who could reach out for emotional and social support, even in those darkest and bleakest of hours.

All these innovations point to the fact that a technological revolution is going on right now in home health care solutions, and it's time health care reform brought those solutions into the mix. If done right, reform should do more than give affordable, quality care to all Americans. As these technologies prove, health care reform should also stimulate the economy with new jobs and industries that will allow us to care for our rapidly aging population.

Home health care will help put America at the forefront of a new health care services industry that will generate more than a million new jobs that can never be outsourced. Those jobs will come from inventing new home-based care technologies and using those technologies to deliver virtual and remote care services here at home and abroad.

I have already introduced legislation that uses the concept of coordinated home health care to help people on Medicare live healthier by managing their chronic conditions and reducing duplicative and unnecessary services, hospitalization, and other health care costs. This bill has broad bipartisan support, from Senators BURR and CHAMBLISS to Senators STABENOW, MIKULSKI, and, previously, the late Senator Kennedy.

My bill, the Independence at Home Act, establishes a 3-year Medicare pilot project that helps Medicare beneficiaries with multiple chronic conditions remain independent for as long as possible in a comfortable environment. It provides for coordinated-care programs that hold physicians, nurse practitioners, physician assistants, and other team members accountable for quality, patient satisfaction, and mandatory minimum savings. The act was accepted into the Senate Finance Committee health reform bill and I will pull out all the stops to see it included as part of the final health reform legislation that the Senate will vote on.

Before Congress finishes writing the bill for 21st century health care reform, it is important to define what Americans are paying for, how best to deliver much-needed personalized care to patients where they live, work, and play, and how to make the U.S. a world leader in home-based care industries. The home can become a fundamental location for health and wellness and also a priority for reform. In addition, all this can be done with a focus on stimulating our economy with new jobs, technologies, and services for a world that will share the challenge of caring for an aging population.

I encourage my colleagues to ensure that health care reform is about new approaches to patient care, quality of life, and growing old with independence and dignity, not just about who's paying the bill. This is a chance to redesign our health care system with a new vision that sees the patient as the center of a more efficient and effective system. It is a chance to change our health care system to one that helps prevent disease, treat patients, support family caregivers, and enable seniors to maintain their independence, by bringing health care reform home.

MORNING BUSINESS

Mr. DORGAN. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak up to 10 minutes each.

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

VOTE EXPLANATION

Mr. BAUCUS. Mr. President, due to an unfortunate illness in my family, I regrettably missed rollcall No. 352. If I had been present, I would have voted ''aye'' on the passage of S. 1963, the Caregivers and Veterans Omnibus Health Service Act of 2009. This legislation is very important to veterans living in Montana. Many of Montana's veterans live in rural areas, hours away from the closest VA facility, and this bill will improve access to health care in those rural areas. I am pleased to see this bill passed with bipartisan support. We must uphold our promise to honor our veterans and provide them with the benefits they have proudly fought for and deserve.

HONORING OUR ARMED FORCES

STAFF SERGEANT RYAN L. ZORN

Mr. BARRASSO. Mr. President, I rise today to express our Nation's deepest thanks and gratitude to a special young man and his family. I was saddened to receive word that on November 16, 2009, SSG Ryan Zorn of Wright, WY, was killed in the line of duty while serving our country in support of Operation Iraqi Freedom. Staff Sergeant Zorn died near the town of Talifar in northwestern Iraq from injuries sustained when his armored vehicle overturned.

Staff Sergeant Zorn was assigned to the 1st Battalion, 34th Armor Regiment, 1st Brigade, 1st Infantry Division, out of Fort Riley, KS. Staff Sergeant Zorn grew up in Upton, WY, and joined the Army following his graduation from Upton High School. He loved his country, and loved serving his country. His mother JoAnn says this is what he lived for. He was on his third tour of duty in Iraq. His family and his faith were very important to him. Friends and neighbors remember him as always open and friendly, with a broad smile and a wonderful sense of humor. He was dependable and generous, always willing to help others without hesitation.

It is because of Ryan Zorn that we are allowed to go about our daily lives as free people. America's men and women who answer the call to service and willingly bear the burdens of defending our Nation deserve the deepest respect and gratitude of all Americans. They put their very lives on the line every day, and because of them and their families, our Nation remains free and strong in the face of danger.

Jesus says in the Book of John that, ''Greater love has no man than this, that he lay his life down for his friend.'' SSG Ryan Zorn gave his life, that last full measure of devotion, for you, me, and every single American. He gave his life serving and defending his country and its people, and we honor him for this selfless sacrifice.

Staff Sergeant Zorn is survived by his mother JoAnn, his father Myron, and his brother Todd. He is also survived by his brothers and sisters in arms of the U.S. Army. We say goodbye to a son, a brother, a friend, and an American soldier. The United States of America pays its deepest respect to SSG Ryan L. Zorn for his courage, his love of country and his sacrifice, so that we may remain free. He was a hero in life and he remains a hero in death. All of Wyoming, and indeed the entire Nation, is proud of him. May God bless him and his family and welcome him with open arms.

NATIONAL AMERICAN INDIAN AND ALASKA NATIVE HERITAGE MONTH

Mr. JOHNSON. Mr. President, each November, we celebrate National American Indian and Alaska Native Heritage Month to honor the original inhabitants of our great nation and celebrate their formative impact on American history. This month is an opportunity to promote the tenets of tribal sovereignty and recommit to the Federal Government's treaty and trust responsibilities to American Indians. I would like to personally honor the nine treaty tribes of South Dakota: the Cheyenne River Sioux, the Crow Creek Sioux, the Flandreau Santee Sioux, the Lower Brule Sioux, the Oglala Sioux, the Rosebud Sioux, the Sisseton-Wahpeton Oyate, the Standing Rock Sioux, and the Yankton Sioux. Each tribe's rich heritage greatly influences the character of South Dakota.

It is fitting that hundreds of tribal leaders journeyed to our Nation's Capital in early November to participate

in the White House Tribal Nations Conference. President Barack Obama has committed to placing American Indian issues at the center of his administration, and the multiday conference was an important testament to the President's pledge to involve American Indian people in constructive dialogue. The conference allowed leaders from the 564 federally recognized tribes to interact directly with the President and representatives from the highest levels of the administration. The tribal leaders in attendance displayed the very diverse face of Indian Country. Each individual tribe forms a distinctive chapter of the American Indian story, yet the narrative contains many common themes of triumph and tragedy.

President Bill Clinton hosted the first tribal nations conference at the White House in 1994. It is not without precedent that President Obama invited leaders from all federally recognized tribes; however, I believe that this year's event is unmatched in its potential for progress. President Obama has charged each Cabinet agency with delivering a detailed plan of how to improve tribal consultation and how to address the complex challenges facing Indian Country. This Congress, with the leadership of President Obama, has an exceptional opportunity to improve the quality of life for American Indian tribes by consulting with tribal leaders and focusing on tribal sovereignty and the empowerment of Indian communities. For far too long, American Indians have endured a drastically underfunded health care system, crumbling education facilities, dismal economic prospects, and a subpar standard of living. It is essential to address this erosive cycle of poverty and marginalization in a thoughtful manner.

The diversity of American Indian tribes reflects the vibrant origins of our Nation. As the First Americans, sound American Indian policy is a precursor to our Nation's capacity to evolve and progress in an ever changing, diversifying society. We need to celebrate the proud ancestry and incredible sacrifices of American Indians. National American Indian and Alaska Native Heritage Month reminds us to promote diversity rather than suppress it, as diverse values and cultures erect the foundation of the United States.

American Indians contributed to the formation of modern political institutions as tribal confederacies influenced the foundations of early American democracy. In every conflict since the Revolutionary War, tribal members have courageously sacrificed their lives to help defend and preserve these democratic ideals. As the Federal Government works to assert a modern environmental ethic that can address climate change and natural resource scarcity, we have much to learn from American Indian communities. The environmental consciousness inherent in tribal culture promotes conservation and sustainability. American Indian communities have demonstrated that society can thrive and prosper without destroying the natural environment.

I hope this month provides students with the opportunity to explore the Thanksgiving story from the American Indian point of view. Observance of National American Indian and Alaska Native Heritage Month reaffirms this Nation's respect for American Indian people. I encourage everyone to participate in our celebration of American Indians. I would like to pay tribute to the more than 65,000 American Indians in South Dakota whose heritage enriches our communities. While the month of November serves as an important testament to American Indian culture, it is critical to make a daily commitment to advancing the quality of life of American Indians, in order for our Nation to walk forward with strength and purpose.

NATIONAL SURVIVORS OF SUICIDE DAY

Mr JOHNSON. Mr. President, I rise today to recognize Saturday, November 21, as National Survivors of Suicide Day. National Survivors of Suicide Day is a day of healing for those who have lost someone to suicide. In 1999, a Senate resolution created this annual event behind the efforts of Senator HARRY REID, who lost his father to suicide. This year, on November 21, over 230 conferences will take place internationally to allow survivors of suicide to connect with others who have experienced the tragedy of suicide loss.

The statistics about suicide are deeply concerning. In our Nation, suicide is the eleventh leading cause of death for all ages. Among young adults ages 15–24, there are approximately 100–200 attempts for every completed suicide. Suicide takes the lives of approximately 30,000 Americans each year, and a person dies by suicide about every 16 minutes. Suicide is an epidemic that tears families and communities apart, and we must do all that we can to prevent it.

A suicide survivor is an individual who has lost someone to suicide. It is estimated that for each suicide, seven other lives are altered forever because of the death. Every year, approximately 200,000 people become survivors due to this tragic loss of life. Many suicide survivors are left devastated, confused and weakened by their loss. Friends and family often experience depression, guilt, shock and anger. Unfortunately, there remains a stigma surrounding suicide and mental illness, and victims often shoulder some of the blame.

South Dakota is among a group of Western States that consistently has a higher rate of suicide than the rest of the country. The suicide rate for American Indians ages 15–34 is more than two times higher than the national average and is the second leading cause of death for this age group. The loss of these young people is a real crisis. We must provide tribes with the resources they need to implement culturally sensitive suicide prevention programs. It is critical to strengthen the social fabric to help improve mental health. On American Indian reservations in South Dakota, I have seen the catastrophic ripple effect that one suicide can have. Given the alarming occurrence of ''suicide clusters'' and imitative deaths that have occurred in Indian Country this year, it is imperative to provide support for those left behind.

I hope that National Suicide Survivors Day is an opportunity to promote the broad based support that each survivor deserves. We are not doing enough to fight this tragic epidemic that is taking the lives of so many in our communities. We must concentrate our efforts on addressing the root causes of suicide in Indian Country and throughout the Nation. It is critical to expand access to mental health services, including a focus on education, prevention and intervention. Furthermore, we need to acknowledge the obstacles that suicide survivors face during their grieving and encourage the involvement of survivors in healing activities and prevention programs. This is one of the goals of the South Dakota Strategy for Suicide Prevention. Finally, I believe that with appropriate support and treatment, suicide survivors can lead effective advocacy efforts to eliminate stigma and reduce the incidence of suicide.

AMERICAN DIABETES MONTH

Mr. JOHNSON. Mr. President, I wish today to recognize November as American Diabetes Month. National studies estimate 23.6 million Americans live with diabetes, and nearly one-quarter of this population has not yet been diagnosed. The number of South Dakotans living with diabetes has doubled since 1998, with more than 39,000 adults diagnosed as diabetics in 2008 and an estimated 10,000 not yet diagnosed.

American Diabetes Month focuses on increasing awareness of the disease, strengthening prevention efforts, and identifying associated health risks. The disease carries with it an increased rate of heart disease and stroke, high blood pressure, kidney disease, blindness, and amputation of the lower extremities, among other associated health problems. For the past few decades, the prevalence of overweight and obesity has steadily increased nationwide, increasing the prevalence of type 2 diabetes. As the prevalence of diabetes increases, we are beginning to understand the costs to both our citizens' health and to our economy. The high costs to our government in direct medical and indirect costs of lost productivity, coupled with the personal costs of rising health care coverage and treatment, make type 2 diabetes control and prevention a national priority.

Throughout my career, I have strongly supported initiatives to advance diabetes research, prevention, and education efforts. I commend the work conducted at the National Institutes of Health, the National Institute of Diabetes and Digestive and Kidney Diseases, and the Centers for Disease Control and Prevention to explore cures and treatments for type 1 and type 2 diabetes and prevent the development of type 2 diabetes.

Americans diagnosed with diabetes, whether insured or not, often face significant barriers in receiving timely, affordable treatment in our current health care system. Congress is currently considering comprehensive reform of our Nation's health care system. This is a historic opportunity to improve access to quality, affordable health care for all Americans and better manage the treatment of chronic diseases. Given the cost of diabetes to our citizens' health and personal finances and to our national economy, we must also continue to push to increase funding for diabetes research and prevention programs. American Diabetes Month provides an opportunity to learn more about the causes and health risks of diabetes and recognize its impact on our Nation and our families.

ADDITIONAL STATEMENTS

REMEMBERING SERGEANT WINFIELD THOMPSON SR.

• Mr. JOHNSON. Mr. President, I wish today to recognize the life of SGT Winfield Thompson Sr., an honored member of the Sisseton-Wahpeton Oyate. When this war hero and South Dakota native passed away November 6, 2009, our State lost a respected tribal member and a wonderful citizen who served as an inspiration to us all.

After entering the U.S. Army in April 1941, SGT Winfield Thompson Sr. was captured by Japanese forces in the Philippines on April 9, 1942. He was forced to march 90 miles over rough terrain with little food and water along with thousands of captured soldiers in what is today known as the Bataan Death March. After his capture, Sergeant Thompson was held at various prison camps and suffered horrible conditions until he was finally liberated in September 1945. Upon his rescue, he stood at attention, saluted, and said, ''Sergeant Thompson reporting to duty, Sir.'' During Sergeant Thompson's extraordinary military career, he was awarded the Prisoner of War Medal, American Defense Service ribbon with Bronze Star, Victory Medal, Asiatic Pacific Theater Ribbon with three bronze battle stars, Philippine Defense Ribbon, eight Overseas Service Bars, one Service Stripe and the Good Conduct Medal.

After his honorable discharge from the U.S. Army in May 1946, Sergeant Thompson returned home and married Virginia Redday. Winfield and Virginia were blessed with 7 children, 16 grandchildren, and 29 great-grandchildren. Winfield was preceded in death by his wife.

SGT Winfield Thompson Sr. embodied South Dakota values with his unwavering devotion to family and country, and I extend my deepest sympathies to his family on the loss of this great man.•

TRIBUTE TO WILLIAM J. ROGERS

• Ms. SNOWE. Mr. President, I wish today to extol the enormous legacy of selfless service, contribution, and, above all, patriotism of an extraordinary Mainer and American, William J. Rogers, and to recognize with the highest esteem the American Legion Post in Auburn, ME, founded by Bill and his fellow veterans, which will be appropriately named the ''William J. Rogers American Legion Post 153'' in his honor on November 29, 2009. This fitting accolade pays tribute to an individual who devoted his life to serving and defending our country, as well as tirelessly advocating for those who placed their lives in harm's way on our behalf—our courageous veterans.

Bill was one of the great sons of my hometown of Auburn, ME, where my roots run deep. In fact, on a personal note, I am proud to say we both graduated from the same high school, Edward Little. As fate would have it, years later, I enjoyed the pleasure of having Bill and his lovely wife, Connie, as wonderful neighbors of mine on Nottingham Road.

As a young man, Bill answered his country's call to serve during World War II and joined the U.S. Navy, training to be a pilot at the University of North Carolina at Chapel Hill along with Boston Red Sox legends, Ted Williams and Johnny Pesky Bill's roommate. As a naval aviator, Bill fought heroically and was awarded the Air Medal and Presidential Unit Citation for his wartime service, having deployed to fight in the Pacific, where he valiantly flew F6F Hellcats and Lockheed Venturas.

While Bill departed from active military service in 1946, his commitment to veterans and a lifetime of advocacy on their behalf was just beginning. Bill was a founding member of American Legion Post 153 in Auburn, where he held several offices at both the local and State levels including adjutant, vice commander, and department commander. On the national level, Bill became Maine's national executive committeeman, a member of the liaison committee to the National Public Relations Commission, and from 1965 to 1966 national vice commander. In 1976, Bill received the tremendous distinction of being elected national commander of the American Legion, the first national commander from the State of Maine—and we could not have been more proud.

Traveling more than 300,000 miles throughout the world in all 50 States and 17 countries, Bill was the voice of Legionnaires and veterans, meeting with leaders such as President Ford and President Carter. Maine and our Nation could not have had a better champion for the American Legion and our brave and noble veterans than Bill Rogers.

Throughout his life, in word and deed, Bill placed service above self and country above self-interest. He held sacred our country's obligation to stand by those who have stood by us, and I cannot imagine a more perfect testament to this outstanding Mainer and American who placed such a high premium on contributing to our Nation than to name Auburn's American Legion Post after him.•

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mrs. Neiman, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

MESSAGE FROM THE HOUSE

At 10:40 a.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the House has passed the following bills, without amendment:

S. 1599. An act to amend title 36, United States Code, to include in the Federal charter of the Reserve Officers Association leadership positions newly added in its constitution and bylaws.

S. 1860. An act to permit each current member of the Board of Directors of the Office of Compliance to serve for 3 terms.

The message also announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 1834. An act to amend the Small Business Act to expand and improve the assistance provided to Indian tribe members, Alaska Natives, and Native Hawaiians, and for other purposes.

H.R. 2781. An act to amend the Wild and Scenic Rivers Act to designate segments of the Molalla River in Oregon, as components of the National Wild and Scenic Rivers System, and for other purposes.

H.R. 3961. An act to amend title XVIII of the Social Security Act to reform the Medicare SGR payment system for physicians and to reinstitute and update the Pay-As-You-Go requirement of budget neutrality on new tax and mandatory spending legislation, enforced by the threat of annual, automatic sequestration.

The message further announced that the House has agreed to the following

concurrent resolution, in which it requests the concurrence of the Senate:

H. Con. Res. 212. Concurrent resolution expressing the sense of Congress on the occasion of the 20th anniversary of historic events in Central and Eastern Europe, particularly the Velvet Revolution in Czechoslovakia, and reaffirming the bonds of friendship and cooperation between the United States and the Slovak Republic and the Czech Republic.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 1834. An act to amend the Small Business Act to expand and improve the assistance provided to Indian tribe members, Alaska Natives, and Native Hawaiians, and for other purposes; to the Committee on Small Business and Entrepreneurship.

H.R. 2781. An act to amend the Wild and Scenic Rivers Act to designate segments of the Molalla River in Oregon, as components of the National Wild and Scenic Rivers System, and for other purposes; to the Committee on Energy and Natural Resources.

The following concurrent resolution was read, and referred as indicated:

H. Con. Res. 212. Concurrent resolution expressing the sense of Congress on the occasion of the 20th anniversary of historic events in Central and Eastern Europe, particularly the Velvet Revolution in Czechoslovakia, and reaffirming the bonds of friendship and cooperation between the United States and the Slovak Republic and the Czech Republic; to the Committee on Foreign Relations.

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–3756. A communication from the Deputy Archivist, National Archives and Records Administration, transmitting, pursuant to law, the report of a rule entitled ''36 CFR Chapter XII, Subchapter B, Federal Records Management; Revision'' (RIN3095–AB16) received in the Office of the President of the Senate on November 17, 2009; to the Committee on Homeland Security and Governmental Affairs.

EC–3757. A communication from the Chairman, Federal Energy Regulatory Commission, transmitting, pursuant to law, the Commission's Performance and Accountability Report for fiscal year 2009; to the Committee on Homeland Security and Governmental Affairs.

EC–3758. A communication from the Chairman, U.S. Nuclear Regulatory Commission, transmitting, pursuant to law, the Commission's Performance and Accountability Report for fiscal year 2009; to the Committee on Homeland Security and Governmental Affairs.

EC–3759. A communication from the Acting Director, Office of Personnel Management, transmitting, pursuant to law, a report entitled ''Agency Financial Report, Fiscal Year 2009''; to the Committee on Homeland Security and Governmental Affairs.

EC–3760. A communication from the Chairman, U.S. International Trade Commission, transmitting, pursuant to law, the Commission's Performance and Accountability Report for fiscal year 2009; to the Committee on Homeland Security and Governmental Affairs.

EC–3761. A communication from the Broadcasting Board of Governors, transmitting, pursuant to law, the Board's Performance and Accountability Report for fiscal year 2009; to the Committee on Homeland Security and Governmental Affairs.

EC–3762. A communication from the Federal Co-Chair, Appalachian Regional Commission, transmitting, pursuant to law, the Semiannual Report, as amended, of the Inspector General for the period from April 1, 2009, through September 30, 2009; to the Committee on Homeland Security and Governmental Affairs.

EC–3763. A communication from the Secretary, Department of Housing and Urban Development, transmitting, pursuant to law, the Department's Performance and Accountability Report for fiscal year 2009; to the Committee on Homeland Security and Governmental Affairs.

EC–3764. A communication from the Secretary of Transportation, transmitting, pursuant to law, the Department's Performance and Accountability Report for fiscal year 2009; to the Committee on Homeland Security and Governmental Affairs.

EC–3765. A communication from the Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; American Champion Aircraft Corp. Models 7ECA, 7GCAA, 7GCBC, 7KCAB, 8KCAB, and 8GCBC Airplanes'' ((RIN2120–AA64)(Docket No. FAA–2009–0745)) received in the Office of the President of the Senate on November 13, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3766. A communication from the Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Boeing Model 747 Airplanes; and Boeing Model 757–200, –200PF, and –300 Series Airplanes'' ((RIN2120–AA64)(Docket No. FAA–2008–1326)) received in the Office of the President of the Senate on November 13, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3767. A communication from the Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Rolls-Royce Deutschland Ltd. & Co. KG Model BR700–715A1–30, BR700–715B1–30, and BR700–715C1–30 Turbofan Engines'' ((RIN2120–AA64)(Docket No. FAA–2009–0045)) received in the Office of the President of the Senate on November 13, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3768. A communication from the Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Eurocopter France (ECF) Model EC 155B and EC155B1 Helicopters'' ((RIN2120–AA64)(Docket No. FAA–2009–0952)) received in the Office of the President of the Senate on November 13, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3769. A communication from the Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Hartzell Propeller Inc. ( )HC–( )2Y(K,R)–( ) Series Propellers'' ((RIN2120–AA64)(Docket No. FAA–2006–25244)) received in the Office of the President of the Senate on November 13, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3770. A communication from the Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Rolls-Royce Deutschland Ltd. & Co. KG. (RRD) Tay 650–15 Turbofan Engines'' ((RIN2120–AA64)(Docket No. FAA–2007–0037)) received in the Office of the President of the Senate on November 13, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3771. A communication from the Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus Model A300–600 Airplanes'' ((RIN2120–AA64)(Docket No. FAA–2008–0979)) received in the Office of the President of the Senate on November 13, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3772. A communication from the Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; General Electric Company CF6–80C2 Series Turbofan Engines'' ((RIN2120–AA64)(Docket No. FAA–2009–0018)) received in the Office of the President of the Senate on November 13, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3773. A communication from the Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus Model A300 B4–601, B4–603, B4–605R, B4–620, B4–622, B4–622R, F4–605R, F4–622R, and C4–605R Variant F Series Airplanes Equipped with Simmonds Precision Products, Inc., Fuel Quantity Indicating System Sensors and In-Tank Harnesses Installed in Accordance with Supplemental Type Certificate (STC) ST00092BO'' ((RIN2120–AA64)(Docket No. FAA–2009–0324)) received in the Office of the President of the Senate on November 13, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3774. A communication from the Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus Model A300 Airplanes'' ((RIN2120–AA64)(Docket No. FAA–2009–0997)) received in the Office of the President of the Senate on November 13, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3775. A communication from the Acting Director of Sustainable Fisheries, National Marine Fisheries Services, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod in the Central Regulatory Area of the Gulf of Alaska'' (RIN0648–XS79) received in the Office of the President of the Senate on November 18, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3776. A communication from the Acting Director of Sustainable Fisheries, National Marine Fisheries Services, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Fisheries Off West Coast States; Modifications of the West Coast Commercial and Recreational Salmon Fisheries; Inseason Actions No. 4, No. 5, No. 6, and No. 7'' (RIN0648–XR27) received in the Office of the President of the Senate on November 18, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3777. A communication from the Acting Director of Sustainable Fisheries, National Marine Fisheries Services, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Catcher Vessels 60 ft (18.3 m) LOA and Longer Using Hook-and-Line Gear in the

Bering Sea and Aleutian Islands Management Area'' (RIN0648–XS72) received in the Office of the President of the Senate on November 18, 2009; to the Committee on Commerce, Science, and Transportation.

EC–3778. A communication from the Acting Assistant Administrator for Fisheries, National Oceanic and Atmospheric Administration, Department of Commerce, transmitting, pursuant to law, a biennial report relative to the use of federal assistance provided to Department of Commerce partners; to the Committee on Commerce, Science, and Transportation.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. KERRY, from the Committee on Foreign Relations, without amendment:

S. 2727. A bill to provide for continued application of arrangements under the Protocol on Inspections and Continuous Monitoring Activities Relating to the Treaty Between the United States of America and the Union of Soviet Socialist Republics on the Reduction and Limitation of Strategic Offensive Arms in the period following the Protocol's termination on December 5, 2009 (Rept. No. 111–100).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. CORNYN (for himself, Mrs. HUTCHISON, Mr. INHOFE, Mr. LIEBERMAN, Mr. COCHRAN, and Mr. BURR):

S. 2807. A bill to ensure that the victims and victims' families of the November 5, 2009, attack at Fort Hood, Texas, receive the same treatment, benefits, and honors as those Americans who have been killed or wounded in a combat zone overseas and their families; to the Committee on Armed Services.

By Mrs. SHAHEEN:

S. 2808. A bill to improve the Express Loan Program of the Small Business Act; to the Committee on Small Business and Entrepreneurship.

By Mrs. GILLIBRAND:

S. 2809. A bill to amend the Public Health Service Act to authorize grants for treatment and support services for Alzheimer's patients and their families; to the Committee on Health, Education, Labor, and Pensions .

By Mr. COCHRAN (for himself, Mr. WICKER, and Mrs. LINCOLN):

S. 2810. A bill to require the Secretary of Agriculture to provide emergency disaster assistance to certain agricultural producers that suffered losses during the 2009 calendar year; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. MERKLEY:

S. 2811. A bill to amend the Migratory Bird Treaty Act to provide for penalties and enforcement for intentionally taking protected avian species, and for other purposes; to the Committee on Environment and Public Works .

By Mr. BINGAMAN (for himself, Ms. MURKOWSKI, and Mr. UDALL of Colorado):

S. 2812. A bill to amend the Energy Policy Act of 2005 to require the Secretary of Energy to carry out programs to develop and demonstrate 2 small modular nuclear reactor designs, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. MENENDEZ:

S. 2813. A bill to increase corporate responsibility, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Ms. COLLINS (for herself and Mr. CONRAD):

S. 2814. A bill to amend title XVIII of the Social Security Act to ensure more timely access to home health services for Medicare beneficiaries under the Medicare program; to the Committee on Finance.

By Mr. GRASSLEY:

S. 2815. A bill to extend certain housing—related deadlines in the Heartland Disaster Tax Relief Act of 2008; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Ms. COLLINS (for herself and Ms. SNOWE):

S. Res. 358. A resolution designating December 12, 2009, as ''Wreaths Across America Day''; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 146

At the request of Mr. KOHL, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 146, a bill to amend the Federal antitrust laws to provide expanded coverage and to eliminate exemptions from such laws that are contrary to the public interest with respect to railroads.

S. 588

At the request of Mr. KERRY, the names of the Senator from West Virginia (Mr. ROCKEFELLER), the Senator from Florida (Mr. NELSON), the Senator from Maine (Ms. SNOWE) and the Senator from New Jersey (Mr. LAUTENBERG) were added as cosponsors of S. 588, a bill to amend title 46, United States Code, to establish requirements to ensure the security and safety of passengers and crew on cruise vessels, and for other purposes.

S. 619

At the request of Ms. SNOWE, the name of the Senator from Hawaii (Mr. AKAKA) was added as a cosponsor of S. 619, a bill to amend the Federal Food, Drug, and Cosmetic Act to preserve the effectiveness of medically important antibiotics used in the treatment of human and animal diseases.

S. 654

At the request of Ms. MIKULSKI, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 654, a bill to amend title XIX of the Social Security Act to cover physician services delivered by podiatric physicians to ensure access by Medicaid beneficiaries to appropriate quality foot and ankle care.

S. 812

At the request of Mr. BAUCUS, the names of the Senator from Vermont (Mr. LEAHY) and the Senator from California (Mrs. FEINSTEIN) were added as cosponsors of S. 812, a bill to amend the Internal Revenue Code of 1986 to make permanent the special rule for contributions of qualified conservation contributions.

S. 1067

At the request of Mr. FEINGOLD, the names of the Senator from North Dakota (Mr. DORGAN) and the Senator from South Dakota (Mr. JOHNSON) were added as cosponsors of S. 1067, a bill to support stabilization and lasting peace in northern Uganda and areas affected by the Lord's Resistance Army through development of a regional strategy to support multilateral efforts to successfully protect civilians and eliminate the threat posed by the Lord's Resistance Army and to authorize funds for humanitarian relief and reconstruction, reconciliation, and transitional justice, and for other purposes.

S. 1297

At the request of Mr. CONRAD, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1297, a bill to amend the Internal Revenue Code of 1986 to encourage guaranteed lifetime income payments from annuities and similar payments of life insurance proceeds at dates later than death by excluding from income a portion of such payments.

S. 1317

At the request of Mr. LAUTENBERG, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. 1317, a bill to increase public safety by permitting the Attorney General to deny the transfer of firearms or the issuance of firearms and explosives licenses to known or suspected dangerous terrorists.

S. 1583

At the request of Mr. ROCKEFELLER, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1583, a bill to amend the Internal Revenue Code of 1986 to extend the new markets tax credit through 2014, and for other purposes.

S. 1672

At the request of Mr. REED, the name of the Senator from Maryland (Mr. CARDIN) was added as a cosponsor of S. 1672, a bill to reauthorize the National Oilheat Research Alliance Act of 2000.

S. 1780

At the request of Mrs. LINCOLN, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 1780, a bill to amend title 38, United States Code, to deem certain service in the reserve components as active service for purposes of laws administered by the Secretary of Veterans Affairs.

S. 1790

At the request of Mr. DORGAN, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 1790, a bill to amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.

S. 1803

At the request of Mr. MERKLEY, the name of the Senator from Tennessee

(Mr. ALEXANDER) was added as a cosponsor of S. 1803, a bill to amend title 31, United States Code, to authorize reviews by the Comptroller General of the United States of emergency credit facilities established by the Board of Governors of the Federal Reserve System or any Federal Reserve bank, and for other purposes.

S. 1939

At the request of Mrs. GILLIBRAND, the names of the Senator from Pennsylvania (Mr. CASEY) and the Senator from Alaska (Mr. BEGICH) were added as cosponsors of S. 1939, a bill to amend title 38, United States Code, to clarify presumptions relating to the exposure of certain veterans who served in the vicinity of the Republic of Vietnam, and for other purposes.

S. 2097

At the request of Mr. WEBB, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 2097, a bill to authorize the rededication of the District of Columbia War Memorial as a National and District of Columbia World War I Memorial to honor the sacrifices made by American veterans of World War I.

S. 2129

At the request of Ms. COLLINS, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. 2129, a bill to authorize the Administrator of General Services to convey a parcel of real property in the District of Columbia to provide for the establishment of a National Women's History Museum.

S. 2747

At the request of Mr. BINGAMAN, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor of S. 2747, a bill to amend the Land and Water Conservation Fund Act of 1965 to provide consistent and reliable authority for, and for the funding of, the land and water conservation fund to maximize the effectiveness of the fund for future generations, and for other purposes.

S. 2757

At the request of Mr. MENENDEZ, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. 2757, a bill to authorize the adjustment of status for immediate family members of persons who served honorably in the Armed Forces of the United States during the Afghanistan and Iraq conflicts and for other purposes.

S. 2785

At the request of Mrs. LINCOLN, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 2785, a bill to provide grants to improve after-school interdisciplinary education programs, and for other purposes.

S. 2793

At the request of Mr. LEAHY, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 2793, a bill to amend the Homeland Security Act of 2002 to provide for clarification on the use of funds relating to certain homeland security grants, and for other purposes.

S. RES. 341

At the request of Mr. CARDIN, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. Res. 341, a resolution supporting peace, security, and innocent civilians affected by conflict in Yemen.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. MERKLEY:

S. 2811. A bill to amend the Migratory Bird Treaty Act to provide for penalties and enforcement for intentionally taking protected avian species, and for other purposes; to the Committee on Environment and Public Works.

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. 2811

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 ''Migratory Bird Treaty Act Penalty and Enforcement Act of 2009''.

SEC. 2. AMENDMENT OF MIGRATORY BIRD TREATY ACT.

Section 6 of the Migratory Bird Treaty Act (16 U.S.C. 707) is amended by redesignating subsections (c) and (d) as subsections (d) and (e), respectively, and by inserting after subsection (b) the following:

''(c)(1) Except in the case of hunting and other activity allowed under section 3, whoever, in violation of this Act, intentionally and maliciously takes by any manner any migratory bird shall be guilty of a felony and, upon conviction, shall be fined not more than $50,000 or imprisoned for not more than two years, or both, for each violation.

''(2) Any person who intentionally and maliciously commits any other act or omission in violation of this Act or any regulations issued under this Act shall be guilty of a felony and, upon conviction, shall be fined not more than $50,000 or imprisoned for not more than two years, or both, for each violation.

''(3) The Secretary or the Secretary of the Treasury shall pay, from sums received as fines under this subsection and subject to the availability of appropriations, a reward to any person who furnishes information that leads to an arrest or a criminal conviction for any violation of this Act. The amount of the reward, if any, shall be designated by the Secretary or the Secretary of the Treasury, as appropriate. Any officer or employee of the United States or any State or local government who furnishes information or renders service in the performance of his or her official duties is ineligible for payment under this paragraph.''.

By Mr. BINGAMAN (for himself, Ms. MURKOWSKI, and Mr. UDALL of Colorado):

S. 2812. A bill to amend the Energy Policy Act of 2005 to require the Secretary of Energy to carry out programs to develop and demonstrate 2 small modular nuclear reactor designs, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. BINGAMAN. Mr. President, I rise today to introduce the Nuclear Power 2021 Act, which is cosponsored by Senator MURKOWSKI and Senator UDALL from Colorado.

This bill, along with Senator UDALL's bill S. 2052 are designed to give the Department of Energy a set of specific programmatic authorities to help address ways to lower the up-front capital cost of nuclear reactors. The National Academies of Science in their recent America's Energy Future study determined that by 2030 we will need essentially to double the existing base load power provided by nuclear energy or about another 100 gigawatts.

But before we can make such a large and dramatic increase in nuclear energy, I believe we must demonstrate the ability to construct ''first-mover'' reactors in the U.S. that are on cost and schedule. The National Academies likewise confirmed this as one of two principal demonstrations that must be carried out during the next decade to more fully understand the range of available options for controlling carbon emissions from energy production. The other challenge of commensurate importance that they identified is the demonstration of carbon capture and sequestration on a large scale for fossil-fuel based energy production.

In that regard, the bill I am introducing today addresses the topic of small modular reactors, which are typically rated with a capacity of less than 300 electrical megawatts; and that can be constructed and operated in combination with similar reactors at a single site. These reactors can be less capital intensive than the larger 1,000 megawatt reactors currently being licensed at the Nuclear Regulatory Commission; they have the potential to be built in a modular fashion much like our current fleet of nuclear submarines.

This bill is similar to the Department of Energy's Nuclear Power 2010 program; it concentrates not so much on the research and development of these reactors but demonstrating the ability to license them. Senator UDALL's bill authorizes the Department to conduct research on these reactors with the goal of reducing cost while operating them in a safe and secure fashion.

More specifically, this bill authorizes the Secretary of Energy to work in a public private partnership to develop a standard design for two modular reactors, one of which will not be more than 50 megawatts; obtain a design certification from the Nuclear Regulatory Commission for each design by 2018; and obtain a combined operating license from the Commission by 2021.

All of this effort would be cost shared by non-federal funds and selected under competitive merit review process while emphasizing efficiency, cost, safety and proliferation resistance.

The climate change issue we face today is too large to exclude any one

technology that can produce energy without emitting carbon dioxide. The National Academies report acknowledges the important role nuclear energy has and must play in a carbon constrained energy world; this bill I hope is another step to address some of the recommendations of this report. I hope my colleagues join me as cosponsors of this legislation.

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. 2812

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 ''Nuclear Power 2021 Act''.

SEC. 2. NUCLEAR POWER 2021 INITIATIVE.

Section 952 of the Energy Policy Act of 2005 (42 U.S.C. 16272) is amended by adding at the end the following:

''(f) NUCLEAR POWER 2021 INITIATIVE.—

''(1) DEFINITIONS.—In this subsection:

''(A) COMBINED LICENSE.—The term 'combined license' has the meaning given the term in section 52.1 of title 10, Code of Federal Regulations (or a successor regulation).

''(B) DESIGN CERTIFICATION.—The term 'design certification' has the meaning given the term in section 52.1 of title 10, Code of Federal Regulations (or a successor regulation).

''(C) SMALL MODULAR REACTOR.—The term 'small modular reactor' means a nuclear reactor—

''(i) with a rated capacity of less than 300 electrical megawatts; and

''(ii) that can be constructed and operated in combination with similar reactors at a single site.

''(2) DUTY OF SECRETARY.—The Secretary shall carry out, through cooperative agreements with private sector partners—

''(A) a program—

''(i) to develop a standard design for each of 2 small modular reactors, at least 1 of which has a rated capacity of not more than 50 electrical megawatts; and

''(ii) to obtain a design certification from the Nuclear Regulatory Commission for each of the 2 standard designs by January 1, 2018; and

''(B) a program to demonstrate the licensing of small modular reactors by—

''(i) developing applications for a combined license for each of the designs certified pursuant to subparagraph (A); and

''(ii) obtaining a combined license from the Nuclear Regulatory Commission for each of the designs by January 1, 2021.

''(3) MERIT REVIEW OF PROPOSALS.—The Secretary shall select proposals for cooperative agreements under this subsection—

''(A) on the basis of an impartial review of the scientific and technical merit of the proposals; and

''(B) through the use of competitive procedures.

''(4) TECHNICAL CONSIDERATIONS.—In evaluating proposals, the Secretary shall take into account the efficiency, cost, safety, and proliferation resistance of competing reactor designs.

''(5) COST-SHARE REQUIREMENTS.—

''(A) DESIGN DEVELOPMENT.—Notwithstanding section 988, the Secretary shall require that not less than 50 percent of the cost of the development of each small modular reactor design under paragraph (2)(A) be provided by a non-Federal source.

''(B) LICENSING DEMONSTRATION.—Notwithstanding section 988, the Secretary shall require that not less than 75 percent of the cost of the licensing demonstration of each small modular reactor design under paragraph (2)(B) be provided by a non-Federal source.

''(C) CALCULATION OF AMOUNT.—Non-Federal contributions under this subsection shall be calculated in accordance with section 988(d).''.

By Ms. COLLINS (for herself and Mr. CONRAD):

S. 2814. A bill tb amend title XVIII of the Social Security Act to ensure more timely access to home health services for Medicare beneficiaries under the Medicare program; to the Committee on Finance.

Ms. COLLINS. Mr. President, I rise today on behalf of myself and Senator CONRAD to introduce legislation to ensure that our seniors and disabled citizens have timely access to home health services under the Medicare program.

Nurse practitioners, physician assistants, certified nurse midwives and clinical nurse specialists are all playing increasingly important roles in the delivery of health care services, particularly in rural and medically underserved areas of our country where physicians may be in scarce supply. In recognition of their growing role, Congress, in 1997, authorized Medicare to begin paying for physician services provided by these health professionals as long as those services are within their scope of practice under state law.

Despite their expanded role, these advanced practice registered nurses and physician assistants are currently unable to order home health services for their Medicare patients. Under current law, only physicians are allowed to certify or initiate home health care for Medicare patients, even though they may not be as familiar with the patient's case as the non-physician provider. In fact, in many cases, the certifying physician may not even have a relationship with the patient and must rely upon the input of the nurse practitioner, physician assistant, clinical nurse specialist or certified nurse midwife to order the medically necessary home health care. At best, this requirement adds more paperwork and a number of unnecessary steps to the process before home health care can be provided. At worst, it can lead to needless delays in getting Medicare patients the home health care they need simply because a physician is not readily available to sign the form.

The inability of advanced practice registered nurses and physician assistants to order home health care is particularly burdensome for Medicare beneficiaries in medically underserved areas, where these providers may be the only health care professionals available. For example, needed home health care was delayed by more than a week for a Medicare patient in Nevada because the physician assistant was the only health care professional serving the patient's small town, and the supervising physician was located 60 miles away.

A nurse practitioner told me about another case in which her collaborating physician had just lost her father and was not available. As a consequence, the patient experienced a two-day delay in getting needed care while they waited to get the paperwork signed by another physician. Another nurse practitioner pointed out that it is ridiculous that she can order physical and occupational therapy in a subacute facility but cannot order home health care. One of her patients had to wait 11 days after being discharged before his physical and occupational therapy could continue simply because the home health agency had difficulty finding a physician to certify the continuation of the same therapy that the nurse practitioner had been able to authorize when the patient was in the facility.

The Home Health Care Planning Improvement Act will help to ensure that our Medicare beneficiaries get the home health care that they need when they need it by allowing physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives to order home health services. Our legislation is supported by the National Association for Home Care and Hospice, the American Nurses Association, the American Academy of Physician Assistants, the American College of Nurse Practitioners, the American College of Nurse Midwives, the American Academy of Nurse Practitioners, and the Visiting Nurse Associations of America. I urge all of my colleagues to join us as cosponsors of this important legislation.

By Mr. GRASSLEY:

S. 2815. A bill to extend certain housing-related deadlines in the Heartland Disaster Tax Relief Act of 2008; to the Committee on Finance.

Mr. GRASSLEY. Mr. President, today I have introduced a bill to extend deadlines by one year for three provisions in the Heartland Disaster Tax Relief Act of 2008.

The Heartland Disaster Tax Relief Act has been critical in rebuilding the lives and communities of those affected by the terrible floods and tornadoes from last year.

Because of delays in Federal funding and tighter credit conditions, many homeowners affected by the 2008 floods and storms will be unable to meet the deadline for the tax relief intended to help with recovery.

It is only fair to extend the deadline and give these homeowners the chance to recover and rebuild. A lot of people are still trying to fix their ruined homes or move on to new housing. A house is ruined in a few minutes, but banks and governments take what seems like an eternity.

The first provision is a one-year extension of the provision allowing disaster victims with damage to their primary residence to use their own assets

to buy a new home or repair an existing home by withdrawing money from their retirement plans without tax penalties.

The second provision is a one-year extension of a provision allowing disaster victims that have borrowed from their retirement account for disaster recovery to repay their own account without penalty.

The final provision is a 1-year extension of a provision allowing disaster victims whose banks cancel mortgage debt to not have the cancelled debt counted as taxable income. I urge my colleagues to help me in getting this important legislation enacted into law as soon as possible.

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. 2815

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXTENSION OF SPECIAL RULES FOR USE OF RETIREMENT FUNDS.

Section 702(d)(10) of the Heartland Disaster Tax Relief Act of 2008 (Public Law 110–343; 122 Stat. 3916) is amended—

(1) by striking ''January 1, 2010'' both places it appears and inserting ''January 1, 2011'', and

(2) by striking ''December 31, 2009'' both places it appears and inserting ''December 31, 2010''.

SEC. 2. EXTENSION OF EXCLUSION OF CERTAIN CANCELLATION OF INDEBTEDNESS INCOME.

Section 702(e)(4)(C) of the Heartland Disaster Tax Relief Act of 2008 (Public Law 110–343; 122 Stat. 3918) is amended by striking ''January 1, 2010'' and inserting ''January 1, 2011''.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 358—DESIGNATING DECEMBER 12, 2009, AS ''WREATHS ACROSS AMERICA DAY''

Ms. COLLINS (for herself and Ms. SNOWE) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 358

Whereas 18 years ago, the Wreaths Across America project began an annual tradition, during the month of December, of donating, transporting, and placing Maine balsam fir holiday wreaths on the graves of the fallen heroes buried at Arlington National Cemetery;

Whereas since that tradition began, through the hard work and generosity of the individuals involved in the Wreaths Across America project, hundreds of thousands of wreaths have been sent to national cemeteries and veterans memorials in every state and to locations overseas;

Whereas in 2008, wreaths were sent to 372 locations across the United States, as well as 24 sites overseas;

Whereas in December 2009, the Patriot Guard Riders, a motorcycle and motor vehicle group that is dedicated to patriotic events and includes more than 177,000 members nationwide, will continue their tradition of escorting a tractor-trailer filled with donated wreaths from Harrington, Maine to Arlington National Cemetery;

Whereas thousands of individuals volunteer each December to escort and lay the wreaths;

Whereas December 13, 2008, was previously designated by the Senate as ''Wreaths Across America Day''; and

Whereas the Wreaths Across America project will continue its proud legacy on December 12, 2009, bringing 15,000 wreaths to Arlington National Cemetery on that day: Now, therefore, be it

Resolved, That the Senate—

(1) designates December 12, 2009, as ''Wreaths Across America Day'';

(2) honors the Wreaths Across America project, the Patriot Guard Riders, and all of the volunteers and donors involved in this worthy tradition; and

(3) recognizes the sacrifices our veterans, servicemembers, and their families have made, and continue to make, for our great Nation.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2787. Mr. SPECTER submitted an amendment intended to be proposed to amendment SA 2786 submitted by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) and intended to be proposed 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.

TEXT OF AMENDMENTS

SA 2787. Mr. SPECTER submitted an amendment intended to be proposed to amendment SA 2786 submitted by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) and intended to be proposed 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 1738, between lines 3 and 4, insert the following:

(3) HEALTH CARE FRAUD PENALTIES.—Section 1347 of title 18, United States Code, is amended—

(A) by striking ''Whoever'' and inserting the following:

''(a) IN GENERAL.—It shall be unlawful for any person, in connection with the delivery of or payment for health care benefits, items, or services, to'';

(B) by striking ''executes, or attempts'' and inserting ''execute, or attempt'';

(C) in subsection (a)(2), as so designated, by striking ''program,'' and inserting ''program.''; and

(D) in the matter following subsection (a)(2), as so designated, by striking ''in connection with the delivery'' and all that follows and inserting the following:

''(b) PENALTIES.—

''(1) IN GENERAL.—Subject to paragraph (2), whoever violates subsection (a)—

''(A) shall be fined under this title, imprisoned for not more than 10 years, or both;

''(B) if the violation results in serious bodily injury (as defined in section 1365 of this title), shall be fined under this title, imprisoned for not more than 20 years, or both; and

''(C) if the violation results in death, shall be fined under this title, imprisoned for any term of years or for life, or both.

''(2) MANDATORY MINIMUM SENTENCING.—In imposing a sentence under paragraph (1), if the violation of subsection (a) involves a loss of not less than $100,000, the defendant shall be imprisoned for not less than 6 months.''.

NOTICES OF HEARINGS

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Subcommittee on National Parks.

The hearing will be held on Thursday, December 3, 2009, at 2:30 p.m., in room SD–366 of the Dirksen Senate Office Building.

The purpose of the hearing is to receive testimony on the following bills:

S. 760, to designate the Liberty Memorial at the National World War I Museum in Kansas City, Missouri, as the ''National World War I Memorial'';

S. 1838, to establish a commission to commemorate the sesquicentennial of the American Civil War;

S. 2097, to authorize the rededication of the District of Columbia War Memorial as a National and District of Columbia World War I Memorial to honor the sacrifices made by American veterans of World War I;

S. 2722, to authorize the Secretary of the Interior to conduct a special resource study to determine the suitability and feasibility of adding the Heart Mountain Relocation Center, in the State of Wyoming, as a unit of the National Park System;

S. 2726, to modify the boundary of the Minuteman Missile National Historic Site in the State of South Dakota, and for other purposes;

S. 2738, to authorize National Mall Liberty Fund D.C. to establish a memorial on Federal land in the District of Columbia to honor free persons and slaves who fought for independence, liberty, and justice for all during the American Revolution;

H.R. 1849, to designate the Liberty Memorial at the National World War I Museum in Kansas City, Missouri, as the National World War I Memorial, to establish the World War I centennial commission to ensure a suitable observance of the centennial of World War I, and for other purposes; and

H.R. 3689, to provide for an extension of the legislative authority of the Vietnam Veterans Memorial Fund, Inc. to establish a Vietnam Veterans Memorial visitor center, and for other purposes.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record should send it to the Committee on Energy and Natural Resources, United States Senate,

Washington, DC 20510–6150, or by email to allison_seyferth@energy.senate.gov.

For further information, please contact David Brooks at (202) 224–9863 or Allison Seyferth at (202) 224–4905.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Senate Committee on Energy and Natural Resources. The hearing will be held on Tuesday, December 15, 2009, at 10:00 a.m., in room SD–366 of the Dirksen Senate Office Building.

The purpose of the hearing is to receive testimony on S. 2052, a bill to amend the Energy Policy Act of 2005 to require the Secretary of Energy to carry out a research and development and demonstration program to reduce manufacturing and construction costs relating to nuclear reactors, and for other purposes and S. 2812 the Nuclear Power 2021 Act.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record may do so by sending it to the Committee on Energy and Natural Resources, United States Senate, Washington, D.C. 20510–6150, or by e-mail to Rosemarie Calabro@ener.senate.gov

For further information, please contact Jonathan Epstein at (202) 224–3357 or Rosemarie Calabro at (202) 224–5039.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Ms. STABENOW. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on November 20, 2009, at 2 p.m.

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

COMMITTEE ON FINANCE

Ms. STABENOW. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on November 20, 2009, at 10 a.m., in 215 Dirksen Senate Office Building.

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

PRIVILEGES OF THE FLOOR

Mr. BINGAMAN. Mr. President, I ask unanimous consent that the privileges of the floor be granted to Nassim Zecavati, who is a fellow in my office.

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

Mr. HARKIN. Mr. President, I ask unanimous consent that the following HELP Committee fellows be granted the privilege of the floor for the duration of consideration of H.R. 3590, the legislative vehicle for the Patient Protection and Affordable Care Act of 2009: Sara Selgrade, Bill McConagha, Stephanie Hammonds, Joe Hutter, and Caroline Fichtenberg.

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

Mr. ROBERTS. Mr. President, I ask unanimous consent that my staff member, Mr. Brett King, be granted the privileges of the floor.

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

Mr. DORGAN. Mr. President, on behalf of Chairman BAUCUS, I ask unanimous consent that the list of staff from the Senate Finance Committee which is at the desk be granted the privileges of the floor during debate on the motion to proceed to H.R. 3509 and the cloture vote on the motion to proceed.

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

The list follows:

Laura Hoffmeister, Scott Berkowitz, Mary Baker, Bridget Mallon, Blaise Cote, Maryum Janjua, Audrey Schultz, Kaitlin Guarascio, Margaret (Angela) Franklin.

CONDITIONAL ADJOURNMENT OF THE HOUSE AND CONDITIONAL RECESS OR ADJOURNMENT OF THE SENATE

Mr. DORGAN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H. Con. Res. 214, the adjournment resolution received from the House and at the desk.

The PRESIDING OFFICER. The clerk will report the concurrent resolution by title.

The legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 214) providing for a conditional adjournment of the House of Representatives and a conditional recess or adjournment of the Senate.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. DORGAN. I ask unanimous consent that the concurrent resolution be agreed to and the motion to reconsider be laid upon the table.

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

The concurrent resolution (H. Con. Res. 214) was agreed to, as follows:

H. CON. RES. 214

Resolved by the House of Representatives (the Senate concurring), That when the House adjourns on the legislative day of Thursday, November 19, 2009, or Friday, November 20, 2009, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned until 2 p.m. on Tuesday, December 1, 2009, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first; and that when the Senate recesses or adjourns on any day from Friday, November 20, 2009, through Wednesday, November 25, 2009, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Monday, November 30, 2009, or such other time on that day as may be specified in the motion to recess or adjourn, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. The Speaker of the House and the Majority Leader of the Senate, or their respective designees, acting jointly after consultation with the Minority Leader of the House and the Minority Leader of the Senate, shall notify the Members of the House and the Senate, respectively, to reassemble at such place and time as they may designate if, in their opinion, the public interest shall warrant it.

ORDER FOR STAR PRINT—S. 1194

Mr. DORGAN. I ask unanimous consent that S. 1194, as reported by the Committee on Commerce, Science, and Transportation, be star printed with the changes at the desk.

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

APPOINTMENT

The PRESIDING OFFICER. The Chair, on behalf of the majority leader, pursuant to Public Law 111–25, announces the appointment of the following individuals to serve as members of the Ronald Reagan Centennial Commission: the Honorable DIANNE FEINSTEIN of California vice Frank Fahrenkopf of Nevada and the Honorable JIM WEBB of Virginia vice Sig Rogich of Nevada.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. DORGAN. Mr. President, I ask unanimous consent that the Senate proceed to executive session to consider en bloc Executive Calendars Nos. 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 551, and all nominations on the Secretary's Desk in the Foreign Service; that the nominations be confirmed en bloc; the motions to reconsider be laid upon the table en bloc; that no further motions be in order; that any statements relating to the nomination be printed in the RECORD; that the President be immediately notified of the Senate's action, and the Senate resume legislative session.

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

The nominations considered and confirmed are as follows:

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

Paul K. Martin, of Maryland, to be Inspector General, National Aeronautics and Space Administration.

EUROPEAN BANK FOR RECONSTRUCTION AND DEVELOPMENT

James LaGarde Hudson, of the District of Columbia, to be United States Director of the European Bank for Reconstruction and Development.

DEPARTMENT OF STATE

Jose W. Fernandez, of New York, to be an Assistant Secretary of State (Economic, Energy, and Business Affairs).

Frederick D. Barton, of Maine, to be Representative of the United States of America on the Economic and Social Council of the

United Nations, with the rank of Ambassador.

MILLENNIUM CHALLENGE CORPORATION

Daniel W. Yohannes, of Colorado, to be Chief Executive Officer, Millennium Challenge Corporation.

INTER-AMERICAN DEVELOPMENT BANK

Gustavo Arnavat, of New York, to be United States Executive Director of the Inter-American Development Bank for a term of three years.

DEPARTMENT OF STATE

Frederick D. Barton, of Maine, to be an Alternate Representative of the United States of America to the Sessions of the General Assembly of the United Nations, during his tenure of service as Representative of the United States of America on the Economic and Social Council of the United Nations.

Robert R. King, of Virginia, to be Special Envoy on North Korean Human Rights Issues, with the rank of Ambassador.

William E. Kennard, of the District of Columbia, to be Representative of the United States of America to the European Union, with the rank and status of Ambassador Extraordinary and Plenipotentiary.

Carmen Lomellin, of Virginia, to be Permanent Representative of the United States of America to the Organization of American States, with the rank of Ambassador, vice Hector E. Morales, resigned.

Cynthia Stroum, of Washington, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to Luxembourg.

Michael C. Polt, of Tennessee, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Estonia.

John F. Tefft, of Virginia, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to Ukraine.

David Huebner, of California, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to New Zealand, and to serve concurrently and without additional compensation as Ambassador Extraordinary and Plenipotentiary of the United States of America to Samoa.

Peter Alan Prahar, of Virginia, a Career Member of the Senior Foreign Service, Class of Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Federated States of Micronesia.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Pamela S. Hyde, of New Mexico, to be Administrator of the Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.

NOMINATIONS PLACED ON THE SECRETARY'S DESK

FOREIGN SERVICE

PN282–2 FOREIGN SERVICE nomination of Terence Jones, which was received by the Senate and appeared in the Congressional Record of April 20, 2009.

PN929 FOREIGN SERVICE nominations (126) beginning Andrea M. Cameron, and ending Aleksandra Paulina Zittle, which nominations were received by the Senate and appeared in the Congressional Record of September 10, 2009.

PN964 FOREIGN SERVICE nominations (168) beginning Laurie M. Major, and ending Maria A. Zuniga, which nominations were received by the Senate and appeared in the Congressional Record of September 17, 2009.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will resume legislative session.

ORDERS FOR SATURDAY, NOVEMBER 21, 2009

Mr. DORGAN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:45 a.m., tomorrow, Saturday, November 21; 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 motion to proceed to H.R. 3590, with debate as provided for under the previous order. Finally, I ask that the Republicans control the time from 8 p.m. until 9:30 p.m. tonight.

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

PROGRAM

Mr. DORGAN. Mr. President, at 8 p.m. tomorrow, the Senate will proceed to a rollcall vote on the motion to invoke cloture on the motion to proceed to H.R. 3590, the legislative vehicle for the Patient Protection and Affordable Care Act of 2009.

ORDER FOR ADJOURNMENT

Mr. DORGAN. I ask unanimous consent that following the remarks of Senator ENZI, the Senate adjourn under the previous order.

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

The Senator from Kansas.

SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009—MOTION TO PROCEED—Continued

Mr. ROBERTS. Mr. President, I ask unanimous consent that I be permitted to engage in a colloquy with my Republican colleagues.

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

Mr. ROBERTS. Mr. President, this is the health care bill. There are a lot of things in this bill that I object to. The $2.5 trillion cost, the 24 million people still left uninsured, the unconscionable $½ trillion cuts to Medicare and our senior citizens, with another $½ trillion in job-killing tax increases, in my view, the stunning assaults on liberty, and the Orwellian policies making health insurance even more expensive—any one of these things would make me vote no on this bill. But one issue has me troubled the most; that is, the issue of rationing. We have several of my colleagues here who will speak to this subject, and we will engage in a colloquy. I don't think this issue has sunk in with the American people and, for that matter, the media.

I want everyone to understand something. This bill aims to control the government's spending by rationing your access to health care. Let me repeat that. This bill aims to control the government's spending by rationing your access to health care. There are at least four government entities—we decided to call them ''the rationers''—that will stand between you and your doctor, and these four entities are represented by the four walls on this chart behind me blocking the doctor-patient relationship. You can see a pair of senior citizens and with frowns on their faces and then we have the rationers. We have an institute, a board, a center, and a task force, some of which are in place now and some are not. But every Senator should know about them and every health care recipient or especially senior citizen should know about them. Senator REID's bill establishes the Patient-Centered Outcomes Research Institute—that is the first wall—to conduct something called comparative effectiveness research, or CER, which is research that compares two or more of the same treatment options for the same condition to see which one works best. That sounds like a 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 and counterproductive ways, as has been demonstrated by the United Kingdom's CER Institute. They call theirs the National Institute for Health and Clinical Excellence. The acronym is NICE, but NICE is not very nice in Great Britain.

NICE is notorious for delaying or outright denying access to health care treatments based on CER 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 over the years include: restricting access to drugs to save seniors' vision from macular degeneration until the patient is blind in one eye, inconceivable; denying access to breakthrough treatments for aggressive brain tumors; and refusing to allow Alzheimer's therapy until the patient deteriorates.

The Patient-Centered Outcomes Research Institute will be the American version of NICE using CER to save the government money by rationing your health care.

Over the past few months, I have offered several amendments, along with Senators KYL, COBURN, and ENZI, to protect American patients from NICE-style rationing, to prohibit this bill from valuing cost containment over the care of patients. Unfortunately, they have all been voted down on party-line votes in the HELP Committee, the Finance Committee, and previously on the floor.

Let's move to the independent Medicare advisory board. That is the second wall between patients and their doctor. The Obama-Reid bill establishes a new independent Medicare advisory board, an unelected body of 15 experts who

will decide Medicare payment policy behind closed doors with minimal congressional input—something that is happening all too often around here. Although the 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 this board 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 it rationing. Also notice that this board will necessarily ration access to health care based on age and disability. 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 why the Wall Street Journal has dubbed this board the rationing commission.

Let us move now to the CMS innovation center. We come to the third wall between the doctor and patients. The Centers for Medicare and Medicaid Services, or CMS—and every provider knows what that is—administers the Medicare Program upon which 43 million Americans rely. That is almost 15 percent of the population. CMS already rations care. This has already been referred to by Senator THUNE and others in their comments on the floor. It is not authorized to but it does so indirectly through payment policies that curtail the use of virtual colonoscopies, certain wound-healing devices, and asthma drugs. In fact, courts recently had to intervene to prevent CMS from rationing a relatively expensive asthma drug in Medicare because rationing is currently against the law.

However, the Reid bill establishes a new CMS innovation center which will, for the first time, grant CMS broad authority to decide which treatments to ration.

Let's go now to the U.S. Preventive Services Task Force. That is the last one right here. The U.S. Preventive Services Task Force is yet another panel of appointed experts—a lot of those in this bill—who make recommendations on what preventive services patients should receive.

Currently, the task force recommendations are optional, but the Reid bill bequeaths this unelected and unaccountable body with new powers to determine insurance benefit requirements in Medicare, Medicaid, and even in the private market.

The task force has already revealed the types of recommendations it will be making. Just last week it decided to reverse its longstanding recommendation that women get regular, routine mammograms to detect breast cancer starting at age 40. One has to wonder if the task force's abrupt about face has anything to do with the fact that the Federal Government's financial responsibility for these screenings and for the health care needs they could potentially reveal will 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. It's unethical, really.

The outcry from oncologists, the American Cancer Society, the American College of Radiology and breast cancer survivors and families across the country has forced our Health and Human Services Secretary, Kathleen Sebelius, to backpedal away from the task force recommendation, saying they do not affect government policy. As a matter of fact, Secretary Sebelius said: Let you and your doctor make the decision. But this bill relies on the task force's recommendation, some 14 times throughout the legislation, to set benefits and determine copayments and make grant awards. So contrary to the Secretary's assertion, if this bill passes, the recommendation of the task force will become government policy. Not only that, it will be forced onto private insurers as well.

Some may ask, after my comments: Why so cynical? Why not trust these tools that they will only be used for good, to advance medical science and patient care. I hope that is the case. To those folks I answer by showing this chart over here by Dr. Ezekial Emmanuel and his ''complete lives system.'' As many of you know, Dr. Emmanuel is the brother of White House Chief of Staff Rahm Emmanuel. He is a bioethicist, one of those special advisers to the President. Perhaps he could actually be the rationing czar.

Dr. Emmanuel has published very disturbing ideas on how to ration care, which could be summed up by this ''Brave New World'' humpback whale graph we have here, along with aging groups of the population.

Dr. Emmanuel's Complete Lives System—something that sounds a little bit like a cure-all elixir sold out of Del Rio, TX—basically works off the premise that the older you are, the more you have lived and, therefore, the less you deserve in terms of health care.

I would like to point out that the average age of a Senator is 62—just something for all of you to think about, as you look at this chart depicting the Complete Lives System.

As shown on this chart, if you are 10 years old, you are doing pretty good right here. Twenty years old, that is when you think you are bulletproof and you do not want insurance, but you have a lock under this plan. Thirty years old, you are in pretty good shape. Forty, here comes the roller coaster. Fifty, you are in trouble. Sixty, you might as well forget it. Seventy, well, you are off the chart.

President Obama has clearly listened to Dr. Emmanuel's counsel. Remember his observation in an interview this summer that, as patients get closer to the end of their life: ''Maybe you're better off not having the surgery, but taking the shots and the painkiller'' instead.

Well, as someone who falls toward the end of Dr. Emmanuel's bell curve here—as shown over here on this chart—this type of thinking is unbelievable: Telling someone they cannot have a knee replacement because they are too old? How old is too old, according to Dr. Emmanuel?

The Wall Street Journal reported on the age rationing that occurs in Canada. In that country, apparently 57 is too old for hip surgery. Perhaps they can drive south and find care right here in the United States. But I am not sure where they will go if this bill passes.

The White House may complain that I am taking Dr. Emmanuel's musings out of context. My response to that is this: This is the context right here. This is how the government will contain costs. All these policies must be viewed through the prism of these ideas: This institute, this board, this center, this task force follows that blueprint. This is the goal: to save the government money by rationing care, by basing that rationing on some 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's ability, to get a knee replacement or a breakthrough cancer drug or treatment for Alzheimer's or a mammogram.

They will destroy the American health care system—the best health care system in the world. And they are the main reason why I will vote no on this bill.

I yield to Senator SNOWE.

The PRESIDING OFFICER. The Senator from Maine.

Ms. SNOWE. Mr. President, as I rise this evening after months of effort and countless hours of meetings, discussions, and markup in the Senate Finance Committee to craft a health care reform bill, I have come to the floor to talk strictly about the substance and policy of one of the most complex and intricate undertakings the Congress has ever confronted.

Instead, we are confronted with procedural gyrations that are as baffling to those living outside the beltway as they are, unfortunately, for those who would prefer to achieve broader agreement on some of the most critical elements of health care reform.

As one who has worked constructively to forge solutions to this endemic problem plaguing our health care system, I think it is absolutely an imperative to ensure affordable health insurance coverage to the people of this country. But it must be done in an effective, commonsense, and bipartisan way. It matters what is in those 2,000 pages.

That is why I find it deeply disconcerting that the Senate, in its artificially generated haste to begin debate, has resorted to this convoluted

process before us in which we first vote to proceed to an empty shell bill, which is then replaced with actual health reform legislation that is the result of behind-the-scenes integration of the two bills that were passed by the Senate Finance Committee as well as the Health, Education, Labor, and Pensions Committee.

The reality is, beginning our deliberations in the Senate with tactics rather than transparency does nothing to enhance credibility with the American public at a time when so many are already understandably wary of the speed and direction of Congress on this transformational issue.

As I have mentioned on numerous occasions, it took a year and a half to pass Medicare to cover 20 million seniors. So we simply cannot address health care on the legislative fast track. I am truly disappointed we are commencing this historic debate on one of the most significant and pressing domestic issues of our time with a process that has drawn a political line in the sand and forestalled our ability to arrive at broad consensus on some of the most crucial elements of health care reform.

Again, I arrive at this moment as one who has been fully immersed in this issue with the Senate Finance Committee process and the so-called Group of Six within the committee, where we engaged in deliberations for almost 4 months, intensively, on a weekly basis—recognizing the perilous state of health care coverage in America and also recognizing the looming trajectory of unsustainable costs in our health care system is a critical problem that, indeed, must be solved.

Ten million more Americans have lost their insurance since the last attempt at health care reform in 1993. Today, 75 million Americans are burdened by inadequate or nonexistent coverage. Over the last decade, insurance premiums alone have risen by 131 percent—if you look at this chart, 131 percent, contrasting that with the growth in wages of 38 percent and inflation at 28 percent. That is what has happened over this last decade alone when it comes to health insurance costs.

In my home State of Maine, from 2001 to 2009, we have been hammered with a stunning 271-percent increase in average health insurance premiums in our small group insurance market. It has been estimated by the Business Roundtable that we can expect premiums to grow 166 percent by 2019, absent any reform.

So given this current trend, health care costs will continue to grow, and more than double the rate of inflation, further driving up premiums, sending the entirety of our health insurance system into a death spiral.

Health care spending could total over $33 trillion in the next decade, and average costs of an employer-based family health plan will reach $30,800 just a decade from now, should we fail to act.

So even as everyone has differing opinions on how to address this issue, virtually everyone I have encountered agrees the system is broken. In a recent poll that asked: ''How much, if at all, should the health care system in the U.S. be changed,'' an astounding 84 percent said either ''a great deal'' or ''a moderate amount''—84 percent.

The National Small Business Association reports that 62 percent of all small business owners want Congress to enact some kind of reforms—and no wonder, as our small businesses have experienced annual premium increases of at least 20 percent, year after year after year.

The reality that this is not simply a solution in search of a problem is what brought us together in the Senate Finance Committee in the so-called Gang of 6 that I—and I commend Chairman BAUCUS and Senator GRASSLEY as well. Chairman BAUCUS wanted to convene on a bipartisan basis earlier this year, which was the only bipartisan effort in any committee of the House or Senate. We met more than 31 times to debate policy, not politics, in attempting to reach a bipartisan consensus on reform legislation. This reflected the kind of extensive, meticulous process that an issue of this magnitude requires. Because the American people understand intuitively that when you are debating the future of one-sixth of our economy, and a matter of such personal and financial significance to every American, we should not be railroading solutions along partisan lines.

To that point, on a cautionary note for all of us, a recent Gallup poll concluded that neither party can boast that a majority of Americans are currently behind them on this issue. Without question, people are already apprehensive about Congress's ability to reform this system—with Gallup also finding that 66 percent of Americans also believe their Member of Congress does not have a ''good understanding'' of the issues involved in the current debate.

Well, if there is one thing I have learned from my more than 30 years of legislative experience, it is that the only way to allay people's fears is by systematically working through the concerns, the issues, and the alternatives. In fact, it was an adherence to those very tenants that led up to the Finance Committee markup that was reported out of the committee and which I supported because, while far from perfect, it produced watershed, bipartisan market reforms and navigated the ideologies on both ends of the political spectrum—by bolstering what works in our current system, building upon the employer-based system, and fostering choices, competition in coverage, and changing the accelerating cost curve of our health care spending.

At the same time, that was one, albeit significant, step in the process. As said in my remarks at the conclusion of the markup, it would be imperative moving forward that our course of action give deference to the scope and complexity of the issue—and there should be an inclination by the majority to earn broader support. The bottom line is, policies that will affect more than 300 million people simply should not be decided by partisan, one-vote-margin strategies.

Thinking back over the last century, just consider for a moment if Social Security, civil rights, or Medicare could have been as strongly woven into the fabric of our Nation had they passed by only one vote and on purely partisan lines. Instead, as you can see from this chart, these votes all occurred during a time when Democrats controlled both the Congress and the White House.

Social Security passed the Senate with 64 percent of Republican support, 79 percent of Republican support in the House; civil rights, 82 percent of the Senate Republicans, and in the House, 80 percent of Republicans; Medicare, when it passed, in 1965, had the support of 41 percent of Senate Republicans, and in the House, 50 percent of the Republicans.

So there was significant bipartisan support because it engendered a process that yielded bipartisanship and a consensus-based approach. Those are not only impressive numbers illustrating the strong bipartisan support that landmark legislation has garnered in the past, but they would be nothing short of mythological in today's political environment. Because at a time when we are supposed to be in a world of postpartisan politics, here we are facing a vote along partisan lines. When it comes to the subject at hand, the most consequential health care legislation in the history of our country and reordering $33 trillion in health care spending over the coming decade, surely, we can and must do better.

In a recent column, David Broder captured perfectly the path we should be following. He wrote:

> Scholars will also make the point that when . . . complex legislation is being shaped, the substance is likely to be improved when both sides of the aisle contribute ideas.

I could not agree more. So when it comes to procedural gymnastics designed to move us to a purely partisan bill as quickly as possible, on an issue as monumental as health care, that only serves to enhance public cynicism at a time when congressional approval ratings already hover consistently in the 20th percentile range and after a vote on the House reform bill that occurred after a grand total of two amendments and 12 hours 32 minutes of debate on almost 2,000 pages of a document.

Consider that it has been more than a month since the Finance Committee completed its work on legislation—even as it concluded that, work remained to be done—a month in which progress might have been made toward building greater consensus on some of the most critical and contentious matters in this debate.

But that opportunity was regrettably forsaken. I cannot support moving to a health care reform bill on a procedural motion designed to prevail not on policy grounds but on partisanship. Because the result is, this procedural vote tomorrow presents a serious obstacle if you have substantial concerns about the legislation—as the process going forward will likely require a threshold of 60 votes to add, change, or remove any major provision, including a public option plan, that was not included in the final Finance Committee legislation.

I think we all appreciate the impetus for the public option; that is, a fundamental mistrust of the insurance industry. That is a sentiment I strongly share, as many have been victimized by their egregious practices in denying coverage based on preexisting conditions, rescinding coverage because someone actually has the temerity to get sick, or discriminating based solely on one's gender.

In my home State of Maine, that mistrust couldn't be more profound—where two companies controlling 88 percent of the market has resulted not only in the inconceivable increases in premiums I described earlier but has forced thousands in my State to purchase plans with a remarkable $15,000 deductible for an individual and $30,000 for a family.

As I was told by one of our insurance companies—one of the two in Maine that dominate the market—it has become one of the most popular plans by virtue of its affordability, by virtue of the fact that it is all people can afford in the State of Maine and certainly among small business owners. Well, that is unconscionable. That is unacceptable. When we think of their basic coverage having a $15,000 deductible for an individual, $30,000 for a family, that is not what you would describe as reasonable coverage.

In response to that, I have worked to implement principles on which many of us have been adamant: ending flagrantly unfair practices so no American can be denied coverage, no policy can be rescinded when illness strikes, and no plan can be priced based on health status or gender.

To address the dearth of competition in the market, we created health insurance exchanges to become a powerful marketplace for creating competition and lowering premiums by bringing in potentially 30 million new customers, which CBO believes could reduce costs up to 10 percent. That is not even talking about the tax credits and the subsidies. So clearly the exchanges will have a significant effect on lowering prices through administrative changes in competition.

I would argue that we have taken these groundbreaking steps to alter the competitive landscape. I strongly believe that inserting a government-sponsored plan in today's dysfunctional marketplace—before reforms can work to improve the market—could actually inhibit the entry of new competitors and could undermine achieving the highly competitive environment we must have to make industry deliver lower cost coverage.

Just when we want to provide Americans a wide variety of competitive plans, can inserting a public option into smaller States such as my own actually encourage new plans to enter those markets or will we see just a pair of plans—the existing dominant insurer and the government, and is that limited option really the choice Americans want? When we also consider the difficulties we have experienced in improving care and assuring prompt, fair, and accurate payments in Medicare and Medicaid, we certainly must ask whether a public plan would spur the innovation that is so vital in health care coverage.

But we also cannot leave the performance of insurance companies and the success of reform to chance. I have proposed there is a role for a Federal safety net plan if affordable choices that are specifically defined aren't offered in a given State. Moreover, under my provision, companies would submit their pricing a year prior to the open enrollment period, and if it is determined that affordable plans aren't available in a State, the insurer would have 30 days to resubmit their bid. At that point, if affordable plans still aren't offered, a Federal fallback is provided without delay. This will provide the certainty that affordable options exist so that no one falls through the cracks, while CBO also reports that the threat of a fallback in a State would also pressure industry to lower premiums.

In stark contrast, the bill we will consider on the floor not only incorporates a public option but also a State opt-out provision that will allow any State at any time to drop that public plan for any reason whatsoever, irrespective of whether their residents in that State actually have access to affordable plans. So if affordability is our goal—and it certainly is—then will someone explain to me exactly how an indiscriminate opt-out achieves that end when a State could decide on a political whim it would not allow a public plan and leave its residents without affordable choices?

It simply makes no sense. Rather, we ought to take the safety net approach at the forefront as we did in Medicare Part D, which spurred competition and, as a result, it never was triggered, and to ensure affordability not just in some States but in all 50 States. I happen to believe a person's Zip Code should never dictate their ability to access affordable health care coverage.

So the public option provision is of paramount concern. At the same time, in examining the proposed legislation, it is not my only concern. There are practicalities to what we are doing, and I am concerned, quite frankly, that this legislation misses the mark as far as addressing the needs of Main Street America. Just yesterday, the NFIB released a statement opposing the bill—the National Federation of Independent Businesses—saying that enactment of it would make health care for small businesses more expensive than what they can afford today—a ''disaster for small business'' is how NFIB describes it. That is coming from a group that supported the Senate Finance legislation and has been a constructive voice throughout the debate, so that ought to grab our attention.

Furthermore, in the Finance Committee I insisted that CBO provide an affordability analysis of what a ''silver'' plan would look like, for example, and I used that analysis to do my own modeling on all of the plans. It helped me to assess premium affordability and render an informed evaluation about the approach overall. For the measure before us now, the CBO has yet to assess the question of affordability on this revised, integrated bill. So exactly how do we go forward on this legislation and consider it when we don't even understand some of the most fundamental aspects of this legislation? None of us can tell with adequate specificity at this point what an average plan will look like, which is what Americans are going to be asking us. What are the premiums? What are the deductibles? What are the copays? What are the coinsurance requirements?

These are questions Americans rightfully will ask and are asking. What will reform mean to them? What will it look like? What will they pay for? Those are the answers to the questions we do not have because we haven't had a chance to evaluate this legislation, and we are going to have a vote tomorrow night to move along party lines—to ram it, to jam it—and that is what I am hearing from my constituents. They say: Do you really know what is in those 2,000 pages? They are asking the right questions with great validity. They believe their lives are out of control because they see Washington and they think Washington is out of control because we don't have a profound understanding of what we are doing.

That is why it took so long in the Finance Committee for 4 months. It wasn't enough to be immersed in intensive discussions and deliberations. There were artificial deadlines that were set time and time again from March to April to May to June, July, August, September, October. It has gone on. Christmas now is the deadline. The State of the Union is the deadline. Why not just try to get it right?

I have heard time and again people say we just have to do something. Well, what I am hearing from my constituents and from many Americans is that it is not just doing something, it is doing the right thing. Every line and every word in this 2,000-page document matters because it is going to have profound ramifications and implications. There are unintended consequences. It is not just about cobbling something

together in the dark of night. It is about making sure those mechanics work and what it is going to cost the average consumer, what it is going to do to small businesses, what it is going to do in this time of perilous economic climate. We simply must ensure that an affordable coverage option is available to every individual and small business.

I get back to the affordability question because that is the heart and soul of this matter. We have to be assured that we are going to provide affordable health insurance plans. That is why I recommended—and I am going to push that through the amendment process—that we open the ''young invincible'' or the catastrophic plan as described in the majority leader's bill. We should open up to everybody. It is now available to those under the age of 30, but we should open these plans to all to ensure that no one has to buy up into a more expensive plan if they don't choose to.

I have also advocated throughout this process for the very first time national plans which I included in the Finance bill, as small businesses should be able to purchase plans with uniform benefit packages sold across State lines which is vital to enhancing competition and increasing choices for consumers, and portability, and driving down premiums. In fact, we drive down premiums by more than 12 percent.

I will be introducing an amendment—because, regrettably, it is not going to be in the bill we will be considering—that States cannot opt out of these national plans because these plans should be able to be available to every State in the country.

Finally, with our mounting deficits and our struggling economy, if anything, we should be scaling back the scope of health care reform wherever possible. We should take our cues from the American people who rightly reject more taxes and expanded government bureaucracy that will constrain our future economic prosperity. So I am disturbed that the legislation we will be considering will increase Medicare payroll taxes by $54 billion over the next 10 years. That is diametrically opposed to the tack we should be taking. We should be finding ways for cutting back and scaling back. ''Practicality'' should be the word of the day.

Then we have the insertion of another new and costly program, the so-called CLASS Act. I understand its laudatory goals. If it is going to be providing long-term care, it is obviously very important. Proponents point to the fact that it will raise $72 billion over the first 10 years, but that is a bad timing shell game as it collects premiums in 2011 but doesn't begin paying benefits until 2016, near the end of our current budget window. CBO has concluded in the decade following 2029 the CLASS Act will begin to increase the deficit. How much sense does it make to create this new bureaucracy, this new program, that will begin providing similar benefits just 4 years before the Social Security disability insurance trust fund is expected to be exhausted as opposed to first fixing that program?

I intend to offer amendments as legislation is considered on the Senate floor, and the impending amendment process will be a true test of whether there is a will to improve this legislation in a nonideological, bipartisan manner. On that note, I hope the past is not a predictor of the direction we are headed because in the final analysis, no one has a monopoly on good ideas. It is not a conservative idea, moderate idea, or a liberal idea. It is a good idea to improve this legislation because that is what is going to be our most pressing, most focused, singular goal—to improve the legislation that will be before us, irrespective of who is offering the amendment or who has the votes or whether it is the 60 votes. That is my concern, if it is going to take 60 votes to undo and change those provisions that are absolutely essential to be modified.

The American people have expressed a sharp and legitimate note of caution as we pursue health care reform, especially during these challenging economic times. It is a message we would do well to reflect. So let the tone we set for this unprecedented debate rise to the level of the problems we have a responsibility to resolve. This is already an undertaking of historic proportions. Let's ensure this isn't the only historic legislation passed in the last half century on purely partisan lines.

Thank you, Mr. President. I yield to the Senator from Oklahoma.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. First of all, I thank the Senator from Maine. She used the very descriptive terms of ''ram it'' and ''jam it.'' That is essentially what is happening right now. I think everyone is aware—all the media have taken pictures of the closed doors. They know that just a handful of Democrats were in there. Ironically, there are a lot of Democrats who didn't know what was going on, either. But they came out with a product. It is not a good product, and I will talk more about the product in a moment.

But I think probably more significant and more concerning to a lot of the people I talk to is the manner in which this bill is being brought to the floor. It is beyond just being deceptive that the Democratic leadership plans to vote on Saturday night at 8 o'clock to proceed to H.R. 3590, a bill that has nothing to do with health care. This bill is one that passed the House in October of this year, 416 to 0. It would pass the Senate by a unanimous vote, I am sure. The bill is an eight-page bill to ensure that our military service members are not excluded from the first-time home buyer tax credits, and no one had any quarrel with that. The House side wouldn't have any quarrel, nor would we. But we all remember and America remembers that the House passed their health care bill, H.R. 3962, on November 7, late at night, on a Saturday night, the same type of thing we are looking at here.

Let me say one thing. I was surprised to hear the unanimous consent request that was made just a few minutes ago because it was an admission—and I appreciate their honesty—that what we are going to be voting on tomorrow night has nothing to do with H.R. 3590. Yet that is what we are going to be moving to.

They stated that at 8 p.m. tomorrow night the Senate will proceed to a rollcall vote on the motion to invoke cloture on the motion to proceed to H.R. 3590, the legislative vehicle for the Patient Protection and Affordable Care Act. My thinking was—and I still think there are a lot of Democrats who would end up voting for this tomorrow night and would send out a letter to constituents: Oh, this is a vote that is going to help our military with some of the problems they have.

This reminds me so much, the way this is taking place, of what happened in the Environment and Public Works Committee when they were trying to get through the massive cap-and-trade bill which they did and they voted it out without any Republicans there. It is on the Senate floor right now. It is not going to be brought up because it is dead on arrival. The people of America realize they don't want to have the largest tax increase in the history of America on something that would do no good.

But the point is, the deceptive method to bring up that bill is the same thing we are dealing with now. I think by virtue of the fact they rammed it and jammed it, to borrow the terms from the Senator from Maine, out of the Environment and Public Works Committee caused it to go down. I think the same thing is going to happen here.

The second thing is a motion to proceed at 8 p.m. on Saturday night. Well, Saturday night. What are people doing on Saturday night? They are not watching TV. They are not listening to the radio. They have ball games and other things the American people do in the American way of life on a Saturday night.

Do you think it is just coincidental? That is the same time of night they ended up voting on the House health care bill, on a Saturday night. Of course, it got out with barely a majority.

Now, not only is the way in which the bill is being brought up questionable, the substance of the bill is definitely questionable. It has been repeated—I am trying to make a couple of comments about this that have not really come to our attention as much as other issues, the government-run health care bill—that Republicans are working to ensure that Washington bureaucracy does not get between the patients and their doctors. That is the big issue.

Now, you are going to hear shortly from my junior Senator from Oklahoma, Mr. COBURN, who is an OB–GYN. He will talk about that.

I don't think you have to have a doctor explain to you that if you, as in my case, have a very large family, with a lot of grandkids—we don't want the government telling us what we can and cannot do. A government-run universal health care system or a socialized system is not the answer.

All you have to do is listen to some of the testimony from individuals who have come here, such as members of the Parliament in Great Britain, who came and addressed us in this building and said: We cannot believe that something that has been such a failure, that we are trying to get away from, is something you are now trying to move toward.

The other day, in the Wall Street Journal they talked about a Canadian citizen who waited in pain for more than a year to see a specialist for his arthritic hip. The specialist recommended a state-of-the-art procedure, but the government bureaucrats determined that the patient, who was only 57, was too old for that procedure. Rationing is alive and well. If you don't believe it, go up in the northern part of the United States, to the Mayo Clinic or some of those others, and you will see the large number of Canadians who come down to ''barbaric'' America, with our system, because they couldn't get the treatment they needed through rationing in Canada.

The Democrats' bill represents an unprecedented expansion of government's control over health care. Oklahoma physicians shared with me in a July 23rd letter that they are concerned a public option plan will unfairly compete with the private market and ultimately crowd it out. It is a no-brainer. You cannot compete with the Federal Government. All they have to do is change and the competition is gone.

Under this bill, the government will tell people what type of coverage they can and cannot have, mandate that every American have health care or pay a tax, mandate employers to provide a certain level of benefits or pay a fine, introduce a government-run plan designed to destroy the private market, include new policies designed to control what drugs and procedures Americans can receive, and require a historic expansion of Medicaid. According to the Oklahoma Health Care Authority, the ones who administer the Medicaid Program called Soonercare, they estimate that this type of expansion could cost Oklahoma an additional $128 million each year, resulting in harmful cost to existing State priorities. By the way, the Oklahoma Governor and the State legislature are talking about going into a special session because of the problems we have—the budget problems. Of course, we would then inherit this.

This bill violates the President's promise not to raise taxes. I think we have covered that. The fact that they have taxes such as the 40-percent excise tax on the so-called Cadillac plans—that means if you, through your own decision, decide that for your family you want to have more extensive coverage, you will get penalized. You could have a tax imposed upon you of 40 percent because you wanted to have better treatment for your family. The CBO and the Joint Committee on Taxation have testified that these taxes and fees would be almost entirely passed on to consumers. The fact is that they estimate, by 2019, 89 percent of the taxes would be paid by those making less than $200,000 a year. It reminds me of the regressive nature of the cap-and-trade tax, which would affect the poor people more than the wealthier people.

Anyway, with the penalties and everything else in there, we are going to be looking at something that the American people don't want and should not have. That doesn't mean Republicans don't want to have reforms. We need reforms. We need medical malpractice reforms. I have two friends in Tulsa, two man-and-wife teams. There is Rick and Lisa Lowry. He is a cardiologist and she is a dermatologist. They moved to Texas. They will tell you the only reason they did it is because of the tort laws in Oklahoma. Then there is Boris and his wife Kathy, another pair of doctors. Boris is an electrophysiologist, and she is a pain management doctor. They moved to Fayettville, AR. This is what is happening right now.

We know what reform is. We know that HSAs have worked, giving people choice. We want to have some reform. We should keep in mind for tomorrow that, at 8 o'clock, if just one Democrat would say, no, I don't want a government-run system—just one—they wouldn't have 60 votes. It is going to be interesting to see if there isn't one. They will never get by with saying it was just a motion to proceed to a bill having to do with housing for the military. It will not happen. People are smarter than that. I hope at least one Democrat will oppose a government-run system. We will find out tomorrow night.

With that, I yield to the Senator from Alaska, Senator MURKOWSKI.

The PRESIDING OFFICER. The Senator from Alaska is recognized.

Ms. MURKOWSKI. I thank my colleagues and I thank particularly the senior Senator from Maine for her long, arduous work as part of a small group of Senators who did try, honestly and with great integrity, to advance this process so we would have a bipartisan product to deal with. I appreciate her efforts. I heard a little bit of her frustration as she spoke on the floor this evening. I thank her for her leadership.

I concur with my fellow Senator from Oklahoma that we all agree reforms are needed in the health care world. We all agree that the status quo is not acceptable. But where we differ is certainly what leads us to the discussion this evening, and tomorrow, and up to the vote tomorrow evening at 8 o'clock.

Typically, this time of year, going into Thanksgiving and then the holidays that follow in December, we consider this the season of giving, where we give thanks and do a lot of giving back. Unfortunately, what we are looking at this particular November, with this particular bill, kind of makes it a season of taking—taking away your ability to choose the health insurance you want, taking away nearly $½ trillion by cutting from Medicare—a program that is already strapped, a program that provides so much for our seniors and the disabled. But we recognize that program is seriously underfunded and looking to literally go off a cliff by 2017—by taking more of your salary and increasing the Medicare payroll tax for government intrusion into your health care decisions.

This health care bill is a massive overreach by the Federal Government that will result in our government having more involvement in your family's health care decisions and greater government intervention, cutting into 16 percent of our economy.

Before we get into the policy debate on the health care bill, I asked one of the interns in my office to go down to the Dirksen post office. We had gotten an inquiry from a constituent from Alaska wanting to know if we could send a copy of the bill. The bill, as you can see on some of the Members' desks, is large. When it was weighed at the post office in the Dirksen building, it weighed in at 20 pounds 5.5 ounces. That is probably close to the size of the turkey my family and I will purchase for Thanksgiving. It is going to take about $45 to mail that by priority mail to Alaska. So we suggested that perhaps the Internet is a better option.

In this 2,000-plus page bill, you will find the government requiring that you comply with an individual mandate where the Federal Government is going to tell you you have to buy health insurance, regardless of whether the premiums are affordable. This goes back to the concerns of the Senator from Maine. So much of this is about the affordability. If we require individuals to purchase health care insurance but we have not done anything, or enough, to make it more affordable for them, all we are doing is setting them up for additional penalties. Failure to comply will result in a $750 penalty per person to a family.

We also know in this bill our government is going to be telling employers they have to comply with employer mandates, which place onerous penalties on a large number of our small businesses. These are businesses that have 50 or more employees. I think it is important to recognize that the SBA, Small Business Administration, defines a small business as one with 500 or fewer employees. But for the purposes

of the employer mandate, we are going to say that if you have over 50 employees, you will be required to provide for that insurance.

Let's use an example here. Say you have a small business, you employ 51 employees, and one of those employees receives a Federal subsidy for health insurance. Under this Democratic health care reform bill, the employer will be fined $750 for each of its 51 employees—not just the one employee who receives a subsidy but for all of them. So if you are a small business owner in Alaska, in Anchorage, or Fairbanks, or Juneau, who runs a restaurant or a small hotel, that employer needs to know he could be subject to a total of over $38,000 in penalties if only one of his employees seeks a government subsidy. This penalty provision alone in the bill is estimated to raise $28 billion to pay for the Democratic health program.

The bill before us today also subjects Americans to health insurance that the Federal Government is going to define that this is what you have to have. What the drafters of this 2,000-plus page bill declare is it is an insurance plan with a 60-percent actuarial value. In other words, all of the discussion about ''if you like the health care plan that you have, you can keep it''—yes, in fact, you can, but only if it meets the definitions we are setting forth within this, and the requirement is that it is 60 percent of actuarial value.

In Alaska, we have over 88 percent of the health benefits that are provided to individuals and small businesses by the largest insurance company operating there, Premera Alaska Blue Cross/Blue Shield. We are told that 88 percent will not meet this 60-percent threshold requirement. So what does that mean? You have had your insurance plan through Premera and your employer provided it. But if it doesn't meet this threshold requirement, what then happens is that those small business employees will not be in compliance with the provisions of the bill, so you are going to see penalties assessed. Many of my constituents will see those penalties assessed. They may lose the insurance they have, which they like, but the penalty will be a massive increase in health care insurance premiums.

When we talk about the promises of health care reform and what we are going to make available to you, I think most people believe that with health care reform would come a reduction in premiums, or at least not incredible increases in premiums.

In this bill, we raid the strapped Medicare Program to pay for expanding the role of government in health care reform. We raid future payments to the Medicare patients through increased payroll taxes. I think it is important to recognize that this is an unprecedented and dangerous step that plays a shell game with Americans. We are going to increase your taxes through the Medicare payroll tax, but then we are going to divert that money to pay not for keeping Medicare solvent—I mentioned earlier the insolvency cliff out there—and we are going to divert that money not to keep Medicare solvent, not to increase funds to Medicare, not to increase patient access to doctors and nurses, which so many of my constituents are suffering from but, instead, we institute a new Medicare payroll tax that is used to pay for expanding the size of the Federal Government and creating yet another federally run health plan. We recognize that the insolvency of Medicare is real. The Medicare trustees report from 2009 said that Medicare is going to be insolvent by the year 2017. But the drafters of the bill don't write a reform bill to fix Medicare insolvency. Rather, they are using this as an opportunity to tax Medicare funds to pay for the creation of another Medicare-like system. This is truly the height of hypocrisy. It is working against what is right and what should be done for Medicare.

The inclusion of a 5-percent Medicare payroll tax is bad enough, but when one realizes that the tax is not indexed to inflation, one can only cringe at the financial pain that is ahead for America's middle class.

There may be many people out there saying, oh, you are increasing taxes on the rich and individuals earning $200,000 or more, and couples earning $250,000 or more, but you need to put this in context and recognize how far from the truth this can be.

Back in 1969, Congress enacted the alternative minimum tax, the AMT, to ensure that fewer than 200 individuals paid their fair share of taxes. Unfortunately, the AMT was not indexed to inflation, and today we have nearly 30 million taxpayers who face the long hand of the AMT tax, with many of them falling squarely in the middle of the middle class.

Congress has consistently taken action to protect the middle class from the AMT. We do this, as we know around here, on a year-by-year basis, and each year it is costing more than the previous year with the number of people who face the tax growing each year. The recent 1-year patch cost $70 billion. A 10-year fix is expected to cost $447 billion. Sadly, history has a habit of repeating itself, and Congress has demonstrated a consistent inability to learn from its mistakes.

My prediction is if the Medicare payroll tax increase becomes law, Congress will, once again, need to spend large sums of money to protect the middle class from this onerous new tax.

Let's delve into the Medicare and Medicaid restrictions on doctors and nurses under these government health programs. In my State of Alaska, in our most populated city, Anchorage, we have very few general care doctors who are willing to accept Medicare patients. We had a study done not too long ago, and the number given in that study is there are 13 providers, 13 doctors who are taking on new Medicare-eligible individuals. In Alaska, if you are about to hit the magic age of 65, going on Medicare, you have Medicare as your primary insurance whether you like it or not.

What you learn when you are on Medicare is you have very few doctors willing to see you. Eighty-three percent of the primary care doctors in Alaska's largest city will not see Medicare patients. These individuals, who before they were 65 enjoyed unfettered access to care when on private health insurance, whether they had it through the municipality, Anchorage, or they worked for a private employer, they are now realizing the harsh realities of Medicare and that they are going to face some severe restrictions in access to a primary care doctor.

We are seeing it on a very accentuated basis in Alaska, but we are seeing it in many parts of rural America. It is almost unthinkable to me. A number of constituents have come up to me and have said: Look, just get us out of the Medicare system. Let us go out to the private market and purchase health insurance like we were able to do before we were on Medicare because, regardless of the contributions I make, regardless of how much I have paid into the Medicare system, it doesn't mean anything to me if I don't have access to care.

They are saying: I know I have worked all these years to pay in, but I want my old insurance back. It is because what we have done is restricted their access to services, and it is something they have never dealt with before.

This problem is not just in my State. According to GAO, we have States such as Colorado, Oregon, and New Mexico that are facing these major restrictions in access to primary care doctors. Senator Daschle, when he was doing his health care tour last year, when he was in Dublin, IN, and talking to doctors about how best to reform our health care system, the doctors in Dublin told the Senator that the Medicare reimbursement rates are not keeping pace with the costs of a medical practice. So if we know that private insurance pays significantly more than government insurance, then access under a government plan will undoubtedly be reduced. We have seen this both in the Medicare and the Medicaid Programs.

Under the Medicaid expansion program in this health care bill, we know that Medicaid is now going to include individuals up to 133 percent of poverty. Under the Democrats' health bill, the Federal Government pays all the costs covering newly eligible enrollees through 2016. This is good for the States. It will allow Alaska, for example, to expand the roll of the Medicaid Program and include more Alaskans on the State's Medicaid Program. CBO said after 2016, the share of the Federal spending is going to vary somewhat from year to year but ultimately would average about 90 percent.

If you are responsible for your State's budget and your State can no

longer afford the Medicaid Program in the year 2017, when the Federal Government drops that coverage to somewhere around 90 percent, if your State is a balanced budget State such as Alaska and your State revenues are going down because of what is happening with tourism or a bad fishing season or the price of oil, what then do the States do to continue the Medicaid Program?

It seems to me there are a couple options. They can either drop the expanded Medicaid population or they could reduce reimbursements rates and place the Medicaid enrollees who once had decent care in Alaska in the same predicament as my Medicare constituents are currently in.

There is a reason why Democratic and Republican Governors have said this Medicaid expansion is the mother of all unfunded mandates.

While all these provisions I mentioned are certainly enough for me to decide not to support this health care bill, the most troubling aspect we are seeing played out in the news right now is the impact of government rationing, which will allow the government to deny access to health care services.

This is something Republicans have been speaking about all summer with regard to various health care bills. We have all seen throughout the news a great deal of concern over the announcement from the U.S. Preventive Services Task Force that it no longer recommends routine mammogram screening for women between the ages of 40 and 49. This task force's recommendation is just a look behind the curtain of what we can expect if the government runs your health care.

Under this bill, we are going to provide one person, the appointed position of the U.S. Secretary of Health and Human Services. We are going to give her the ability to make a wide variety of determinations, both on the health exchanges as well as in the government-run plan.

I am very concerned about what we are finding from this task force and what it means for both men and women who suffer from this deadly disease. I can tell you, without a doubt, what this has caused is great confusion. The task force came out with their recommendations and then, shortly thereafter, Secretary Sebelius came out saying women in their forties should continue to get mammograms. The task force is saying women should not even conduct self-breast exams. We have constituents who don't know what they should or what they should not be doing. This is why we need a hearing to better understand how this task force came to their conclusions.

But the bigger picture is, what we need to appreciate is this ordeal we have been dealing with this week is a glimpse into the chaos of what we could see with a federally run health plan and a massive expansion of the Federal Government's role in your health care.

I wish to mention, because there have been multiple accounts in the media about, no, we are not intending that this task force recommendation is going to change in any way what coverage might be available to women. I know that some of my colleagues on the other side of the aisle have recognized, in fact, that these recommendations do hold great weight with the policymakers and the insurance companies.

One of my colleagues from Maryland has said she plans to offer an amendment that would address or limit the cost of breast cancer tests for women 40 and older. She said otherwise insurance companies may use this new recommendation as yet another reason to deny women coverage for mammograms.

In fact, in the bill, there are at least 14 references to the U.S. Preventive Services Task Force. In section 4105 is a provision that would authorize the Secretary to modify benefits under Medicare if consistent with task force recommendations and deny payment for prevention services the task force recommends against.

This could be a situation we should be very concerned about how, with recommendations such as we are seeing come out of the task force, they inadvertently or perhaps advertently will impact a woman's access to care.

I know I have probably gone over my time, and the Senator from Oklahoma is waiting. I will close my comments by saying we do need health care reform. I echo the remarks of the Senator from Maine. We need to do it the right way. Setting an arbitrary timeline, saying we have to get it done by this holiday or that holiday or moving down the calendar—we have to take the time to do it right.

We have to bring down the premium costs so everyone can have access to affordable health care. Imposing mandates on individuals or on employers, if we haven't done anything to provide for greater affordability, we haven't helped the situation.

Unfortunately, this bill does not help us with the affordability piece. I am focused, as many of my colleagues are, on an alternative, a step-by-step approach to reduce our health care costs to allow businesses to buy across State lines, allow co-ops to be formed so that fishermen in my State or other coastal States or employees of a small business can pool together to purchase affordable comprehensive coverage.

Just as important is certainly the need to preserve the rights of patients to see the doctors of their choice. We must make sure we are protecting Medicare coverage for seniors. We have to eliminate the discrimination based on preexisting conditions, ensure that expansion of government health programs will not result in restrictions in access to care because of reduced reimbursements to doctors and hospitals.

While this bill does attempt to address several of these issues—for instance, the one about eliminating discrimination based on preexisting conditions—it delays the implementations of some of the more worthwhile provisions until the year 2014.

We have bipartisan support on many of these pieces individually. So why would we not try to work on those areas where we do have agreement, where we do have consensus rather than waiting until 2014?

I held a townhall meeting in Chugiak, AK, last week. It was a pretty tough night. We had winds that were howling off the mountains, snow all over the place, and real slick and icy roads. Over 200 people decided to brave the weather to come and speak out on the issue of health care reform and what is happening in Washington, DC.

I will tell you, the one thing those constituents stood and repeated over and over was: Don't pass health care reform that is going to raise our taxes, that is going to increase our premiums, and that will cut Medicare.

We need to listen to these folks. We need to listen to the American people. We have an opportunity to do it right. There is a lot of good work that goes on by a lot of good people in this body and outside this Chamber. But we are at a point now where because of deadlines—artificial deadlines—we are forced to a process tomorrow evening where we are going to have a vote on a cloture motion on the motion to proceed. As my colleague from Oklahoma pointed out, it is a bit of a shell. We think we are going to this health care bill that is 2,000-some-odd pages, but, in fact, the vehicle we will be using on the motion to proceed is not what this is. I am not going to suggest it is bait and switch, but it could be bait and switch.

I do believe our opportunity to share our concerns about what is contained in this legislation is now. We need to take the time to explain to our constituents the concerns we have, the problems we have, the unintended consequences we believe are part and parcel of this legislation.

I thank the Presiding Officer for the time this evening and thank all my colleagues for their coordinated efforts to help provide a little bit of insight to the American people on what we are dealing with in the proposed legislation from the Democratic leader.

I yield the floor.

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

Mr. COBURN. Mr. President, first, I would like to say thank you for presiding. You drew the unlucky number tonight and I appreciate it.

We are embarking on a process that is going to start tomorrow night and people are going to cast a vote on a bill they have not read, and saying we ought to go on with it.

For just a little history, 97.8 percent of the time in the Senate that a cloture motion passed to proceed to the bill, the bill becomes law. That is an interesting statistic, especially when we are

going to hear those who say they just want to have the debate. The fact is, that is not what is going to happen.

As one of the two practicing physicians in the Senate, I thought I would spend a little bit of time tonight talking about what I see is wrong with our health care system as well as talk about what I see as good about our health care system and then talk about the approach this bill takes. My staff has been through the vast majority of this bill. I personally have not, but I will. I will talk about how it affects us.

What is the real problem in health care today? What is it that keeps people from getting care? The No. 1 problem that keeps people from getting care is cost. It costs too much. Fully either one-fourth or one-third of every dollar we spend on health care does not help anybody get well and does not prevent anybody from getting sick.

There is an interesting study out by the Thomson Reuters report that says that $600 billion to $850 billion is wasted annually in all American health care.

When you break it down, it is broken down like this: 40 percent is health care waste, unwarranted treatment, overuse of antibiotics, use of diagnostic lab tests to protect against malpractice exposure. That accounts for $250 to $350 billion in annual health care spending. It is attributed to extra tests and procedures generated mainly from defensive medicine or Medicare's fee-for-service system.

The second biggest factor out of this $800 billion we are wasting is health care fraud. It is 19 percent of health care waste—at least $125 billion to $175 billion a year, and most of that is in government-run health care programs. Not the private—the private sector has less than 1 percent of fraud. They also have a denial rate that is one-half to a one-third of Medicare's rate in terms of denial of payment claims.

The third most important thing in terms of waste is administrative inefficiency. The large redundant volume of paperwork in the U.S. health care system accounts for $100 billion to $150 billion in spending annually.

The fourth most important area, 12 percent of health care waste is health provider errors, errors we make caused by me as the doctor, or a hospital, that causes us to spend money we should not have to spend.

Six percent of the health care waste is preventable conditions, such as somebody with diabetes getting their blood sugar out of control and ending up in the hospital; whereas if they had good care, coordinated care, it wouldn't have happened.

Of course, No. 6 is 6 percent of health care waste, and that is lack of coordinated care, where we do not coordinate the care, where doctors don't talk to one another, doctors don't talk to the hospital, doctors don't get all the information, so consequently we waste money.

So the first problem that plagues us is that cost is too high. We fully know that $1 out of every $3 we spend on health care is not helping health care. That is our pot of gold. That is where we lower the cost. Just think what health care would cost if it costs one-third less today or if it costs the same for the next 5 years. That means we could cover everybody who is not covered for free and have about $400 billion left over if we just went after where the pot of gold is.

The second problem with our health care system is we have disconnected the purchase of health care from the payment of health care, so that when I go to make a purchase I no longer use the discrimination that I use in everything else that I purchase, such as seeing if it is of value to me. I don't ask what it costs, I don't ask if it is the best way to get this, if it is the most economical way to get there. I don't question to make sure—are you sure I have to have this done? I don't necessarily get a second opinion. I don't ask, if it has to be done, where is the best place as far as efficiency and dollars to get it done.

The reason we don't ask those questions is because most of the time the money isn't coming out of our pocket because we have this perceived false belief that our insurance company or the government is paying for it. If our insurance company is paying for it, we are paying for it because for every 3.5 percent cost our company is paying for insurance, 2 percent of that would have been our wages. And for every $1 that we spend on Medicare, our grandchildren and our children are paying into that fund to pay for our Medicare. In fact, it does cost us, but we have disconnected that cost.

The third thing we have done is we have a Tax Code that says if you are fortunate enough to have your employer pay for your health care benefits, you get $2,700 more in tax benefit than everybody who doesn't have their employer paying for their insurance. You get about $100 in tax benefit if you don't get your insurance through your employer. So we have a 27-fold discrimination that advantages those whose employer pays for their health care versus those who have to buy it on their own or their employer doesn't offer it.

That is wrong. It is not fair. It is unequal treatment, and it creates this maldistribution. But, even having said that, the cost for an individual plan versus the plan bought through your employer, if you buy it in a nationwide marketplace, if you could, it would be 20 percent less than what you could buy it for through your employer. Those are the real statistics.

Then the fourth thing I see that is wrong, as both a patient—I ought to stop here in a minute and tell everybody, at 61, almost 62 years of age, I am a two-time cancer survivor. I have had malignant melanoma and metastatic colon cancer. I also have atrial fibrillation. I have been a patient. I have been on the other side of my stethoscope as a patient.

What I see is, we have limited the options for people in this country. If your employer buys your health insurance, you have very limited options. You get take it or leave it most of the time. Here is what we are providing: You get to take it. If you don't take it, then you have to go outside and you loose that $2,700 advantage, so it comes out of your pocket.

We don't have the freedom to choose within our employer. We also have the States. We heard the Senator from Maine talking about the greatly increased costs in Maine. There is a reason Maine has the massive inflation in their health care insurance. They created the State plan that caused it, that truly limited the competition. So they have seen the results of limited competition because of what they installed. But every State has an insurance commission that both decides who is eligible to sell in the State but also follows the mandates; here is what the minimum is that you have to buy in your State.

Then, of course, if you have Medicaid, you have limited options because 40 percent of the physicians in this country will not see you. If you have Medicare, you have limited options because now about 15 percent of physicians, fast rising to 30 or 40 percent of the physicians in this country, aren't going to see you.

Then if you have VA, you get VA and that is it. You don't get to choose your doctor or you don't even get to choose your location. Here is where you will be, no matter how many miles it is, and here is the doctor you will see. The same thing with TRICARE essentially because TRICARE has limited coverage in terms of availability of all the physicians.

The fifth thing I see that is wrong is there is an absolute lack of transparency as to what something costs and what you can expect as far as quality outcome. That makes it hard to know how to buy, where to buy, or who to buy from. Who do you trust? So if there is no transparency in either quality or price, you are going to have a tough time making a decision. All of the things I am describing describe a lack of liberty, a lack of freedom.

We have government mandates. Have you ever gone to a hospital—this is a great question. One of my constituents wrote in and told me this, and I never had thought about it. Go to a hospital in the middle of the day and try to get a parking spot. Then go to a hospital at 10 o'clock at night, and the parking lot is almost empty. What you are seeing in the difference in the parking lot is the administrative bureaucratic overhead that is required in a hospital to manage the mandates that the government has put or the insurance company has put on the hospital.

If you look at it, fully one-third of the people in every hospital in this country don't do anything to help anybody get well. They are filling out forms, they are pushing the paper,

much like this study I mentioned from Thomson Reuters.

Then we have the insurance mandate. What is wrong? If, in fact, you have a preexisting illness, you don't get insured. That is wrong. We need to fix that. Or if you get sick, insurance companies have figured out a way to drop you. That can't be right. That is why you bought insurance in the first place, and that is not just in the health insurance industry. Try filing a claim for a new roof on your house and see what your insurance costs do next year or if they will insure you. We get hail all the time in Oklahoma and we get roof damage and a lot of times if you have that 2 out of 10 years, they will not even reinsure you. So you have to go find somebody else.

It is a practice of risk management that they are using that doesn't think about the potential market of who their customer is. So I agree we ought to fix those things.

Then we have the costs. Already the Senator from North Dakota tonight talked about drug prices. The one thing he didn't tell everybody is that the reason drugs are cheaper in Canada is because they threaten not to honor intellectual property of this country.

There is a real good way to make sure drug prices go down. Both the Bush administration failed on this and the Clinton administration failed on this—and this administration. If Canada wants to tell our drug companies what price they will pay, then we will tell them what we will pay for their lumber, and we will tell them what we will pay for anything else they want to import to our country. But we put all the focus on the drug companies instead.

So I am going to get to my point. The other thing that is wrong is, on average it costs $1 billion per new drug just to go through the FDA process in this country because we have such a litigious society, that it costs two to three times more to approve a drug in this country than it does anywhere else in the world.

We have drugs that are fantastic drugs that are made by companies in this country that are not allowed to be sold in this country that have passed all the safety and efficacy standards of the European common market, but they can't get them through our Food and Drug Administration because the Food and Drug Administration is worried about somebody criticizing them if they ever make a mistake. They met the standards, did it right, recalled it, now they are afraid to approve anything because they are afraid somebody will be critical of them.

Another thing that is wrong is we have the lack of any real market forces. Insurance companies really don't have to compete.

They really don't have to compete. The government sets the price for everything, essentially, because Medicare says what they will pay and everything else is priced off that.

Here is another thing that is wrong with our health care system. We are starting to experience it. There is a maldistribution of physicians both in terms of geographic location and physician specialty. One in 50 graduates of med schools last year went into primary care. Everybody else went into specialty and subspecialty residencies. Why did that happen? The reason it happened is because the earning power of somebody who has 7 years of medical training is one-third of somebody who has 8 or 8½ or 9. How did that happen? Because Medicare set the payment rates. Medicare set the payment rates, so they created a maldistribution in terms of the payment for physicians.

Another thing I noticed as a practicing physician and as a patient is that our whole system right now has its emphasis on sick care, not on preventing disease, not on prevention, not on the maintenance of chronic disease. We wait until people get sick and treat them. That is expensive. The reason it is that way is because Medicare won't pay for prevention. They refuse to pay for prevention. If you sit down with a patient in your office, a Medicare patient, and spend the time to go through the risk factors and the lifestyle changes and their medicines, the things they need to do, you will not be compensated enough to pay the electricity bill for that office visit. So what has happened is we have incentivized people not to spend time with the patient. We have incentivized them to see more patients for shorter periods of time and not listen to the patient and not spend the time on prevention because our dollars have been incentivized against it.

Then, finally, government systems are designed to be defrauded. If you think about it, it is easy to make $500,000 a month off Medicare; it is hard to get caught. All you have to do is know a whole lot about medicine, have a little bit of guts, and set up a vacant office somewhere and put one computer in it and run everything over the line, and you can rip off Medicare like crazy. We know the drug dealers in Florida are starting to shift away from drugs and into Medicare fraud because it is easier to do. They can make more money. It is harder to get caught, and when you do, the penalties are much less. It is designed to be defrauded, but we haven't changed that.

I have talked about the problems. Let me talk about what is great about American health care.

I want to make the point in a minute that the worst thing we can do in trying to fix what is wrong is destroy what is right. We have the greatest acute care anyplace in the world. If you get sick, there is no better place in the world to get sick than in the United States. I don't care where you are. The statistics bear that out. There is no question. If you get cancer in this country, you have a 50-percent greater likelihood of being alive 5 years from now than anywhere else in the world. It really doesn't matter what type cancer. There are some differences on some, but overall you are 50 percent more likely to be alive.

The third thing that is great about our country is, innovation in health care is two-thirds of the world. Actually, last year it was 74 percent of all innovation in health care came out of this economy. We have invested in the research. We have the scientists. We have the researchers who have pulled together technology, thought, experience, and research, and come up with great innovations that make big differences in life expectancy and quality.

The other thing is we have a very skilled workforce. We have some shortages. Our nursing shortage has been created by the government because we created a health care system that has both hospice care and home health care, but we made the only way that can effectively work is through registered nurses. So we sucked all the registered nurses out of the hospitals because of time constraints and lack of holiday work and lack of shift work. The best nurses want to go where they don't have any of those things. We created a shortage when we could have created a different class of somebody doing home health care rather than an RN. But that is what we have done. We have created this sucking sound, as Ross Perot used to say, and sucked the nurses out of the hospitals. Now we have this critical shortage of nurses in our country because of what the government did.

The other thing besides the skilled workforce, the nurse practitioners, the PAs, nurses, physical therapists, pharmacists, radiologists, doctors, surgical nurses—they are great in this country.

Then we have great medicines. If you think about it, the combination of medicines that saved my life with metastatic colon cancer were all developed here. Six months of chemotherapy, of being sick every day, has been worth every morning I see the Sun. It is this research, the investment in NIH, the quality of research, the committed doctors who will do the research, committed doctors who will take care of you when you are sick and you don't feel like communicating with anybody, but yet they are patient with you—they love you, they nurture you. We have a great system here.

If you have a cardiovascular event, this is the best place in the world to have one. If you have a heart attack, a stroke, if you get cancer, if you have an acute fracture of a limb or joint degeneration, this is the best place in the world to have it.

So I have outlined the problems, which are big, and the things that are good. What do we do with that? Our goal ought to be to not destroy all these good things while we fix the things that are not good.

How did we get in trouble? How did we get to where we have the highest percentage of our GDP, this thing that really limits people in care, cost—how

did we get where we are? Why is it? Part of it has been innovation. About 30 percent of the cost increase we see in our country is because of innovation. It takes money to get innovation. When innovation comes out, we have to pay for the research that was not paid for upfront. About 30 percent of the health care inflation we see is from new products, new innovation, new ideas, new treatments, new strategies or procedures. But the rest of it goes back to this Thomson Reuters, where we have this inefficient delivery system of health care.

A question I asked my staff—and we did the research—what was health care inflation before 1970? Do you realize that most of the time it was less than the regular increase in inflation? What was the difference? What happened? What happened is the government got involved in health care. We created demand that was price-controlled demand, and all of a sudden the bubble started squeezing up.

The other point I wish to make is that most people don't realize that 61 percent of the health care in this country today is run through the government. If we have a problem with health care, we have to look at not where the 39 percent of it is but where the 61 percent is. Let me explain what that is. That is Medicare, TRICARE, VA, Medicaid, Indian Health Service, SCHIP, DOD, and FEHPB. That accounts for 61 percent of the people in this country who have health care. They are getting it through the government now. Our answer is more government? Our answer to the solution is more government?

What should our goals be? Our goals should include access for everybody; affordable prices; liberty to choose what is best for you and yours, not limited by your State, not limited by the Federal Government, it should be your choice; freedom to choose your caregiver. You don't get that in Medicaid. You don't get that at the VA. You don't get that at Indian Health Service. You limitedly get it through Medicaid. Another goal is security in your health care, knowing that no matter what happens, you will have health care. Those are things I think the Presiding Officer would agree with.

I am joined on the floor by the other physician in the Senate, Senator BARRASSO from Wyoming. I welcome him.

I wanted to spend 1 additional second outlining a few things.

Here is the bill we have on the floor, the Reid substitute. I will not talk about the parliamentary shenanigans that have gone along with what we are doing. The fact is, we are going to have a debate on health care. It couldn't have been said any better than by Senator SNOWE. Every major piece of legislation that has affected most people in this country has occurred on a bipartisan basis. If this gets passed, you will see a revolt in this country because it is not what the vast majority across party lines want to see. We need to meet in the middle.

Just so I can tell you what is in here or what is not in here, there is no provision in here guaranteeing that taxpayers will not finance abortion. There is no provision prohibiting the rationing of health care. You will see rationing of health care with this bill. We are seeing it now in Medicare more every day. CMS is not supposed to be doing it, but they have a reason not to do it. There is a law that says they are not supposed to do it, but it doesn't prohibit them. Now they are rationing about 17 things. They have made a decision on practicing medicine. You will see that.

There is zero number of Senators who are going to be required to enroll in the health care bill we will put everybody else on. There are nine new taxes created in this bill, nine new separate taxes. There are 13 pages in the bill's table of contents, single-spaced. This bill weighs 20.8 pounds. There are 36 pages in the CBO explanation of what they think it might or might not do. It has 70 new government programs. Think about what that means in terms of bureaucracy and then think about your choices, about who you want taking care of you and whether you and that caretaker, that physician are going to get to decide what is best for you or some of these 70 new government agencies. And 1,697 times in this legislation we allow the Secretary of Health and Human Services to create, determine, and define critical things in this bill and write the regulations—1,697 times. There are going to be 1,697 new sets of regulations in health care in this bill alone. There are 2,074 pages. There are 2.5 million people who will lose their health insurance with this bill who have it today. They are going to get moved into some government program. There are still going to be 24 million people left without health insurance, if this is fully implemented, according to CBO. This bill costs $6.8 million a word. It is $1.2 billion per page. Ten billion will be needed every year for the IRS just to follow the regulations for the tax collection in this bill. That isn't even considered in the CBO score. There is going to be $8 billion in taxes levied on uninsured individuals. There is going to be at a minimum $25 billion a year in increased mandates on States for Medicaid; there is $28 billion in new taxes on employers not providing government-approved plans; there is $100 billion of fraud annually in Medicare; there is $118 billion in cuts to Medicare Advantage; there is $465 billion in total cuts to Medicare; there is $494 billion in revenue from new taxes and fees levied on individuals, on American families, and businesses. Mr. President, $2.5 trillion is the non-Enron accounting cost for this bill.

Finally, there is $12 trillion worth of national debt today, and this bill by itself will take it to $15 trillion in 10 years. It will increase the national debt in less than 10 years by $3 trillion.

So with 61 percent of the health care in this country already supplied by the government—and either bankrupt or going bankrupt or not giving the care that is promised; look at Native American care—we are going to do more government health care.

Senator MCCAIN had a great analogy the other day on this bill. This bill starts collecting taxes right away. The American people need to know the reason there is the delay in the onset of the benefits in this bill. It is because that is the only way they can make it score and look like it is not spending the amount of money it is spending.

But he used this analogy and I thought it was really great: This bill is like you buying a new home; you go get your mortgage, and you start paying on your mortgage, and you get ready to move in the house, and they say: Uh-oh, the deal was you can move in in 5 years, because that is when the benefits start, 5 years from now. But we want you to pay on it for 5 years before you get to move into it.

None of us would do that. Yet that is exactly what this bill does. It is not a bait and switch. It is just deceptive, and it is dishonest in its accounting. And, of course, Washington has been dishonest. We use Enron accounting. Anything that makes it look less expensive or us look better, that is how we account for it.

Finally, I would say this, and then I will yield to my colleague and fellow physician, Senator BARRASSO.

Of the things that are wrong with health care in America and the things that are right—the things that are right are because we have a patient-centered system; the things that are wrong are associated with a government-centered system.

This is a government-centered health care fix, and it is not even a fix. It does not address malpractice costs. It is somewhere between $100 billion and $175 billion a year in tests we are ordering that people do not need because we refuse to address the tort system in this bill.

What we need is a patient-centered result. What we need is meeting in the middle to solve this problem for the American people.

Abraham Lincoln said: America will never be lost by being destroyed from the outside. If we falter and lose our freedoms, it will be because we have destroyed ourselves.

This bill is the path to destruction for health care in America. Eighty percent of the people in this country will get along just fine with this bill. Twenty percent are going to suffer drastically under this bill because it totally ignores the clinical practice of the art of medicine. Everything is based on a government-run, government-mandated, government-controlled fiat that takes away your liberty, takes away your choice, takes away your freedom; and now we will move physicians from having to be 100-percent advocates for the patient to an

advocate for the government first and the patient second. That is the first health care outcome we could have.

Senator BARRASSO.

Mr. BARRASSO. Mr. President, continuing along this line—because both of us have practiced medicine—I took care of families in Wyoming as an orthopedic surgeon for the last 25 years; Dr. COBURN in Oklahoma for longer than that. We know there are things that need to be corrected. There are improvements that need to be made. We need to fix what is wrong with the system, and that is what I hear every weekend when I go home. It is what I have talked about in the surgeons' lounge in the hospital. That is what I have talked about in the office with my patients. So we need to fix what is wrong with the health care system. But whatever we do, we have to make sure we do not make matters worse. So I say to my friend from Oklahoma, absolutely, my concerns are that this absolutely is going to make matters worse. It is going to increase premiums for families who have insurance. It is going to take almost $500 billion away from our seniors who depend upon Medicare for their health care. It is going to raise taxes on everyone in America—not just on people above a certain income level, on everyone.

They all are going to be impacted when you look at all the taxes that are going to be thrown on this. It is going to be passed along. People in America understand that. People know exactly what is happening here. That is why when I had a telephone townhall meeting earlier this week and asked: ''Is this the right way or the wrong way? Do you think you are going to pay more?'' Everybody thinks they are going to pay more. When asked: Do you think your system is going to get better or worse? They think it is going to get worse. Americans do not want to pay more and get less. That is not the value we as Americans want. It is not what we expect.

People say: Don't cut my Medicare. Especially, if you are going to try to do anything with Medicare, do it to save Medicare, which is already going to go broke in the year 2017. Don't do it to start some whole new, big government program. They say: Don't raise my taxes. People want to know what is going to happen to them, what is going to happen to their family.

What happens if they get sick? Well, they look at this and they say: We want practical, commonsense health solutions, not higher insurance premiums, not higher taxes, not Medicare cuts, not more government control over health care decisions. We want to have lower costs, improved access to providers, more choices. That is the whole crux of why we are doing health care reform, at least that is what I was told 9 or 10 months ago. When they said: We need health care reform. I said: Yes, we do.

I served 5 years in the Wyoming State Senate. We did major pieces of legislation, always in a bipartisan manner, as the senior Senator from Maine has said. Now we are trying to find a way where somebody is trying to get just the minimum number of votes to pass this—not because they want to say, let's see what we have that will work for people.

As doctors, we try to find solutions that work for people. We do not say: What is the very minimum we can do? That is what we are seeing here. We are saying: What can we do to get it right? What this bill is saying is: What can we do to get 60 votes, the minimum we can do to get this, to drag it over the next step along the line—not to solve the health care issue that faces our country.

We know we need to deal with access to care, quality of care, and the cost of care. As my colleague from Oklahoma said earlier, it is the cost of care that needs the attention right now. Eighty-five percent of people like the care they have but they do not like the cost of that care. So what can we do to help get that cost down?

Everything I read and everything I know and everything I study and everything I believe from my years of practicing medicine and taking care of patients tells me this is going to drive the cost up for everyone in the country. And that is not just me.

The dean of Harvard Medical School said it just the other day. He gave the whole thing a failing grade. He said those ''people who favor the legislation are engaged in collective denial.'' And he went on to say that when you talk about the problems of cost and access and quality—with the cost, he said, this ''will markedly accelerate national health-care spending rather than restrain it'' and will ''do little or nothing to improve quality.''

Well, if you are going to spend much more money, you ought to get increased quality. But the problem is not that we are not spending enough money. We are spending enough money in the system. Half of all the money we spend in this country for health care goes for just 5 percent of the people—people who eat too much, exercise too little, and smoke. But there is nothing in this bill anywhere that gives an incentive to those individuals, to that one person to say: Hey, look, we want you to quit smoking. We want to help you lose weight. We want to help you get your cholesterol under control, through exercise get your diabetes under control, get your blood sugar down. There is nothing that gives an incentive to any one individual.

Now, there is a lot of money in here for roadways and streetlights and jungle gyms to encourage community health. But that does not work. What works better is an individual incentive to some person to say you are going to save this much money, get this much money, if you take responsibility for your own health. A lot of people try to do that on their own. But those are the 95 percent, not the 5 percent who are costing this country 50 percent of its health care dollars.

But I will ask my colleague from Oklahoma, do you see anything in here that focuses on that individual patient, a patient-centered approach, as opposed to a government-centered approach or an insurance company-centered approach? I see nothing here that is really focused on the individual patient, giving them incentives, giving them opportunities, giving that individual, American citizen more control, more freedom of choice, to help stay healthy and keep down the cost of their care.

Mr. COBURN. Mr. President, in answer to my colleague's question, there is not an incentive. This bill is full of mandates. And what it does not mandate it sets up panels to mandate. It sets up panels of bureaucrats to mandate. The real difference on this bill—and I believe we have big problems with the insurance industry, but I do not think you eliminate it. I think what you do is you clean it up and make it have to be competitive and fair and open and honest. What the bill does is it mandates.

Just this week, the Preventative Services Task Force came out with new recommendations for mammograms. If you are only thinking about cost, they are great recommendations. If you are looking at it only from cost—how do we most effectively spend the dollars—their recommendations are absolutely right. But if you are thinking about health, their recommendations are absolutely wrong.

You ask the thousands upon thousands of women last year under age 50 who had their breast cancer diagnosed early with a mammogram what they think about the Preventative Services Task Force's recommendation and listen to what they have to say. What they are going to say and what they are going to tell us is that would have made me odd woman out because I would not have had a mammogram. I am talking not high-risk patients. What they are talking about not screening—and that is what the majority of these mammograms find, with no symptoms, no increased risk—you are going to see that multiplied one-hundredfold in this system.

I know the Senator is old enough to have been trained in medicine the same way I was. There are three real tenets in medicine. The three tenets they drill into you are—the first thing is do not hurt anybody. Whatever you do, try not to hurt anybody. And in the practice of medicine and the art of medicine sometimes that happens, we do hurt people. Sometimes we hurt them on purpose to try to get them better. But the first is to do no harm.

The second is to listen to the patient. Well, the patient at this time in America is the American citizenry, where 85 percent of the people pretty well like what they have, and they want the good kept as we fix what is wrong.

Finally, the third tenet of medicine that almost every doctor is taught is,

if it has already been done and it is not working, do not do it again, and do not keep doing it.

Well, let me tell you something. Medicaid is not working. Indian health care is not working. Medicare is broke. The States are broke under the weight of Medicaid. We should give great pause as we break the three tenets of medicine in hopes of saying we reformed health care.

When President Obama spoke to us under a joint session of Congress, this is what I believe he should have said. This is an important matter for America. It is important to us economically. It affects every individual in this country. And what he should have said is: I have not been leading very well on this because we are way over here on one side on this issue, and I am going to admit I have not been leading very well. But here is what I am going to do. I am going to bring us together in the middle where we can all agree on—it is kind of like Senator ENZI's 80-percent rule. It is a great rule. Senator ENZI has joined us. He is the ranking member of the Health, Education, Labor, and Pensions Committee. I want to bring us together and find something on which 80 percent of us can agree.

Had he done that, he would have been a hero in solving the problems in which we find ourselves. Instead, we are going to try to pass something that, before we are through with it, the vast majority of Americans are not going to want. And if you do pass it, and he does sign it, they are going to revolt.

So as our friend LAMAR ALEXANDER said: What we ought to do is start over. We ought to fix one step at a time the things we know are most important, as the author and promoter of association health plans suggests, where we increase the buying power; transparency in the insurance market; risk reevaluation so people can't cherry-pick; eliminate preexisting illnesses so they can't cancel insurance. All of those things we can do without creating all of these new programs, all these 1,697 times that the Secretary of HHS is going to write the rules and regulations.

I thank Senator BARRASSO, No. 1, for his insight and experience. I would leave our colleague, the senior Senator from Wyoming, with this thought: You have two doctors down here who happen to be Senators, who have well over 50 years of practice experience. I had a business career in the health industry prior to going into medicine. We diagnosis this bill as sick. We diagnosis it as something that should be pulled from the market, just as the FDA pulled Vioxx. It will not solve the problem; it will make the patient sicker.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I wish to thank the two doctors for their comments. I have been enthralled with what they have been saying. They have been doing a series of programs to help people understand what we could do with health care and how health care is being done. I am glad they point out that vast difference. Obviously, it was a very effective program. It was so effective that the other side decided to have a show too. They put up the two lawyers, and it shows one of the problems.

When the President did speak to us at the joint session, he talked about medical malpractice reform and how he was going to do it the next day. The only problem is what he was referring to was a bill I did with Senator BAUCUS that was ignored in the HELP Committee and it was ignored in the Gang of 6 and it was ignored in the Finance Committee, something that would have gotten some medical malpractice reform going. I think that only saves about $54 billion. That is still a lot of money to me. It is a lot of money even in this bill, although this is a $1 trillion bill.

I appreciate the doctors. I particularly appreciate my colleague from Wyoming who has been here all day adding comments from his medical background and making a substantial contribution to having the people of America understand this bill. But the people of America understand the bill better than the people in this Chamber. That is the problem. In August there were town meetings and people were appalled at the number of people who wanted to go to those town meetings and the way they wanted to speak, and they explained to us why this method won't work. It wasn't because anybody organized them. If Republicans were that good at organization, we would still be in the majority. These were people who were concerned about health care and where it was going. They had read a lot about what had been said, and they are still reading about it, and they are still mad. This isn't where they want to go. The average person in America thought we were going to cut their health care costs or at least keep them from escalating. That isn't what this bill does. This bill builds a whole bunch of new programs and taxes people and steals from Medicare. That is not where the country wants to go. I know that is not where the seniors want to go. I have been surprised at the AARP endorsing the bill. Their members don't think so. Their members are appalled at what is in here and how it is going to affect Medicare.

But my real intent tonight is to discuss this bill and how the increase in health care costs raises taxes and particularly affects small businesses. It makes them less competitive. Small businesses across America are the engine of the economy. I don't know how many times I hear that around here—the engine of the economy. If small business is growing, the economy is growing. If small business is stagnant, people are still losing jobs in big businesses, and it is usually the ones who lose the jobs in big businesses that eventually get absorbed into the small businesses. It is a shift of a brain trust and it makes the small businesses grow and they stay the engine in the economy.

As many of my colleagues know, before I came to the Senate I was a small business owner. My wife and I owned three small shoe stores in Wyoming and Montana. When I talk about small business, I don't talk about it in the vacuum of the Senate floor; I speak from my life experience. I know what it is like to manage a small business, to keep the books, to pay the vendors, and always to serve your customers. In the Small Business Committee I like to remind them that even though the Federal definition of small business is 500 employees or less, the real engines of the economy are much smaller than that. Some of them are the ones that are just starting, where the owner of the business sweeps the sidewalk, cleans the toilets, waits on customers, and does the books, and definitely not in that order. That is the small business. That is a small business growing. Those are the kinds of businesses that becomes the big businesses. A lot of them fail. A lot of them know they are taking a risk, but thank goodness they are willing to take that kind of risk. They never expect the government to add to their risk, but they know it does.

I faced the challenges of making payroll and trying to negotiate good, affordable benefits for my employees. I have had that experience of sitting bolt upright in the middle of the night and saying, Tomorrow is payroll. How am I going to meet payroll? Sometimes you do it without paying yourself, but the business keeps going.

I have to say in a small business the employees are very close to the business. They understand how tenuous it is. They work and they participate and in the good businesses, they are all like family. So they don't have some of the same choices that the big, flexible companies do. I see where a company in Virginia is about to lay off—America On Line is about to lay off 2,500 people. The person who lays them off, do you think they know those 2,500 people? No, they won't know those 2,500 people. I suppose that makes it a lot easier. But in small business, they know their people. They want to do whatever they can to keep that brain trust, that skill, that ability around, and they sacrifice a lot to get to do that.

As a former small business owner, I also understand that if we pass this bill, it will harm the engine of economic growth, and it will be a disaster for millions of Americans. This bill will impose $493 billion in new taxes, and those fall disproportionately on the backs of small business men and women.

For instance, the new $54 billion increase in the Medicare payroll tax will hit approximately one-third of the small business owners across the country. These are the same businesses that

employ over 30 million Americans. So why would this affect them? Do they make that much money? Well, that much money shows up on their books. Most of them are Subchapter S corporations, which means that every dollar of profit becomes their own income, even though they have to take most of it and put it back into the business in order to keep the business going and to grow the business. But some of them look like they make a lot of money.

There are some businessmen in Gillette, WY, and they started a restaurant. They now have six restaurants. I happened to be in one of their restaurants in Casper. Sanford's is the name of it. It is a brandnew restaurant, and when I was there, the owner happened to be there and he recognized me and he came over and visited. He knew we were working on this. He said, You know, they keep piling stuff on us. They think we are rich. Sometimes the things we have to file with the government because of our Subchapter S corporation make us look rich and cost us a lot in taxes. We are helping them to keep this government going, but we don't get to put it in our pocket. He said, When we started that first business, we each had $200 in our pocket and we were able to borrow enough money to start that restaurant. Each restaurant that we built has been a little fancier and a little nicer. The one you are sitting in right now cost $500 million to build. He said, You know, me and my partner still only have $200 bucks in our pocket. The rest of it we have had to plow back into the business. And when we plow it back into the business, it creates more jobs. There are more people working. I will tell you, those are good jobs, too.

I don't understand at a time when small business owners are struggling to pay their bills and to keep the lights on, the majority leader has decided we ought to increase their taxes. These businesses are fighting for their very survival. This bill makes it harder for them. Small business owners are also health care consumers like the rest of us. They take prescription drugs to treat diseases such as cholesterol and hypertension from the stress they are under, and they might also use a pacemaker or have a hip or a knee replaced. If this bill is passed, the prices they pay for all of those items will increase. They increase for the employees they have too who have those same things done.

This bill contains over $40 billion in new fees for prescription drugs and medical devices. The nonpartisan Joint Commission on Taxation has said these types of fees will ultimately be passed through—to whom? To the consumer, meaning that the small business owner is going to pay more for his health care and for the health care of his employees.

Many small businesses still manage to provide health insurance coverage for their employees, despite the ever-increasing cost of health insurance. I understand how hard it is to pay those ever-increasing costs. That is why I fought for years to help small businesses band together so they would be able to get the same kind of discounts that insurers typically provide for the large employers. How would that work? Businesses would be able to band together through their associations across State lines, even nationwide, and build a big enough pool that they could effectively negotiate with the insurance companies or with the providers. I have to tell you, when I proposed that, the insurance companies didn't like it. We went ahead with it anyway. I got it through committee. I brought it here to the floor of the Senate, and I understand how hard it is to get health care reform done. I had a bill that was filibustered on the motion to proceed. I got 55 votes. I had three people who would have voted for it who weren't here. I got 55 votes. That wasn't enough. You have to have 60 in order to move on.

Here is the real irony. OLYMPIA SNOWE was ready to do the amendment that probably would have taken care of 80 percent of the concerns of the people, but because we couldn't do the motion to proceed, we couldn't offer that amendment. We couldn't finish the bill. As a result, there are no small business health plans that cross State lines. Yes, there are small business health plans. Ohio is the laboratory that I used to work the idea. Ohio already had this kind of thing within its State boundaries. There is a lot of population in Ohio. Wyoming doesn't have much population so we can't form these big pools, but Ohio could. I looked at what they had done and it was marvelous. It saved money. It gave more benefits than most of the insurance plans in the State. You know what they said to me? We could do better if we could cross that State line. If we could go nationwide or even across to one more State, we could do better for every one of our people, because we would have a little bigger pool and we could save more money. They said, in the initial phase of this, you know where most of the money is saved? I said, No, where? They said, In administrative costs. Each of those little businesses having to do their own buying, figuring, paying, costs a lot of money, about 38 percent of health care. That doesn't show up in premiums; that is a cost. Do you know what the Ohio small businesses were able to save? Twelve percent. Twelve percent. That is a huge savings, just in administrative costs. But, no, we weren't able to pass that on to these small businesses. Instead, we are coming up with a way to tax them more, regulate them more, which is not exactly my idea of how to fix health care.

Rather than lowering the costs, this Reid bill will actually increase the cost of insurance by creating a new $60 billion tax on insurers. Just like the new taxes on drugs and devices, the cost of the new insurance tax will be passed through to the consumers, meaning that small businesses will see their health insurance premiums go up even more.

The damage this bill will do to small business is, unfortunately, not limited to the new taxes it creates. The bill will also impose expensive new mandates and requirements on insurance that will have the effect of dramatically increasing costs for small employers. One of the worst provisions dealing with insurance market reform is the so-called shared responsibility for employers. What the authors of the bill are trying to hide behind and what sounds harmless is a $28 billion job-killing tax on employers.

Under the bill, if an employer doesn't provide health insurance benefits to any employee eligible for the new insurance subsidies, which includes families making up to $90,000 a year, then the employer has to pay a fine. The penalty is equal to $750 per employee for all the employees.

Let me say that again. If an employer doesn't provide benefits to an employee eligible for the new insurance subsidies, which includes families making up to $90,000 a year, that employer has to pay a fine. The penalty is equal to $750 per employee for all the employees, not just the one eligible for a subsidy.

The nonpartisan scorekeepers at the CBO plus nationally recognized economists have said the costs of this new tax bill will ultimately be paid by workers. Businesses that cannot afford to provide health insurance will pass the costs of these new penalties on to their workers in the form of stagnant or lower wages, reduced hours, and eliminated jobs.

According to one recent study by the Heritage Foundation, this new job-killing tax will place more than 5 million low-income workers at risk of losing their job, or having their hours reduced, and an additional 10 million workers could see lower wages and reduced benefits. That is what they have to do to stay in business.

The bill contains a narrow exemption for small businesses with 50 or fewer employees. Similar to many of the other poorly conceived provisions of the bill, even this exemption is likely to create unintended and harmful consequences.

What is the likelihood that a small employer with 50 employees right now will agree to expand their business if by adding that single extra employee they expose themselves to this new job-killing tax? Small businesses are the engine of economic growth. I cannot say that enough. They create the jobs in this country. But this provision will discourage the creation of new jobs.

Fifteen million Americans are currently unemployed and 19 percent of small businesses have reported that they reduced employment in their firms in the last 3 months. If this bill is passed, the Reid job-killing employer tax will mean that more Americans

will lose their jobs. We ought to be concentrating on jobs. Instead, we are focusing on something that will kill jobs.

The Reid bill will also impose sweeping new regulations over the health insurance marketplace. Similar to most new regulatory schemes imposed on small businesses, this one will also mean increased costs for small businesses.

Small business owners know the current market for health insurance is not sustainable. According to a recent Kaiser Family Foundation report, costs for small businesses, those with less than 200 employees, rose by 5 percent from 2008 to 2009, and they are expected to rise again next year.

We all agree the status quo for health insurance is not acceptable. Equally unacceptable, however, should be any proposals that make the current situation worse. Unfortunately, that is exactly what the Reid bill will do.

The nonpartisan Congressional Budget Office, the administration's own actuaries, the National Association of State Insurance Commissioners, and at least six other private studies have all looked at provisions similar to what is in the Reid bill, and they all found that these provisions will drive up health insurance costs.

Actuaries at the consulting firm Oliver Wyman, which did one of the studies, estimated these provisions will increase premiums for small businesses by at least 20 percent. Last year, they had an increase of 5 percent. This is going to do 20 percent. I suspect most small businessmen will notice that, and they will also know where the blame lies. WellPoint, the largest Blue Cross/Blue Shield plan in the Nation, looked at their actual claims experiences in the 14 States in which they operate and concluded that the premiums for healthier small businesses will increase in all 14 States—in Nevada by as much as 108 percent.

The bill also eliminates consumer choices, requiring Americans to buy richer types of plans that cover more deductibles and out-of-pocket expenses. These plans typically have much higher premiums. That is right. Washington is going to tell you what kind of insurance you have to have, even if it is a lot better than what you have now and you like what you have now. That is not good enough. Washington knows better for you what you need in the way of health insurance. They are going to see that you get it. Boy, are you going to get it. These plans typically have much higher premiums. We have looked at the studies to see how many people have the quality of insurance we are talking about at the lowest acceptable level. If you don't do that, you get fined. OK.

Well, these new mandates will make it more difficult for small businesses to adopt new, affordable, high-deductible health plans. These plans, when combined with health savings accounts, have been enormously successful in recent years in helping small businesses control health care costs. I know a secret here in the Senate. There are quite a few employees—particularly the younger ones—who did a little evaluation, because in the Senate everybody has the same choices and everybody gets to buy from the private market and everybody can pick how much they want to pay in premiums compared to deductibles. You can pay more premium, less deductible, or less premium and more deductible. The two balance out. People know that. Some of the astute kids in my office took a look at buying the insurance as opposed to doing the high deductible and putting it in a health savings account. They found out they could take the money it would cost for the regular plan and, instead, buy this high deductible and take the difference and put it in a savings account. The savings account grows tax free. It has to be used for health care, but it pays for health care things as they come up. In less than 3 years, the one putting in the least covered the entire deductible. So for the rest of the time, she would not have to put any more into that savings account. But she is smart. She said: I am putting that in there tax free, and someday I will need it. So she is continuing to grow that.

We have decided that is a bad deal. I will tell you, people around here are smarter than us. They are figuring out how to save money on health insurance already. I don't think they are going to like that.

Another thing you can do as an employee here is have a flexible savings account. That happens in a lot of businesses across the country. If you have company insurance, you can do a flexible savings account. This bill is going to do away with that too. That is the way to do it if you know you are going to have health expenses the next year that don't fall within your policy. You can put that money in the bank tax free and use it as those bills come due.

We are going to limit that, and that limit isn't going to have any fluctuation dealing with inflation, so in 2 or 3 years that program is gone. I don't know why these ones that encourage people to save and plan for the future are such bad ideas.

According to the Kaiser Family Foundation, 11 percent of small business employees are enrolled in HSAs. Average HSA premiums for small businesses are 20 percent lower than the traditional PPO plans, and the number of employers offering HSAs has nearly doubled over the last 3 years.

If you work for Starbucks, that is one of the small companies—not really. But Starbucks provides insurance to their people. They do it through HSAs. We are talking about getting rid of that, saying it is not good enough. There are going to be upset people.

The new mandates in the bill will prevent some high-deductible health plans from being sold because they do not provide a rich enough benefit.

Small businesses are not just purchasers of health care, they are also providers. Doctors, home health aides, and nursing home owners are all small business owners. They have a significant stake in how this bill turns out. You can tell from the two practitioners we have here who understand and had small businesses, they understand how this works. That is without even getting into the fact that the government, in Medicaid and Medicare, cuts what they pay so it is below their cost. You know how hard it is to run a business below cost? It is impossible. You have to shift the cost somewhere else so the people under private insurance pick up the costs.

I am reminded of some farmers who decided they could make a killing and drive the truck over to North Dakota and buy some eggs for just 24 cents a dozen. They could bring them back to their home State and they could sell them for a lot more. Of course, when they sold them and figured in the expense of picking them up, they found out they were only getting 20 cents a dozen for them. If that is the case, you cannot just buy a bigger truck and solve the problem. That is what doctors are finding. They are saying: I cannot afford to take Medicaid patients or Medicare patients. If you cannot see a doctor, you don't have any insurance at all. That is where we are driving this thing.

Unfortunately, a number of the provisions in the Reid bill will devastate these small health provider businesses. The bill cuts over $460 billion from Medicare over the next 10 years, slashing Medicare payments to hospitals, nursing homes, and home health agencies.

The Reid bill will cut over $15 billion in Medicare payments to the nursing homes. In a rural State such as mine, this level of cut will destroy many small business nursing homes and force the closure of the facilities that currently provide nursing home care to hundreds of Medicare patients.

Connie Jenkins, the executive director of the Star Valley Senior Center, south of Jackson, WY—a lot of people know where Jackson is, over on the western side of the State; it is the home of the Grand Teton National Park, below Yellowstone National Park. The director recently wrote to me about the important role nursing homes play in rural small towns in Wyoming. She noted that many small communities depend on nursing facilities to provide a large portion of the available jobs. She wrote that ''in a rural State, such as ours, closing of nursing homes would mean families traveling further to visit loved ones and, in some cases, loss of access altogether.'' It is important to be near the people who are in a nursing home. We have great distances and very small towns.

The Reid bill would also cut more than $40 billion in Medicare payments to home health agencies. According to the analysis done by one industry association, this level of cuts could put

nearly 70 percent of all home health agencies at risk of having to close their doors.

Home health agencies provide valuable assistance to disabled individuals, allowing them to receive their care in their home. It is a lot cheaper than a nursing home. If these cuts are enacted and these agencies are forced to close, the patients will have to go back into institutional facilities to receive their care. In addition to devastating these small businesses, this proposal would clearly break the President's promise to protect Medicare beneficiaries and not reduce their benefits.

Many doctors, such as my colleague, JOHN BARRASSO, who has been on the Senate floor all day, have also been small business owners. Doctors are currently facing a 21-percent reduction in Medicare payments that is slated to go into effect in January. Despite cutting $460 billion from the Medicare Program, the Reid bill does nothing to fix the Medicare payment formula for physicians. Since 40 percent of doctors will not take Medicaid patients, that is now moved into Medicare, and I think 20 percent will not take Medicare patients. How would you like asking for an appointment and they say: Are you Medicare? And if you are, we are not taking you.

It can happen. That is not health insurance at all. Also, it is fascinating that Medicare doesn't have catastrophic coverage. We will talk about that. Unlike the Federal Government, small business owners cannot lose money on every Medicare patient and then hope to make it up on volume. A 21-percent payment cut is not sustainable, and it highlights why we need to fix the broken Medicare physician payment formula. Rather than stealing $460 billion from Medicare to create a new entitlement program for the uninsured, we should use those moneys to strengthen and improve Medicare.

Medicare is going broke. You saw the charts over there earlier. It is going broke. We are going to take $460 billion from it. Oh, but don't worry. The bill has a little provision in there where we are going to form a commission that, every year, will give us suggestions on how we ought to cut Medicare so that it stays solvent.

I don't know any other way you can put that: Cut Medicare to stay solvent. We had to form a commission to do that after we steal $460 billion from the program. It cannot afford to have that taken out.

Another interesting thing on that commission is they already made a deal with the hospitals, and they cannot cut them, and the doctors were supposed to have a deal, although I think the deal has been broken because the low payments did not get fixed and the medical malpractice did not get included as they were promised. So I don't know if they are still in there. In exchange, they were supposed to not get any cuts.

The pharmaceutical companies were not supposed to get any cuts. I would love to have the time to explain the deal they have. Do you know whom that leaves? That leaves the nursing homes, the home health, and the Medicare patients themselves. They are going to pick up those costs that are each year prescribed to us to pass to save Medicare. Medicare money should go to Medicare.

The Reid bill also drives up health care costs for small businesses by its massive expansion of Medicaid. This bill includes the largest expansion of the Medicaid Program since it was created in 1965. In addition to trapping 15 million low-income Americans in the worst health care program in America, this Medicaid expansion will also increase costs for many small businesses.

Medicaid uses government price controls to set private rates far below what private insurers pay, often below the cost of what it costs to provide the care. According to one estimate, Medicaid pays only 60 percent of the rates paid by private insurers. This forces doctors to make up for their losses on Medicaid patients by increasing their costs to other purchasers. According to a recent estimate by the accounting firm Milliman, inadequate Medicaid payment rates resulted in physicians shifting $23.7 billion in costs onto private sector purchasers.

Enrolling 15 million more Americans into the broken Medicaid Program will only worsen this cost shift. That means if this bill is enacted, small business owners will see their health care costs increase as physicians and hospitals struggle to make up for inadequate payments for many more Medicaid patients.

In addition to doctors and hospitals, States also cannot afford to pay for this expansion of the Medicaid Program. The Reid bill imposes approximately $25 billion in new unfunded Medicaid costs on State budgets at a time when the States are facing a worse economic crisis in general than perhaps our economic crisis because they cannot just print the money.

When we were working with the Gang of 6, we had a table that showed how the $25 billion was distributed among the different States. The CBO estimate of the $25 billion never changed. But every day, we got a new sheet and the different States paid different amounts. Did you know that finally New York and Nevada got theirs down to what they thought was a workable level? I don't know if that is actually the way it will come out if people are just jimmying the numbers.

What this will mean for small businesses will be even higher taxes and fees, as States struggle to close the estimated $22 billion budget shortfall they will face in fiscal year 2011. According to the National Association of State Budget Officers, States have already enacted $23.8 billion in new taxes and fees in the current fiscal year. These numbers are only expected to increase as States see no end in sight to their current fiscal crisis.

Increased State and Federal taxes, higher health care costs, and Medicare payment cuts are the results small businesses are most likely to see if the Senate passes the Reid health care reform bill. While these would never be welcome changes, the Senate will be debating these policies at a time when small businesses face their most severe economic challenges since the Great Depression.

As I mentioned, unemployment is already at 10.2 percent. Even that number, which is the worst we have seen in 26 years, may actually understate the severity of the situation. The government estimates that up to 17.5 percent of the population may be entirely without a job or underemployed.

Other economic indicators paint a grim picture for a potentially jobless recovery. In October, new housing starts fell 10.6 percent, which is 30 percent lower than 1 year ago. Federal Reserve Chairman Ben Bernanke recently noted that the ongoing financial crisis has led to the reduction or elimination of bank credit lines for many small businesses. He also noted that the fraction of small businesses reporting difficulty in obtaining credit is near a record high, and these conditions are expected to tighten further.

Small businesses are the engine of economic growth that can lead this Nation out of its current economic crisis. Unfortunately, the Reid bill will have the effect of sand being poured into the gears of that engine.

The recent statement of the National Federation of Retail Businesses does the best job of summarizing the impact of the Reid bill on small businesses. They said:

> We oppose the Patient Protection and Affordable Care Act due to the amount of new taxes, the creation of new mandates, and the establishment of new entitlement programs. There is no doubt all these burdens will be paid for on the backs of small business. It's clear to us that at the end of the day, the costs to small business more than outweigh the benefits they may have realized.

I see I have run a few minutes over. I apologize to the Chair.

ADJOURNMENT UNTIL 9:45 A.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 9:45 tomorrow morning.

Thereupon, the Senate, at 9:36 p.m., adjourned until Saturday, November 21, 2009, at 9:45 a.m.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF DEFENSE

MARY SALLY MATIELLA, OF ARIZONA, TO BE AN ASSISTANT SECRETARY OF THE ARMY, VICE NELSON M. FORD.

PAUL LUIS OOSTBURG SANZ, OF MARYLAND, TO BE GENERAL COUNSEL OF THE DEPARTMENT OF THE NAVY, VICE FRANK R. JIMENEZ.

SOLOMON B. WATSON IV, OF NEW YORK, TO BE GENERAL COUNSEL OF THE DEPARTMENT OF THE ARMY, VICE BENEDICT S. COHEN, RESIGNED.

DEPARTMENT OF EDUCATION

KATHLEEN S. TIGHE, OF VIRGINIA, TO BE INSPECTOR GENERAL, DEPARTMENT OF EDUCATION, VICE JOHN PORTMAN HIGGINS, RESIGNED.

SECURITIES INVESTOR PROTECTION CORPORATION

SHARON Y. BOWEN, OF NEW YORK, TO BE A DIRECTOR OF THE SECURITIES INVESTOR PROTECTION CORPORATION FOR A TERM EXPIRING DECEMBER 31, 2012, VICE TODD S. FARHA.

ORLAN JOHNSON, OF MARYLAND, TO BE A DIRECTOR OF THE SECURITIES INVESTOR PROTECTION CORPORATION FOR A TERM EXPIRING DECEMBER 31, 2011, VICE ARMANDO J. BUCELO, JR., TERM EXPIRED.

DEPARTMENT OF STATE

DAVID ADELMAN, OF GEORGIA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF SINGAPORE.

OVERSEAS PRIVATE INVESTMENT CORPORATION

ELIZABETH L. LITTLEFIELD, OF THE DISTRICT OF COLUMBIA, TO BE PRESIDENT OF THE OVERSEAS PRIVATE INVESTMENT CORPORATION, VICE ROBERT A . MOSBACHER, RESIGNED.

DEPARTMENT OF STATE

HARRY K. THOMAS, JR., OF NEW YORK, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER—COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF THE PHILIPPINES.

CONFIRMATIONS

Executive nominations confirmed by the Senate, Friday, November 20, 2009:

EUROPEAN BANK FOR RECONSTRUCTION AND DEVELOPMENT

JAMES LAGARDE HUDSON, OF THE DISTRICT OF COLUMBIA, TO BE UNITED STATES DIRECTOR OF THE EUROPEAN BANK FOR RECONSTRUCTION AND DEVELOPMENT .

DEPARTMENT OF STATE

JOSE W. FERNANDEZ, OF NEW YORK, TO BE AN ASSISTANT SECRETARY OF STATE (ECONOMIC, ENERGY, AND BUSINESS AFFAIRS).

FREDERICK D. BARTON, OF MAINE, TO BE REPRESENTATIVE OF THE UNITED STATES OF AMERICA ON THE ECONOMIC AND SOCIAL COUNCIL OF THE UNITED NATIONS, WITH THE RANK OF AMBASSADOR.

MILLENNIUM CHALLENGE CORPORATION

DANIEL W. YOHANNES, OF COLORADO, TO BE CHIEF EXECUTIVE OFFICER, MILLENNIUM CHALLENGE CORPORTATION.

INTER-AMERICAN DEVELOPMENT BANK

GUSTAVO ARNAVAT, OF NEW YORK, TO BE UNITED STATES EXECUTIVE DIRECTOR OF THE INTER—AMERICAN DEVELOPMENT BANK FOR A TERM OF THREE YEARS.

DEPARTMENT OF STATE

FREDERICK D. BARTON, OF MAINE, TO BE AN ALTERNATE REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE SESSIONS OF THE GENERAL ASSEMBLY OF THE UNITED NATIONS, DURING HIS TENURE OF SERVICE AS REPRESENTATIVE OF THE UNITED STATES OF AMERICA ON THE ECONOMIC AND SOCIAL COUNCIL OF THE UNITED NATIONS.

ROBERT R. KING, OF VIRGINIA, TO BE SPECIAL ENVOY ON NORTH KOREAN HUMAN RIGHTS ISSUES, WITH THE RANK OF AMBASSADOR.

WILLIAM E. KENNARD, OF THE DISTRICT OF COLUMBIA, TO BE REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE EUROPEAN UNION, WITH THE RANK AND STATUS OF AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY.

CARMEN LOMELLIN, OF VIRGINIA, TO BE PERMANENT REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE ORGANIZATION OF AMERICAN STATES, WITH THE RANK OF AMBASSADOR.

CYNTHIA STROUM, OF WASHINGTON, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO LUXEMBOURG.

MICHAEL C. POLT, OF TENNESSEE, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF ESTONIA.

JOHN F. TEFFT, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO UKRAINE.

DAVID HUEBNER, OF CALIFORNIA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO NEW ZEALAND, AND TO SERVE CONCURRENTLY AND WITHOUT ADDITIONAL COMPENSATION AS AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO SAMOA.

PETER ALAN PRAHAR, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE FEDERATED STATES OF MICRONESIA.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PAMELA S. HYDE, OF NEW MEXICO, TO BE ADMINISTRATOR OF THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES.

THE ABOVE NOMINATIONS WERE APPROVED SUBJECT TO THE NOMINEES' COMMITMENT TO RESPOND TO REQUESTS TO APPEAR AND TESTIFY BEFORE ANY DULY CONSTITUTED COMMITTEE OF THE SENATE.

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

PAUL K. MARTIN, OF MARYLAND, TO BE INSPECTOR GENERAL, NATIONAL AERONAUTICS AND SPACE ADMINISTRATION.

FOREIGN SERVICE

FOREIGN SERVICE NOMINATION OF TERENCE JONES.

FOREIGN SERVICE NOMINATIONS BEGINNING WITH ANDREA M. CAMERON AND ENDING WITH ALEKSANDRA PAULINA ZITTLE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 10, 2009.

FOREIGN SERVICE NOMINATIONS BEGINNING WITH LAURIE M. MAJOR AND ENDING WITH MARIA A. ZUNIGA, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 17, 2009.